

2015

First Things First Progress Report



Introduction

The purpose of this report is to help the many community partners and volunteers working on Summit County's First Things First initiative to evaluate the progress being made in accomplishing one of the key goals of the original First Things First strategic plan. That goal is to address system gaps and to identify improvements needed to ensure young children in Summit County have the greatest opportunities.

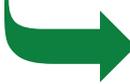
Organization and Structure of the Report

The indicators presented in this report are organized

into six primary sections, corresponding to the six committees of the First Things First initiative: Behavioral Health, Early Care and Education, Family Supports, Health, Maternal Depression Network, and Special Needs and Early Intervention. A seventh section is also included describing the HealthChek pilot project.

Each indicator presents figures showing the most current data available and, where available, trend data to show change over time. In addition to the data itself, each section discusses why the indicator is important, what the data is telling us, and what results we would like to see from each indicator.

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First Things First Steering Committee

Russ Pry, *County of Summit Executive*
 David Jennings, *Akron-Summit County Public Library*
 Julie Barnes, *Summit County Children Services*
 Judge Linda Tucci Teodosio, *Summit County Juvenile Court*
 Tonya Block, *Summit County Public Health*

First Things First Committees and Chairs

Behavioral Health

Beth Kuckuck, *County of Summit Alcohol, Drug Addiction and Mental Health Services Board*
 Monica Mlinic, *Ohio Guidestone, Co-Chairs*

Early Care and Education

Derran Wimer, *Summit Education Initiative*

Family Supports

Stephanie Carothers, *County of Summit Department of Job and Family Services*

Health

Richard Marountas, *Summit County Public Health*

Maternal Depression Network

Beth Kuckuck, *County of Summit Alcohol, Drug Addiction and Mental Health Services Board*
 Monica Mlinic, *Ohio Guidestone, Co-Chairs*

Special Needs and Early Intervention

Tina Overturf, *County of Summit Developmental Disabilities Board*

Summary of Progress on Indicators

The following table summarizes the findings made on the First Things First indicators, organized by committee. Each indicator includes a description, definition, and the current year's data. Symbols in the final two columns describe which direction the trend has moved. Among these trend directions are those which did not move in the desired direction, those which had no trend data or did not change, and those which moved in the desired direction.

Key:

↑	Indicator is moving in the desired direction compared to the baseline
↓	
↑	Indicator is not moving in the desired direction compared to the baseline
↓	
↔	Indicator has shown no meaningful change compared to the baseline
Baseline data	Indicator shows baseline data and trend is unavailable

First Things First Indicator Summary

Committee	Nbr.	Description	Operational Definition	Previous Year's Data	Current Year's Data	Desired Direction	Current Direction
Behavioral Health	1	Social and Emotional Wellness	Percent of children ages birth to five served by selected service providers who are assessed with the Ages and Stages Social and Emotional Questionnaire	72.1%	71.7%	↑	↔
	2	Resiliency	Percent of children ages three to five who have both a pre- and a post-assessment using the Devereux Early Childhood Assessment	11.1%	26.0%	↑	↑
Early Care and Education	3	Transition Skills Summary (TSS)	Percent of children in preschool / number of preschool sites participating in the TSS	39.6% students 73.4% sites	42.7% students 74.6% sites	↑	↑
	4	Quality Child Care	Percent of child care centers rated in Step Up To Quality (SUTQ)	29.1%	27.9%	↑	↓
	5	Impact of Preschool	The percent of three and four year olds enrolled in preschool	52.1%	50.0%	↑	↔
	6	Kindergarten Readiness Assessment (KRA) Scores	The percent of children who are Kindergarten-ready	NA	65.0%	↑	Baseline data
Family Supports	7	Staff Training Effectiveness	Percent of training attendees who learned something specific from training sessions	91.9%	85.7%	↑	↓
	8	Impact of Training Sessions	Percent of training attendees who know more key points after presentations vs. before	76.3% pre / 81.9% post	80.4% pre / 89.1% post	↑	↑
Health	9	Lead Screenings	Percent of children age five and under who have had their blood-lead levels checked	15.0%	18.0%	↑	↑
	10	Access to Health Services	Percent of mothers who received prenatal care in the 1st trimester of pregnancy	73.0%	74.2%	↑	↑
Maternal Depression Network	11	Reaching Women in Need	Percent of all women estimated to suffer from maternal depression who are screened for maternal depression by a Summit County service provider	34.1%	44.1%	↑	↑
Special Needs / Early Intervention	12	Reaching Children In Need of Early Intervention (EI) Services	Percent of all children under age three estimated to be at risk of a developmental disability who were referred to Help Me Grow (HMG) Early Intervention (Part C) services	43.4%	41.5%	↑	↔
	13	Linking Children to EI Services	Percent of children ages zero to five who have ASQ scores below the cutoff that are identified for referral to community agencies for service	92.7%	89.5%	↑	↓
	14	Multiple EI Screenings	Percent of children in the FTF ASQ database who are screened more than one time	11.2%	16.2%	↑	↑
	15	Average Age of EI Screenings	Average age of children receiving their first ASQ assessment	3.4	3.5	↓	↑

Behavioral Health Goal

Increase comprehensive health services that address children's behavioral and mental health needs.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Increase access to early childhood mental health community-based services & support programs for families.

STRATEGY 2

Increase social emotional screenings (ASQ-SE) on children.

STRATEGY 3

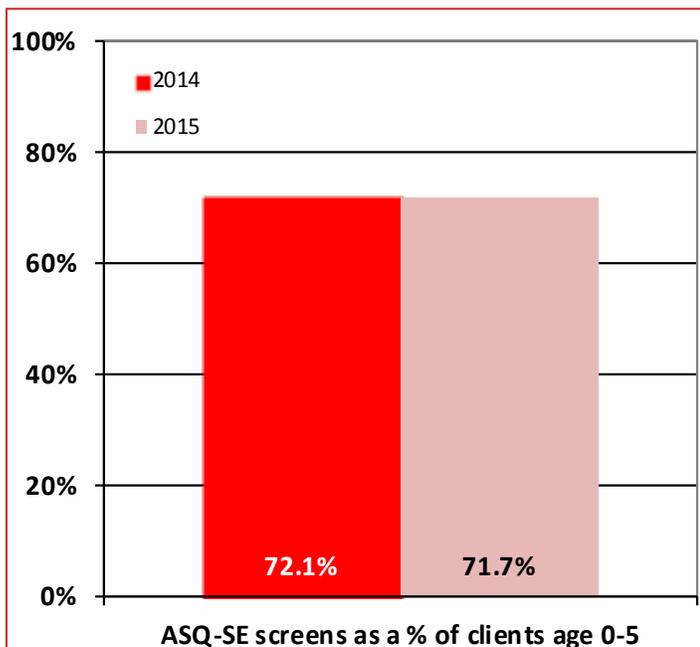
Increase community awareness about the significance of social and emotional well-being on children's functioning.



