Strengthening Families Across Long Island

2021 HMGLI 3rd Annual Report
Overview

Help Me Grow Long Island (HMGLI) is a free service connecting families and providers to child development and community resources in Nassau and Suffolk counties, with the mission of promoting optimal development of Long Island’s young children. HMGLI provides ongoing support to families by phone, text, and email to meet the needs of their young children, and trains providers (both health care providers and early childhood providers) to use developmental screens with the families they serve.

HMGLI objectives are to:

- Make developmental and social emotional screening universally available across Long Island
- Offer ongoing support for families to successfully navigate systems to access services they need for their young children
- Promote families’ knowledge of child development, resilience in times of need, and ability to be their child’s best advocate
- Build a more efficient and effective system of early childhood supports so that at-risk children do not fall through the cracks.

Utilizing data to tell the story of families with young children is a key component of the HMGLI system. Data not only describes the situation but helps our community identify services that can be improved through policy and practice change. This report demonstrates how Help Me Grow Long Island addressed the unique needs of families with young children ages prenatal to 5 from January 1st, 2021 to December 31st, 2021. In a change from previous reports, this report covers the calendar year of 2021. The change to calendar year will streamline comparisons and reporting across the growing number of Help Me Grow systems in New York State and with Help Me Grow National. Please note that where 2020 is referenced in this report, values were recalculated on the 2020 calendar year for accurate comparison. That may mean that values published in the Year 2 report may not exactly align with values representing 2020 in this report.

This report will demonstrate that 2021 was a transition year, recovering from the pandemic with a bounce back in numbers of referrals from health providers and the return of developmental concerns as a high priority. Yet, the basic needs with which families so needed support during the pandemic remained constant. This continues to play out in the current year. New communities continued to find HMGLI and families found us through many channels. None of this would be possible without partnership; HMGLI represents the commitment of community partners across Long Island to come together and work towards building a better system for families with young children.

HMGLI: Strengthening the power grid to support families with young children!

Community resources are like a power grid: when the grid functions well, families can plug in wherever they are to get the help they need. Yet, the grid is not always set up in a way that allows these resources to run equitably throughout a community:

- For some families, the grid functions well – these families can plug in and access resources that flow consistently and reliably so they get what they need to succeed.
- For others, the grid is patchy – the resource flow is weak and unreliable; families either do not know where to go to find help, can’t plug in, or when they do, they can’t gain access to what they need.
- In some places, the grid is not fully interconnected; there may be gaps in the network of resources and this can pose challenges to families attempting to access multiple resources.
- An unreliable or patchy flow of resources to the grid can result in long-lasting consequences for children’s health and well-being.

HMGLI strengthens the resource grid by connecting service providers to each other to create a reliable, interconnected, and equitable system that best serves families.

1 The first 2 HMGLI reports covered time from October 1st through September 30th as a quirk from the 2018 launch year.
The Help Me Grow Long Island Family

Who are the families and young children that Help Me Grow Long Island helps?

Help Me Grow Long Island serves an eclectic group of families from across Long Island. Slightly more than half of them live in Suffolk County (57%), as is true of the general population. The majority of clients live in locations close to a major highway and/or train station. Fewer families are located in northern Long Island than in cities and towns south of the Long Island Expressway.

Using zip codes as a guide, data show that HMGLI families live in highly diverse neighborhoods where population density is higher, and income is lower, than on other parts of the island. These areas include Brentwood, Hempstead, Bay Shore, and Central Islip. Figure 1 demonstrates the reach of Help Me Grow Long Island, from Elmont to the East End.
HMGLI reaches an ethnically diverse group of children
(see Figure 2)

About 54% of these families speak Spanish as their primary language, compared to 45% where English is the primary language. There are also about 1% of HMGLI clients who speak Haitian or Spanish Creole as their home language.