INDICATOR 1 Social and Emotional Wellness



Percent of Children Age Zero to Five Served by Selected Service Providers Participating In the ASQ-SE



¹ SCPH, ASCA, AMHA, Greenleaf program data, U.S. Census 2010

Why is this important? This indicator measures the social and emotional health of children ages five and under. It is defined as the percent of children ages birth to five served by selected service providers who are assessed with the Ages and Stages Social and Emotional Questionnaire (ASQ-SE). The ASQ-SE is a screening tool that allows for early identification of problems in children such as “self-regulation, compliance, communication, adaptive behaviors, autonomy, affect, and interaction with people.”¹ Data for ASQ-SE scores came from the following providers: First Things First ASQ Online Database, Summit County Public Health’s Help Me Grow program, Akron-Summit Community Action, Akron Metropolitan Housing Authority, and Greenleaf Family Services.*

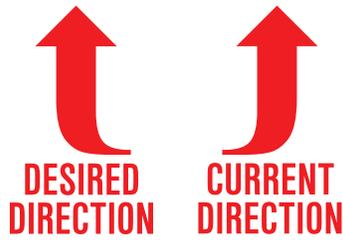
What is the data telling us? Just under 72% of children age zero to five served by the providers listed above have been screened with the ASQ-SE assessment; virtually unchanged from 2014.**

What do we want to see? We want the number of children screened to rise, because the earlier a child’s social and emotional delays are found, the earlier they can receive help.

* The ASQ Online Database is a resource available to parents that allow for ASQ-SE and ASQ-3 assessments to be done online through the First Things First website. It can be found at <http://summitcountyfirstthingsfirst.com/ages-stages-asq/>

** 2014 figures in the chart (at left) are restated from last year’s report. A reporting error by one of the participating agencies overstated the total number of eligible children, lowering the percentage screened.

INDICATOR 2 Resiliency

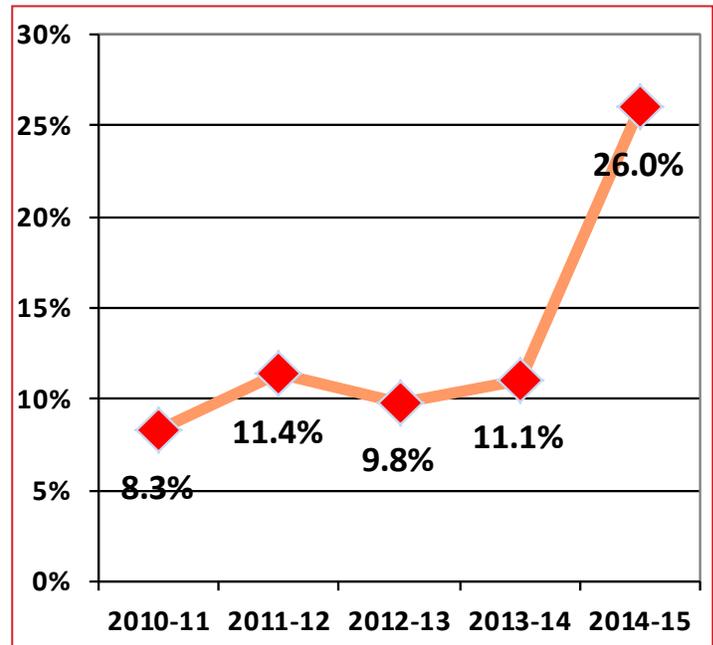


Why is this important? This indicator measures the resiliency of children ages 5 and under. It is defined as the percent of children ages three to five who have both a pre- and a post-assessment using the Devereux Early Childhood Assessment. As described in a Devereux Center for Resilient Children monograph, “the basic strategy of the DECA Program is to identify vulnerable children who have comparatively weak or poorly developed within-child protective factors and then implement strategies in the preschool classroom and home to strengthen these characteristics.”² Data were provided by Child Guidance and Family Solutions. Data for the number of children came from the 2010 US Census.

What is the data telling us? The percentage of children who have both a pre and post DECA assessment has fluctuated over the past four years, rising from 8.3% of children ages three to five to just over 11% in 2013-14, then rising sharply in 2014-15, to 26.0%.

What do we want to see? We want to see the number of children with both a pre- and a post-DECA assessment rise. The results from these assessments can help children, family members, and teachers identify those children that need the most attention and find ways to help them succeed.

Percent of Children Ages Three to Five Who Have a Pre & Post - DECA Assessment



² Devereux Center for Resilient Children, Child Guidance and Family Solutions, U.S. Census 2010



Early Care & Education Goal

Create opportunities in safe and nurturing environments where children can learn to succeed in school and in life.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Centralize information and referral services for all early childhood experiences and communicate through outreach.

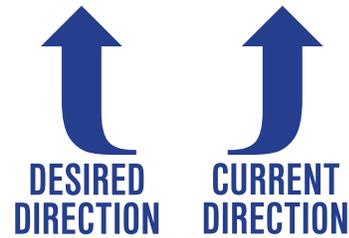
STRATEGY 2

Increase all children's access to early childhood experiences.

STRATEGY 3

Increase local providers' ability to meet state standards of quality.

INDICATOR 3 Transition Skills Summary

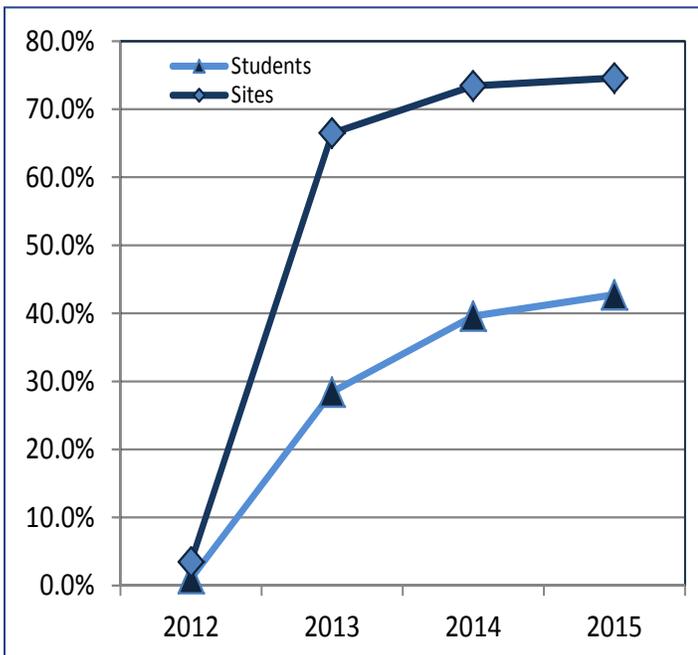


Why is this important? This indicator is important because it measures how cognitively, socially, and emotionally ready Summit County preschool-age children are for Kindergarten. It is defined as the number of preschool children participating in the Transition Skills Summary (TSS) as a percent of all preschool age children in Summit County, as well as the number of participating preschools as a percent of all preschools in Summit County. According to Summit Education Initiative, the TSS “assesses 48 behaviors and skills in five developmental areas: Early Learning Setting (adjusting to school); Social (working with others, developing independence); Motor Development (movement, using scissors and writing tools); Communication (listening and speaking with others); Pre-Academic (shapes, colors, letters, sounds, numbers).”³

What is the data telling us? The first round of the TSS in 2012 covered less than 1% of students and less than 4% of preschool sites. By 2015, participation had grown to an estimated 43% of all preschool age students and 75% of all preschool sites.

What do we want to see? We want to see the number of children and programs participating in the TSS rise so as many of our children as possible are ready for Kindergarten.

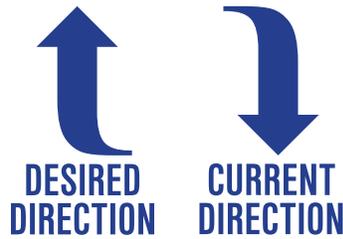
Percent of Preschool Students and Sites Participating in the Transitions Skills Summary, 2012-15



³ Summit Education Initiative, US Census Bureau, Ohio Department of Job and Family Services



INDICATOR 4 Quality Child Care

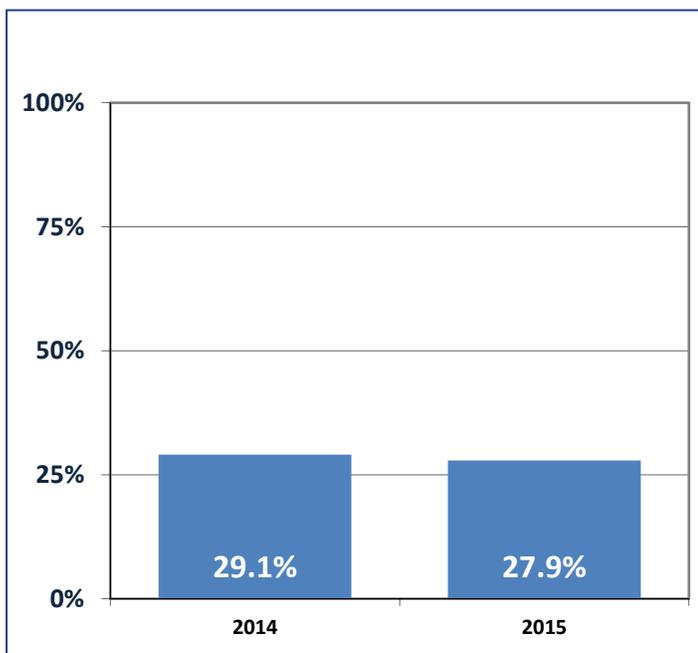


Why is this important? This indicator is important because it measures the child care system’s ability to provide high-quality child care to young children. It is defined as the percent of child care centers which have a Step Up To Quality (SUTQ) rating. “Child care centers” include all centers registered by SUTQ as “Type C Licensed Centers.”⁴ The SUTQ rating system rates child care centers on a one-to-five star rating system, with the five star rating being the highest.

What is the data telling us? Currently, 58 of the county’s 208 registered Type C child care centers have a SUTQ rating, or about 28% of all registered child care centers.

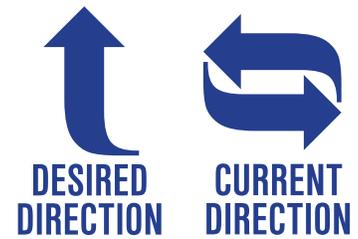
What do we want to see? We want to see the number of child care centers that are SUTQ-rated to rise so as many children in Summit County as possible can have access to high-quality child care opportunities.

Percent of Child Care Centers Which Are Step Up To Quality Rated, Current As of December 2015



⁴ Ohio Department of Job and Family Services

INDICATOR 5 Impact of Preschool



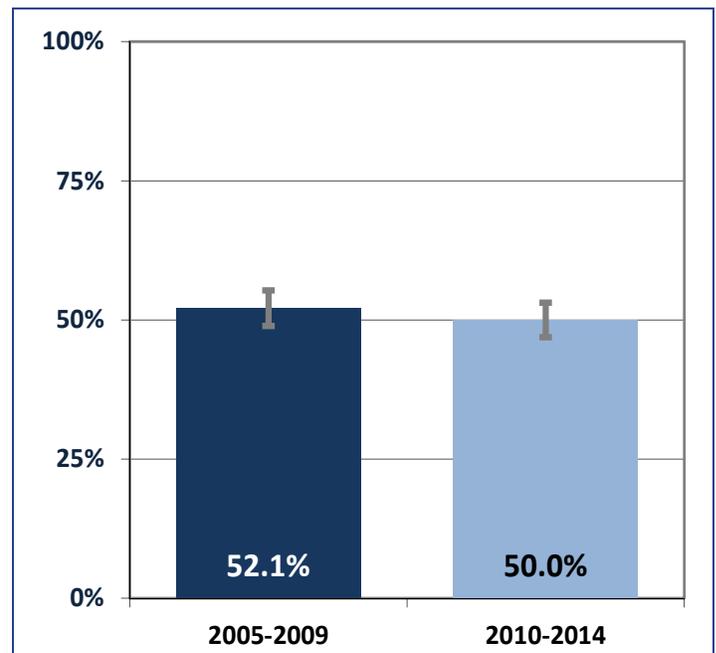
Why is this important? This indicator is important because it measures the Kindergarten readiness of Summit County’s preschool-age children. It is defined as the percent of three and four year olds enrolled in preschool. Data for preschool enrollment was provided by the American Community Survey.”⁵

What is the data telling us? According to the American Community Survey, in the 2005-2009 period an estimated 52% of Summit County’s three and four year olds were enrolled in preschool. During the 2010-2014 period an estimated 50% were enrolled in preschool. It is important to note that even though the estimated percent attending preschool was higher in the 2005-2009 period, the margins of error of the two percentages overlap, meaning the percentages are not statistically different from one another.*

What do we want to see? We want to see the percent of children enrolled in preschool increase so that as many children as possible are ready for Kindergarten.