- Children of color accounted for 87% of the population served by HMGLI.
- Race/ethnicity data continues to include either “declined to answer, don’t know, or missing data” recorded for 6% of families in our data system. Despite this limitation, the population reached by HMGLI continues to be significantly more diverse than the population of Long Island as a whole, and of the 0-5 Long Island population.
- HMGLI served a much greater proportion of Hispanic/Latino children than any other group. According to the 2020 census, the Hispanic/Latino population makes up about 18% of the general population, while the proportion of the population served by HMGLI accounts for approximately 63% of those served.

Families served through the Centralized Access Point increased a great deal during 2020 and remained at the same level in 2021. While the increase in 2020 reflects the impact of the pandemic on Long Island, it is also probable that awareness of HMGLI increased along expected lines of normal growth as more families were helped through these efforts and told others about HMGLI.

Quarterly data regarding the number of families contacting HMGLI for assistance was unpredictable and highly variable during 2020. Still, the number of families has increased every year since HMGLI’s inception (see figure 3) with nearly 873 families and 918 children served in 2021 through the Centralized Access Point.

2021 is the first time we are using a graph to display this information but due to improved data quality we were able to represent this visually for the first time.
HMGLI children are predominantly male (57%). Most families served by HMGLI request services for one child; however, some families call about more than 1 child. Proportionally, families calling about 1 child (86%) far outweigh those calling about 2 (11%) or more (3%) children. This aligns with expectations, as first-time parents are less likely to be knowledgeable about community resources and are “finding their way,” which fits the concept of linking families to the resource grid.
SECTION 2
Making Connections for Long Island’s Families

How do families learn about HMGLI and how does HMGLI learn about families in need? It’s a two-way connection.

Long Island has many families in need and numerous resources to help them. In looking at HMGLI’s role as a connector between the two, it is important to understand both how families learn about HMGLI and how HMGLI works with partners to identify families that may need support. Understanding these two things will help HMGLI efficiently and effectively build additional partnerships and improve outreach.

It should be noted that in Figure 5, the “other” category refers to childcare providers, Early Intervention, preschool special education (CPSE), schools, libraries, mailers, and contact tracers. In 2021, these contacts represented less than 5% of all information sources.

LEARNING ABOUT HMGLI
There are multiple ways that families learn about HMGLI. Prior to the pandemic, most families learned about HMGLI through referrals from health care and community partners. Then, during the pandemic year of 2020, most families heard about HMGLI through contacts with others—friends or family members especially. In 2021, this change in how families heard about HMGLI during the pandemic was partially maintained, but the direct referral from partners, especially health care providers, rebounded as children returned to regular well child healthcare.

Other notable changes to connection pathways include:
- Fewer references to contacts with friends and family members
- Decline in clients using 2-1-1
- Small decline in media as a way of discovering HMGLI (A shift away from traditional media, with concomitant growth in social media as an information source)

HOW FAMILIES HEARD ABOUT HELP ME GROW LI: 2020 vs 2021

![figure 5: how families learn about hmgli]
CONNECTING WITH LONG ISLAND FAMILIES

Over 55% of families are referred to HMGLI using our universal referral form from health care providers, community partners, and WIC providers. This referral form sets up the family to receive a call directly from one of the HMGLI Family Resource Specialists to ensure that they don’t “fall through the cracks.” Direct contact from HMGLI increases the likelihood of a connection, as they are already aware of the families’ needs and can provide information and resource referrals through that connection. If the Family Resource Specialist is unable to reach a family, a report is provided to the referring partner to let them know.

- The remaining 45% of families find us through friends and families and online resources.

- This relatively even split between provider referral and “word of mouth” means that HMGLI is successfully partnering with existing agencies that serve families while also reaching families with young children who are otherwise not “connected” and getting them “plugged in” to Long Island’s resource grid.

- In referral situations, initial contact between the Family Resource Specialist and a family member is via phone 98% of the time, but follow-up can be via text and/or email as well.

- Among those families connecting to HMGLI, about 39% are calls made by family members directly to HMGLI (see Figure 6) after hearing about HMGLI from a source indicated in Figure 5.

As previously mentioned, the phone remained the most likely way that families first connect with us, greater than any other contact type. Regular follow-up is also a part of how families maintain contact with HMGLI. Parents in our focus groups said the following about the phone connection:

“Help Me Grow has given me a lot of information, [Family Resource Specialist] has really been connecting with me, even with text messages…. this is my first child; as an older single mother, not knowing where I’m going and not knowing who I am, a completely different world for me, she listened to me.”

This is an important consideration, as at the health care and social service planning level there is much interest in building electronic systems of referral and communications. We find that families most want someone to listen to them, understand their issues, and make an effort to connect with them. The human connection and warm handoff to resources, rather than an impersonal electronic referral, remain unique and important parts of the support that HMGLI provides families.

Help Me Grow Long Island works to help parents recognize their power, and the first step of calling for help is supported by the Family Resource Specialist. As HMGLI refers families to resources, families are responsible for making additional calls to advocate for their child; and follow-up by the Family Resource Specialist continues to encourage and coach families on how to effectively access resources for their children. This allows families to learn more about local resources and gives them increased confidence in their own abilities to advocate for their children.

### HMGLI MANNER OF INITIAL CONTACT FOR FAMILIES 2021

<table>
<thead>
<tr>
<th>Contact Manner</th>
<th>Percent of families</th>
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<tbody>
<tr>
<td>Child Care Provider referral</td>
<td>1.5%</td>
</tr>
<tr>
<td>WIC Provider referral</td>
<td>4.7%</td>
</tr>
<tr>
<td>Previous contact with HMGLI Referral</td>
<td>5.7%</td>
</tr>
<tr>
<td>through community partners</td>
<td>17.4%</td>
</tr>
<tr>
<td>Healthcare provider referral</td>
<td>31.8%</td>
</tr>
<tr>
<td>Calls to HMGLI</td>
<td>38.9%</td>
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Figure 6: Referrals to HMGLI
SECTION 3

Meeting the Needs of Long Island Families

How well did HMGLI do in supporting the needs of families?

As it was in 2020, basic needs (for diapers, formula, and wipes to food, shelter and clothing) remained the primary reason that families contacted HMGLI.

“I needed help with diapers and wipes – I called 2-1-1 and they gave me information about Help Me Grow. I didn’t know exactly what it was, but I requested diapers and wipes and within a couple of weeks, I had what I needed. It was really good.”

In a shift back to the trend from 2019 when developmental concerns were families’ primary reason for contacting HMGLI, the proportion of families reporting developmental concerns (concerns about cognition, communication, gross motor skills, and general developmental concerns) increased by over 15% in 2021.

This too is an artifact of the pandemic, as the easing of some restrictions allowed parents to return to their primary healthcare provider for well-child visits in 2021.

“My daughter is 2 and a half, not speaking very much – she points to desired objects but doesn’t speak... (Her) other behaviors are normal. I spoke to the doctor, who referred me to Help Me Grow.”

It is most likely that the 3% increase in contacts related to needs for parental support is also pandemic related, as parents began to return to the workplace and sought additional help.

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Figure 5: How Families Learn about HMGLI

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Figure 7: Needs of Families in Contact with HMGLI

REASON FOR CONTACTING HELP ME GROW LONG ISLAND:
2020 vs. 2021

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3Quote is from a focus group conducted in spring 2022. Further analysis of the focus group results will be published in a separate report.
CONNECTIONS AND OUTCOMES FOR LONG ISLAND FAMILIES

HMGLI meets the needs of families by connecting them to the resources best suited to their needs. Most of the time, families are successfully connected. HMGLI’s overall connection rate (at least one successful connection per child) is 80.4%. However, there are occasional difficulties with connections to resources. At times, the appropriate agency is unable to provide services, or families encounter a delay in service which may be due to agency needs and schedules, or those of the family. There are also occasions when the caregiver does not make contact with the agency or determines that the referral is inappropriate for them. HMGLI supports parents’ capacity to choose when and how to access services for their children. There are also some instances when we are unsuccessful in reaching clients when following up to determine if they were successful in finding services needed. Those served by HMGLI are more likely than the general population to have moved/relocated, or to have had service interruptions that make it difficult to contact them. In 2021, HMGLI saw approximately 14% of clients lost to follow-up, slightly less than was the case in 2020; those families are excluded from the connection rate calculation.