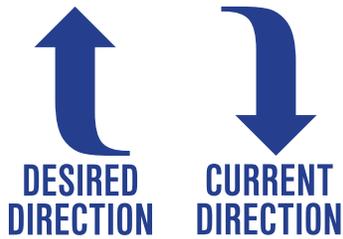
**Because the American Community Survey (ACS) is based on a small sample size, the percentages in this indicator are only estimates and therefore have margins of error that must be considered. When presenting ACS data we can be 90 percent confident the actual percentages would fall within these margins of error. The “error bars” in the figure below show the range of possible values above and below the estimate.*

Percent of Three and Four Year Olds Enrolled In Preschool, 2005-2009 and 2010-2014



⁵ American Community Survey, 2005-09 and 2010-14 5-year estimate

INDICATOR 6 KRA-L Scores*



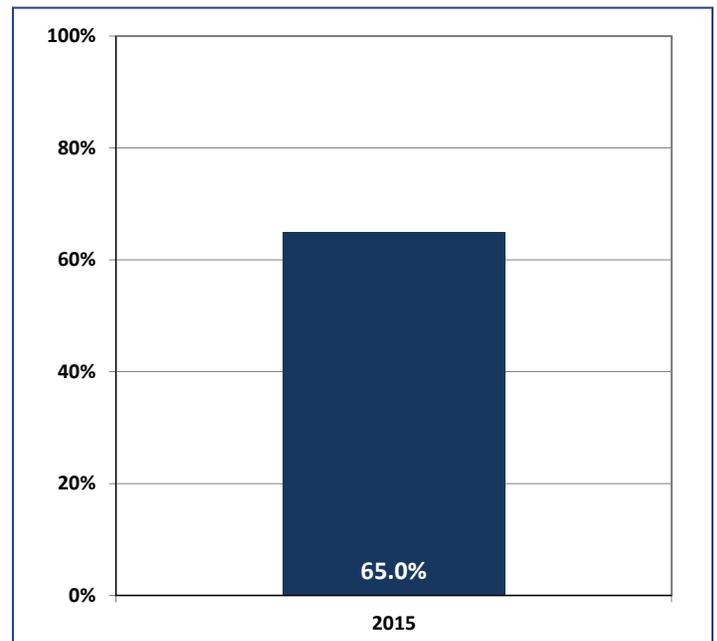
* Starting with 2013 data, this indicator will begin measuring Kindergarten Readiness Assessment (KRA) scores, the state's new assessment system. According to the Ohio Department of Education, the KRA "includes social skills (including social and emotional development, and approaches toward learning), mathematics, science, social studies, language and literacy, and physical well-being and motor development."⁶

Why is this important? The Kindergarten Readiness Assessment, (KRA) is important because it is a basic measure of Kindergarten readiness. The indicator is defined as the percent of children who Kindergarten-ready based on their scores on the State of Ohio's KRA assessment of literacy. Research conducted by Summit Education Initiative has shown that children who score a 263 or higher are significantly more likely to achieve at high levels in later grades. According to the Ohio Department of Education the KRA has six components, including social skills, mathematics, science, social studies, language and literacy, physical well-being and motor development.⁶

What is the data telling us? Two-thirds of Summit County students taking the KRA literacy assessment were Kindergarten-ready in the 2014-2015 school year (65.0%).

What do we want to see? We want to see the percent of children scoring as Kindergarten-ready on the KRA literacy assessment increase so Summit County children are as ready as possible to achieve at the highest levels as they progress through school.

Percent of Children Who Are Kindergarten Ready



⁶ Ohio Department of Education (from <http://education.ohio.gov/Topics/Early-Learning/Guidance-About-Kindergarten/Ohios-New-Kindergarten-Readiness-Assessment>); Summit Education Initiative, US Census Bureau



Family Supports Goal

Encourage community and family support to ensure children have nurturing, safe and stable relationships with caring adults.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Centralize and disseminate information about existing services so families know where to turn for help.

STRATEGY 2

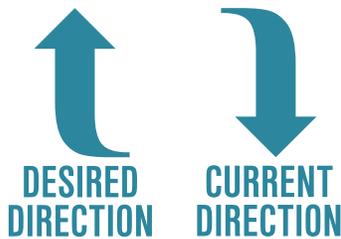
Provide cross-training for home visitation workers and other direct service and outreach staff.



What is the data telling us? 86% of the attendees of the second Fatherhood Engagement training learned something that would improve their job performance. Specific responses from those who attended the November 2015 Fatherhood Engagement session include learning about resources and initiatives to assist fathers and families (29%). Another 24% say they learned about the importance of engaging fathers, while 12% learned greater understanding of the fathers they serve and their roles within their families.

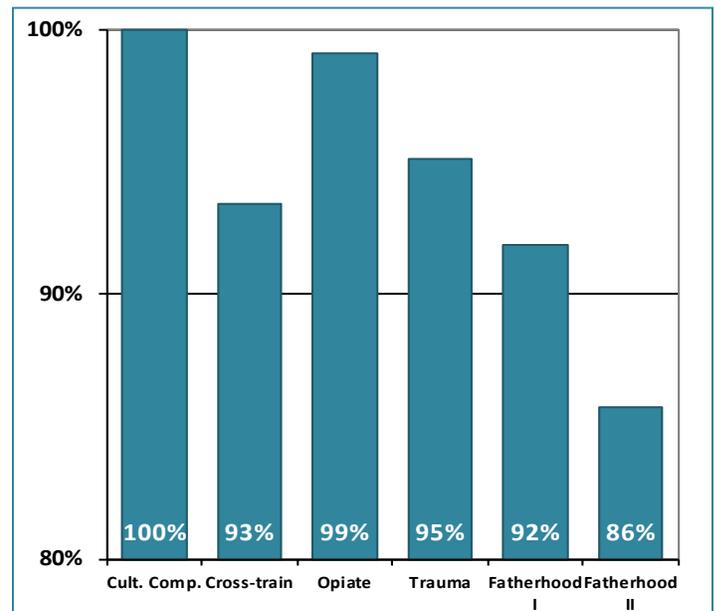
What do we want to see? We want to increase the percentage of home visitation and direct-service staff who leave training sessions with knowledge that will help them improve their job performance.

INDICATOR 7 Staff Training Effectiveness



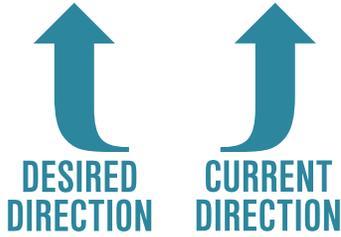
Why is this important? This indicator measures the knowledge gained by home visitation and direct-service employees who attend Family Supports Committee training sessions. It is defined as the percent of those who attend a Family Supports-sponsored training session who say they learned something specific that would help improve their job performance.⁷ Data for this indicator came from post-event evaluations. Training events shown in the figure below include cultural competency, cross-training, opiate epidemic, childhood trauma, and two fatherhood events.

Percent of Respondents Who Learned Something That Would Help Their Job Performance, 2013-2015



⁷ First Things First Family Supports Committee

INDICATOR 8 Impact of Training Sessions

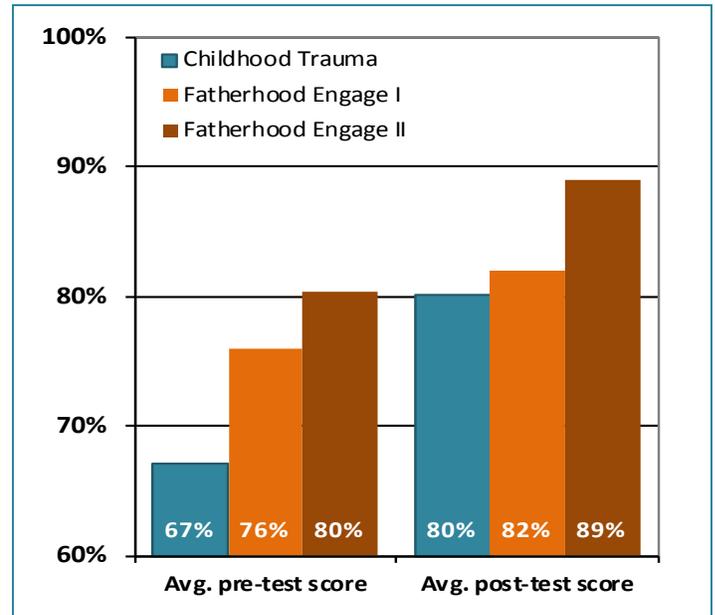


Why is this important? This indicator measures the change in knowledge of front-line employees before and after Family Supports Committee training sessions. It is defined as the percentage increase in the number of those who attend who can correctly demonstrate knowledge of key facts before and after training sessions.⁸

What is the data telling us? Before each training session, a six-question assessment measuring knowledge of key points to be covered in the session was given to the audience. The average percent correct during the most recent pre-session assessment on Fatherhood Engagement was 80%. After repeating the assessment after the session, the percent correct rose to just over 89%.

What do we want to see? We want the percentage of front-line staff who can correctly identify all key points from family supports training sessions to increase, which demonstrates that the sessions are having the kind of impact that will lead to improved services for children.

Increase In Respondent Knowledge of Key Points From Family Supports Training Sessions, October 2014



⁸ First Things First Family Supports Committee



Health Goal

Increase comprehensive health services that address children's vision, hearing, nutrition, oral and medical needs.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Assess and identify any existing gaps in data collection in the areas of community resources, population demographics, and community health status.

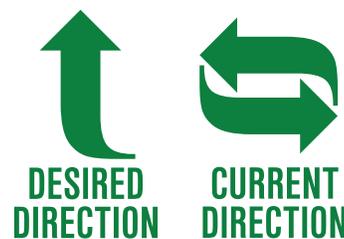
STRATEGY 2

Increase access to comprehensive health care with a strong focus on wellness including prevention, promotion, and healthy environments.

STRATEGY 3

Identify the data and develop a valid research model to determine the areas of greatest need for infants and children.

INDICATOR 9 Lead Screening



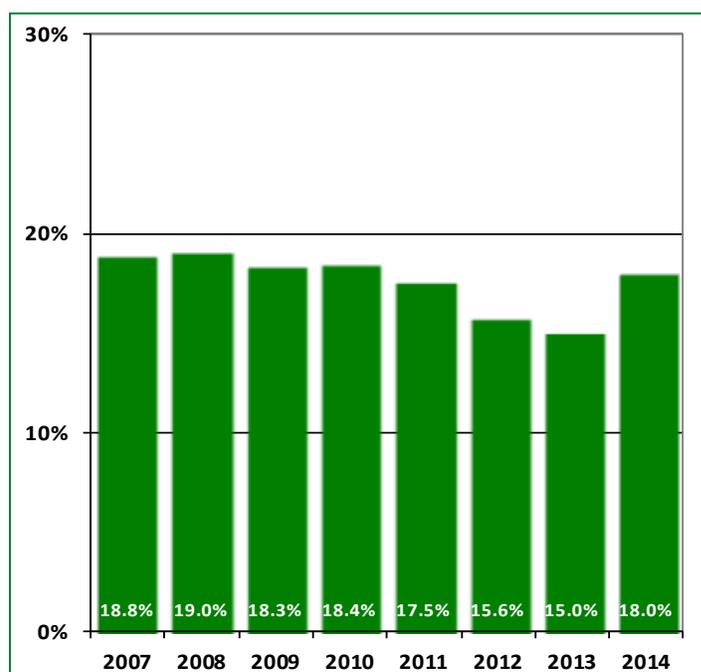
Why is this important? This indicator is important because elevated blood-lead levels can seriously damage a child's physical health as well as their ability to learn and achieve as he or she grows older. The indicator is defined as the percent of children ages five and under who have had their blood-lead levels checked. Data on lead tests were provided by the Ohio Department of Health, and includes the number of children tested for lead exposure in Summit County. Data on children ages birth to 5 came from the 2010 U.S. Census. Blood-lead levels are measured in micrograms of lead per deciliter of blood.⁹

What is the data telling us? The percentage of children tested for lead exposure declined from its high point of 19% in 2008 to a low of 15.0% in 2013 before rising back to 18% in 2014. All told, an average of about 6,250 of the county's 38,000 children ages birth to five were screened each year between 2010 and 2014.

What do we want to see? We want to see the percent of children being tested for lead exposure to rise so we can protect as many children as possible from the toxic effects of lead in the environment.

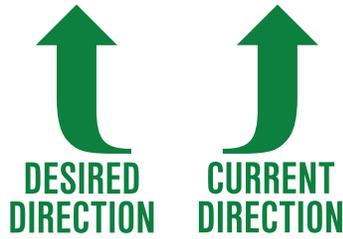


Percentage of Children Screened for
Lead Exposure, 2007-2014



⁹ Ohio Department of Health, U.S. Census 2000 and 2010

INDICATOR 10 Access to Health Services



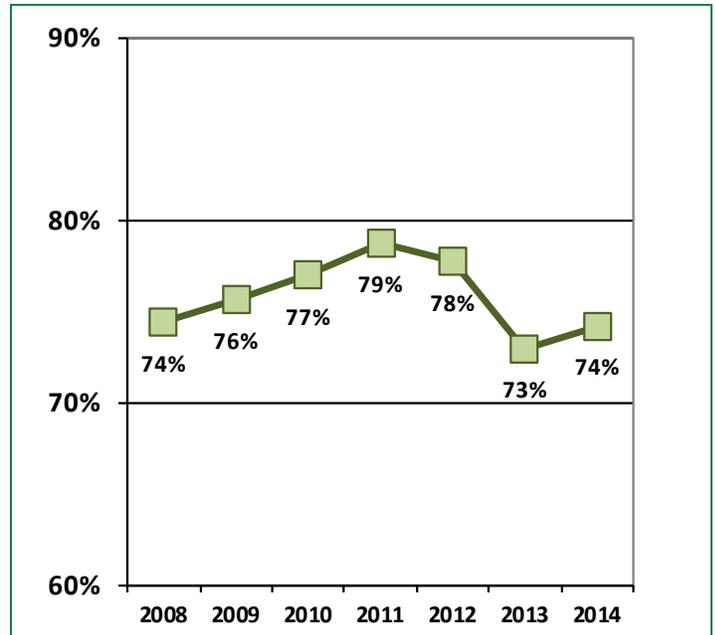
Why is this important? This indicator is important because access to prenatal care helps protect pregnant women at risk for poor birth outcomes such as low birth weights, premature births, and infant and maternal mortality. The indicator is defined as the number of pregnant women who receive prenatal care during the first three months of their pregnancy as a percent of all women ages 15-44 who give birth.¹⁰