As shown in Figure 8, service connections overall were successful, but further analysis as represented in Figure 9 shows that connection outcomes vary with the type of service requested, with the greatest degree of successful connections made in the area of basic needs. Analysis of the quantitative data represented by these two figures shows that:

- HMGLI has done very well at connecting families to meet basic needs. This is important in early childhood because the impact of social determinants of health doesn’t start in adulthood. Instead, we need to impact young children to have the greatest return on investment in addressing social determinants of health.

- High unknown outcome areas are not surprising; as we know that connecting families to developmental services usually includes a significant number of families who drop out of the process (see report from fall 2021 at https://docsfortots.org/hmg-li-report-centering-the-family-experience/.)

When reviewing this data, keep in mind that services which are scheduled or pending are also successful connections made. Figure 9 shows these outcomes by type of requested service.

In those instances when services are not available or accessible by HMGLI callers, the source of service barriers is examined to determine how HMGLI might improve connection to specific services. In 2021, data regarding impediments to services were available for only 194 families (approximately 25% of all families).
The most common reason given by those contacted is the parent/caregiver’s decision not to pursue service referrals (25%). Reasons given include:

- Caregivers determine that requested services are no longer needed
- Recommended services were deemed inappropriate or unacceptable to caregivers
- Caregivers decide to pursue services at a later date

The second largest disconnect in service provision is problems encountered with the agency of referral. The top three problems include:

- unreturned phone calls
- agencies no longer able to provide services
- inaccessible services due to agency policies and protocols

Other barriers include ineligibility, scheduling conflicts, long delays in services, and difficulties with service locations and transportation.

HMGLI Family Resource Specialists make every effort to help clients overcome difficulties whenever possible. Efforts include:

- connecting clients to alternative services
- coordinating phone access
- coordinating language assistance
- providing support services to facilitate connections
- providing telephone support

Responses vary by the type of barrier encountered, with the most common responses being the provision of support services and connecting clients to alternative services (see Figure 10). It should also be noted that reaching caregivers for further follow-up becomes more difficult in instances when the initial resource referral is unsuccessful.

**HMGLI EFFORTS TO OVERCOME BARRIERS**

![Figure 10: Overcoming Barriers](image-url)
SECTION 4

Partnering to Ensure Healthy Development of Children Across Systems

Did Help Me Grow Long Island encourage and promote child development through screening?

The most intensive work of HMGLI is through the Centralized Access Point (CAP) services discussed above; however, through its partners across Long Island many more families are reached. HMGLI has developmental screening partnerships with early care and education settings, home visiting programs, and other community services that interact with young children. This is an important part of the goal of universal screening for children on Long Island. HMGLI wants each child on Long Island to have 3 valid developmental screenings completed before the age of 3. We have a long way to go on this, as in 2021, only 9% of children screened through HMGLI and its partners had three or more screens before age 3. Another 18.8% were screened twice, while 72.2% were screened only once. Unfortunately, our data misses many of the efforts that are happening at the pediatrician’s office and with childcare providers that are not part of our initiative. We are continuing to work together to partner community-wide to build a dataset that will allow us to better understand the developmental trajectories of our children at the population level and take action.

In 2021, a total of 1771 screens were completed. This includes both the ASQ-3 screens and ASQ-SE screens (described below), performed by either the HMGLI CAP or one of its partners. This represents a total increase of 393 (25%) from those performed in 2020.
THE ASQ-3: GENERAL DEVELOPMENTAL SCREENING

The ASQ-3 (Ages and Stages Questionnaire), a general developmental assessment of the child, was performed 1345 times in 2021, with some children having multiple screens. The number of ASQ-3 screens performed in 2021 represents an increase of 16% (215) from 2020. Available demographic data about these children is presented below.