What is the data telling us? After rising for three straight years, the percent of pregnant women receiving first trimester prenatal care dropped slightly from its five-year high of 79% in 2011 to 78% in 2012. The rate then dropped sharply, down to an estimated 73% in 2013. Rates began rising again in 2014.*

What do we want to see? We want to see increases in the percentage of pregnant women receiving first trimester prenatal care so that as few mothers as possible experience poor birth outcomes.

**Data for 2014 are preliminary and may change once finalized by the Ohio Department of Health.*

Percent of Pregnant Women Who Receive Prenatal Care in the First Trimester, 2008-2014



¹⁰ Ohio Department of Health Birth Certificate files



Maternal Depression Network Goal

To increase awareness about maternal stress and depression, increase the capacity of the maternal health support system and increase the number of mothers receiving screening, prevention and treatment by a workforce with specialized knowledge about maternal health.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Increase the number of pregnant and postpartum women who are screened for maternal depression.

STRATEGY 2

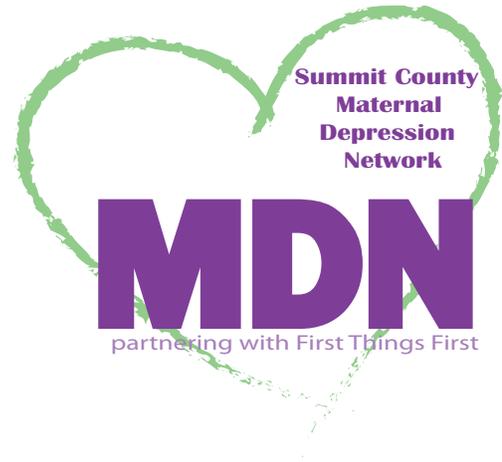
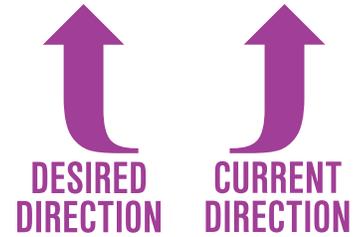
Increase the number of pregnant and postpartum women who need treatment for maternal depression who are referred to a provider in the Maternal Depression Network.

STRATEGY 3

Increase the number of pregnant and postpartum women referred to a provider in the Maternal Depression Network who experience successful treatment outcomes.

Why is this important? This indicator measures the ability of the community's network of service providers to reach women in need of maternal depression services. It is defined as the percent of all women estimated to experience maternal depression who are screened for maternal depression by a Summit County service provider. The percent needing maternal depression services was estimated by multiplying the prevalence rate of maternal depression in the 15-44 age range cited by the CDC (8%) by the number of women giving birth in Summit County over the past three years (18,393), which produces an estimated 1,471 women in need. Data for this indicator comes from the six service providers in the MDN, including Bellfaire / JCB, Child Guidance and Family Solutions, Community Health Center, Greenleaf Family Center, Ohio Guidestone, and Portage Path Behavioral Health. The data also include screenings conducted by Akron Metropolitan Housing Authority, AxessPointe, Pregnancy Care, Akron Children's Hospital, Mother's Nest, Summit DD Board and Summit County Public Health.¹²

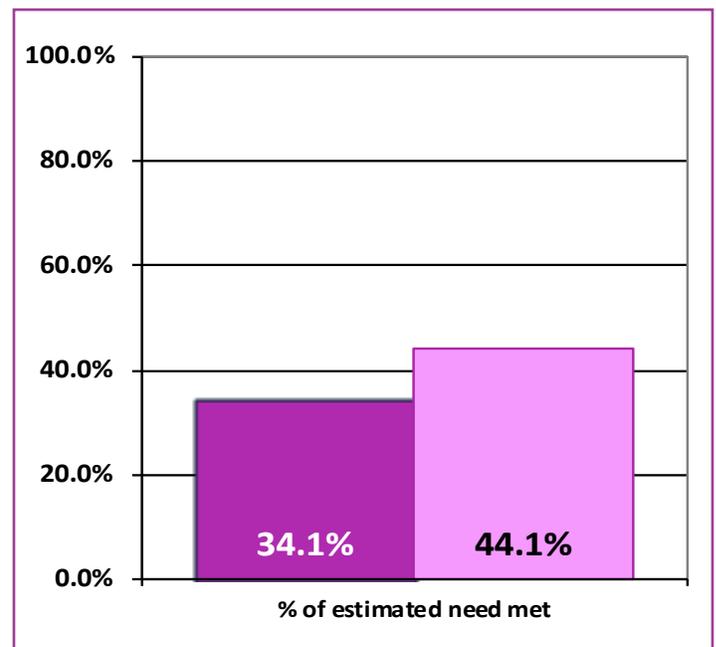
INDICATOR 11 Need for Services



What is the data telling us? As of late 2015, a total of 649 screenings have been conducted by the sources listed above; more than 44% of the nearly 1,500 women that are estimated to be in need.

What do we want to see? We want to see the number of women screened by the MDN to rise, ensuring that all women who may be in need of maternal depression get the help they need.

Percent of Women In Need of Maternal Depression Services Who Were Screened



¹² Maternal Depression Network, U. S. Census

Special Needs Early Intervention Goal

Ensure early identification (EI), assessment and appropriate delivery of services for children with special health care needs, disabilities or developmental delays.

STRATEGIES IDENTIFIED IN FIRST THINGS FIRST STRATEGIC PLAN

STRATEGY 1

Establish a system for regular developmental screenings for children from birth to age five.

STRATEGY 2

Ensure all screeners are trained to make an appropriate follow-up referral.

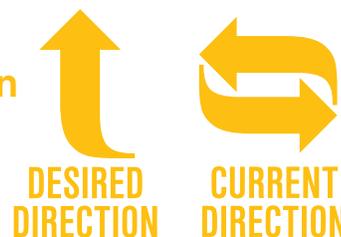
STRATEGY 3

Ensure comprehensive care coordination is available to every child in need.

STRATEGY 4

Ensure that services and programs are available to young children with developmental delays and their families.

INDICATOR 12 Reaching Children in Need of Early Intervention (EI) Services



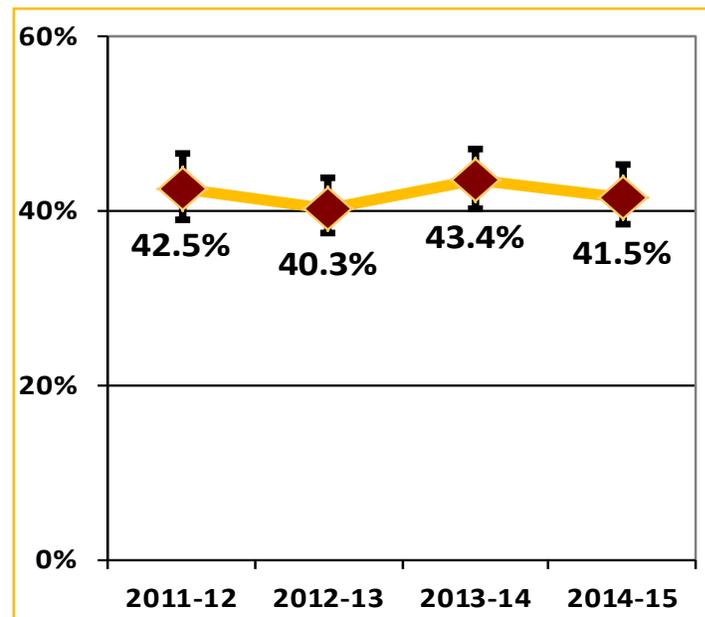
Why is this important? This indicator measures the ability to reach children in need of early intervention services. It is defined as the percent of all children under age three estimated to be at risk of a developmental disability who were referred to Help Me Grow (HMG) Early Intervention (Part C) services. The percent of young children thought to be at risk (13.87%) came from a 2011 study published by the American Academy of Pediatrics entitled "Trends in the Prevalence of Developmental Disabilities in US Children, 1997– 2008."¹⁴ The number of children under age three came from the 2011-2014 American Community Survey, while the number receiving services through HMG Part C came from the Summit County HMG program.¹³

What is the data telling us? Nearly 42% of the those at risk of a developmental disability were served through HMG Part C in 2014-15; about the same as in 2013-14.*

What do we want to see? We want to see the number of children that receive EI services rise until it reaches the total number of children estimated to need EI services.

* The "I" bars on each data point show the margin of error in the estimated population under age 3. Due to that margin of error, there are no significant differences in the percent of need being met.

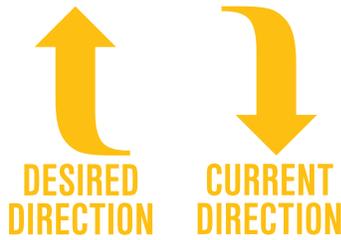
Number of Referrals to Help Me Grow Part C Services as a Percentage of All Children Under Three At-Risk of a Developmental Disability, 2011-12 to 2014-15



¹³ American Academy of Pediatrics, Summit County Help Me Grow, U. S. Census



INDICATOR 13
Linking
Children to
EI Services

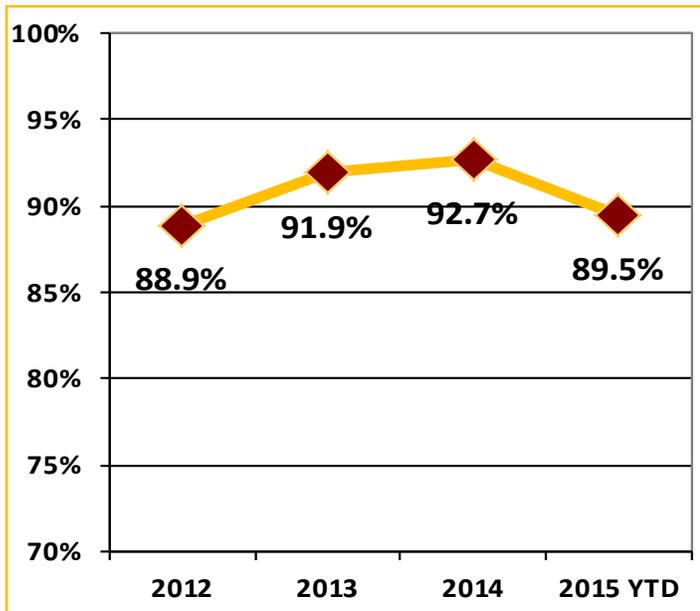


Why is this important? This indicator measures the ability to link children who need early intervention services to the services they need. It is defined as the percent of children ages zero to five who have Ages and Stages Questionnaire (ASQ-3) scores below the cutoff level that are identified for referral to community agencies for service. The ASQ-3 is an assessment tool that helps parents screen their children for possible developmental delays across five developmental areas, including communication, gross motor, fine motor, problem solving, and personal-social.¹⁴

What is the data telling us? The percentage of children with scores below the ASQ-3 cutoff level who are referred for services rose from 89% in 2012 to a high of 93% in 2014 before declining to 90% as of December 2015.

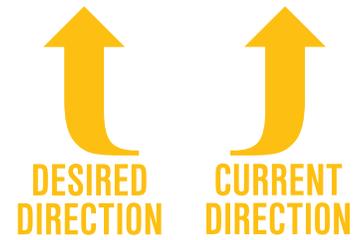
What do we want to see? We want to see the number of children that are linked to EI services rise, making sure that all children who need services receive them.

Percent of Children Ages Zero to Five Who Have ASQ-3 Scores Below the Cutoff That Are Identified For Referral to Community Agencies for Services, 2012-2015



¹⁴ First Things First ASQ Database

INDICATOR 14
Multiple EI
Screenings

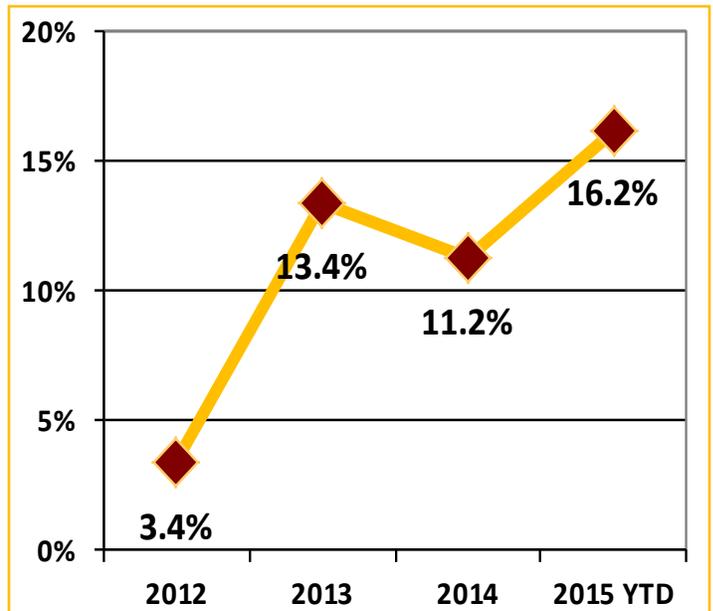


Why is this important? This indicator measures the ability to monitor the progress of children who are receiving EI services. It is defined as the percent of children ages zero to five who have received more than one ASQ-3 assessment.¹⁵

What is the data telling us? The percent of children screened by the ASQ-3 more than one time rose from 3.4% in 2012 to 13.4% in 2013 before dropping slightly to 11.2% in 2014. As of December 2015, 16.2% of children were screened more than one time.