Unfortunately, the data regarding race/ethnicity is incomplete, with data recorded for only 14% of children screened. This small amount of data cannot be considered representative of the actual ethnicities of children screened. Fifteen percent of children were screened in Spanish. The gender division is very similar to that for all children served by HMGLI in 2021 (56.6% male).

Although screening initiatives include a wider number of participants than the activities of the CAP, the breakdown of referral sources is similar to that of the CAP, with an almost even split between screens initiated by a family member and those referred by a teacher or childcare provider.

SCREENING OUTCOMES

For the majority of children screened using the ASQ-3, no problems were found. About ¼ of those screened scored within the “monitor for possible problem” range, indicating that these children should be screened at regular intervals to assure that any possible problems are detected (see Figure 12).

Screening outcomes do vary by age range, with fewer problems found in the first year of life, and more potential problem indicators found in those children between the ages of 1 and 2 years (see Figure 13).
THE ASQ-SE: SOCIAL EMOTIONAL SPECIFIC SCREENING

The ASQ-SE is a social-emotional screening performed when it is suspected that the child has problems more specifically related to their social-emotional functioning. In 2021, a total of 426 ASQ-SE screens were performed, an increase of 41.8% (178) over 2020. Of these, the majority of screens were performed on children between the ages of 3 and 4, followed by those performed on children between the ages of 2 to 3 years old.

As was true with the ASQ-3, screening outcomes of the ASQ-SE are mostly positive, with only 18.5% of children scoring in the range indicating possible social-emotional difficulties. It is also the case that ASQ-SE outcomes varied by age range, with the highest number of possible problems identified in those children between the ages of two and three.
2021 HMGLI Screening Partners

HMGLI screening initiatives would not be possible without partnerships. Specifically, the leadership and collaboration with the Child Care Councils of Nassau and Suffolk Counties and QUALITYstarsNY have been instrumental in leading the charge to embed screening in early care and education settings.

<table>
<thead>
<tr>
<th>Advanced Learning Academy</th>
<th>Hands on Now the Arts Children's Services</th>
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<tbody>
<tr>
<td>Amazing Grace Nursery</td>
<td>Harbor Child Care</td>
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<tr>
<td>Bloom Learning</td>
<td>Harmony Early Learning</td>
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<tr>
<td>Bright &amp; Early Discoveries</td>
<td>Huntington YMCA</td>
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<tr>
<td>Campus Kids</td>
<td>I Love Daycare 2</td>
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<td>Childcare Center of the Hamptons</td>
<td>Kids Cottage</td>
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<tr>
<td>Colonial Youth</td>
<td>Learn and Grow Child Care</td>
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<tr>
<td>Columbus Avenue</td>
<td>Lon &amp; Lils Kidz Daycare</td>
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<tr>
<td>Debbie’s Little Angels</td>
<td>My Spectrum Center</td>
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<td>Dilly Dally</td>
<td>Nanny’s Daycare Service, LI</td>
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<td>East Setauket Kiddie Academy</td>
<td>New Beginnings</td>
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<td>Eleanor Whitmore Early Childhood Center</td>
<td>Paper Planes Early Learning Center</td>
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<td>Five Towns Early Learning Center</td>
<td>Port Washington Children's Center</td>
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<tr>
<td>Friedberg Jewish Community Center</td>
<td>Pride and Joy</td>
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<tr>
<td>Garden of Hope Daycare Center</td>
<td>Sunshine Academy</td>
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<tr>
<td>Glen Cove Child Day Care Center</td>
<td>Young Achievers</td>
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In addition, HMGLI would like to thank the Child Care Council of Nassau and the Child Care Council of Suffolk for all of their help and support in this endeavor to make developmental screening more available and accessible to the families of Long Island.
How well has HMGLI achieved its objectives?