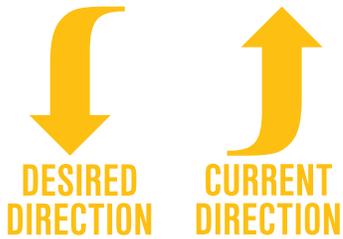
What do we want to see? We want to see the number of children who receive multiple ASQ-3 screenings to rise so that parents, service providers, and the community can address potential developmental delays as quickly as possible.

Children Who Have More Than One ASQ-3 Screening As a Percent of All Children Receiving Any ASQ-3 Screenings 2012-2015



¹⁵ First Things First ASQ Database

INDICATOR 15 Average Age of Screening

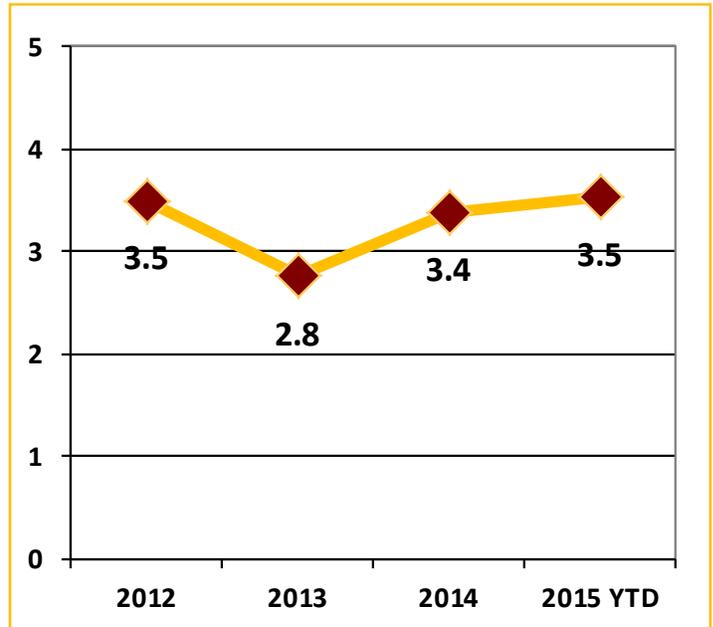


Why is this important? This indicator measures the average age of children receiving their first ASQ-3 screening. As with many health-related issues, the earlier that detection of developmental delays happen, the better the outcomes for our children and their families. The indicator is defined as the average age of children receiving their first ASQ-3 assessment.¹⁶

What is the data telling us? The average age of children screened through the ASQ-3 declined from 3.5 in 2012 to 2.8 in 2013, but then rose slightly in both 2014 and 2015 back to 3.5.

What do we want to see? We want to see the average age of children who receive an ASQ-3 screenings decline so that delays can be identified and addressed as early in our children's lives as possible.

Average Age of Children Receiving Their First ASQ-3 Screening, 2012-2015



¹⁶ First Things First ASQ Database



Moving Forward in 2016

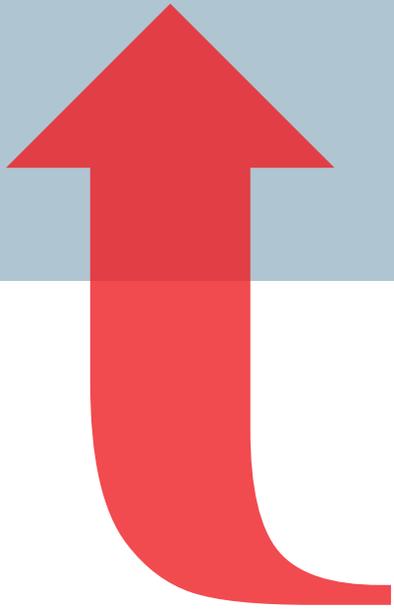
Indicator reports such as this one can be important planning tools. They can help citizens, public officials, and other community leaders understand and assess where they are and where they are going on the things they care about most.

A brief look at the data in this report shows that the First Things First initiative is continuing to make a meaningful impact in the community. More children are receiving early intervention screenings on multiple occasions, more children are receiving lead testing, more children are benefitting from the Devereux Early Childhood Assessment, and more pregnant women are receiving first trimester prenatal care. Summit County has expanded the number of children who are being assessed on key developmental areas through the Transition Skills Summary at more preschool sites than before;

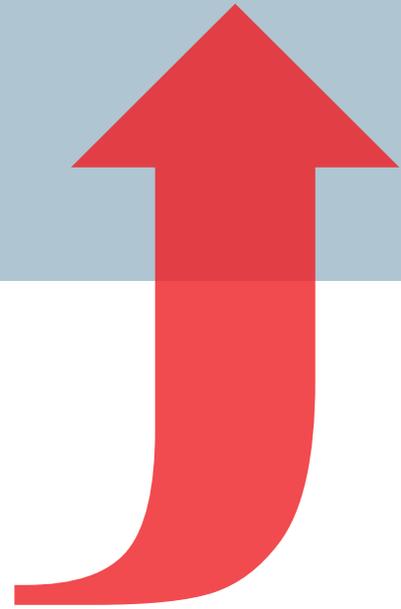
sustaining progress for the third year in a row. Initiatives such as training for front-line workers and an online database that allows parents to perform their own social/emotional and developmental screenings have been established and are moving forward. In addition, the Summit County Maternal Depression Network is continuing to fulfill its mission of bringing attention to the serious and often overlooked problem of maternal depression, as the growing percentage of women estimated to need maternal depression screening who receive it shows.

In closing, with the support of global leadership and community collaborations First Things First plans to strive for better outcomes through the continued measurement of its indicators in order to achieve a more large-scale sustainable impact on improving opportunities for children in Summit County.





**DESIRED
DIRECTION**



**CURRENT
DIRECTION**