An overarching goal of Help Me Grow Long Island is primary prevention – that is, helping families thrive to promote child development prior to issues arising. This includes both providing support to families in multiple ways and promoting their knowledge and abilities to successfully guide their young children as they grow. HMGLI uses the “Strengthening Families” framework from the Center for the Study of Social Policy as a “call to action.” The core of this framework calls for the following:

- Concrete Support in Times of Need
- Parental Resilience
- Knowledge of Parenting and Child Development
- Social and Emotional Competence of Children
- Social Connections

HMGLI’s objectives include all of these areas, in addition to working at the systems level to create an increasingly strong system of early childhood support. Throughout this report, we have seen how HMGLI provides concrete support to families to connect them to the resources they need. This work has been especially important during the COVID-19 pandemic, when resources were limited, and need was high. HMGLI also worked with families during this time to build resilience by giving them additional ideas and information to help them cope with the many problems they encounter.

This report has also demonstrated the of use HMGLI and their partners’ screening programs to monitor, identify, and address both the developmental growth and the social-emotional competence of Long Island’s young children.

HMGLI also uses “Bright by Text” (BBT), a service which sends periodic text messages to caregivers, highlighting ways in which they can learn, understand, and promote healthy development for their children. During this study, participants often noted the importance and utility of these brief text messages, and how the messages were helpful to them. When a small sample of HMGLI participants were surveyed, 60% of HMGLI participants indicated that they had used “the activities/tips/tools” that they had learned about through BBT. Respondents also indicated that they had gone to at least one event which they had learned about through BBT, and that they had learned something new about child development from these text messages.

“I receive the messages about how my child should be developing. It was funny, because I was frustrated, she was having a temper tantrum and I felt like I didn’t know how to handle it, then I got a text message a minute later about toddlers and how they throw tantrums and how to deal with it. It literally came right at the exact time and reading that helped.”

- HMGLI parent

“HMG gave me a clearer understanding of what’s going on with the baby and how he’s growing.”

- HMGLI parent

These two quotes from focus group participants represent many comments praising BBT and its impact.
Summary and next steps

This study of HMGLI’s work over the course of 2021 has shown that:

- Basic Needs still represent the number one problem
  - This problem was initially brought to the fore due to the COVID-19 pandemic
  - Continuation of this problem may be more related to the current economy than to the pandemic
  - HMGLI cannot expect this need to go away

- Developmental identification rebounded
  - Developmental concerns increased after a significant drop off in 2020
  - Trends in 2021 appear to be mimicking an increase in developmental concerns but still secondary to basic needs.
  - There has been positive growth in the number of children served by HMGLI, and in the use of developmental screenings throughout the region.

- There have been demographic shifts within the population served
  - The children served by HMGLI demographics continued to be disproportionately younger (under age 3) even more than in previous years
  - There was a large increase in the proportion of Hispanic and Latino families served, an acceleration of a pre-existing trend
  - Data collection and analysis has revealed these shifts, which may have been overlooked without these activities
  - Knowledge gained from data analysis will allow for more targeted approaches in the future to ensure that HMGLI reaches the diverse communities of Long Island

- Additional qualitative analysis from parent focus groups reveals a story beyond numbers
  - Parents want more connections to each other and more information about child development
  - Bright by Text has been both well received and memorable to families – an unexpected surprise
  - Families most want someone to listen to them, understand their issues, and answer the phone when they call.

Long Island is rapidly diversifying but raising children has commonality across all kinds of families and people. Help Me Grow Long Island strives to build communities that embrace the diversity of all families and strengthens all families.

In moving forward, it will be important to:

- Continue to build more partnerships across the island so that parents and children receive the resources and support that they need when they need them

- Maintain the human connection and warm handoff to resources and referral – a unique and important part of HMGLI

- Target outreach efforts to engage a larger proportion of those families impacted by poverty or racial discrimination who do not identify as Hispanic or Latino to better represent the demographics of the region

- Empower parents by building parent voice and engagement in promoting child development

- Create more opportunities for parents to learn from each other

- Continue to invest in data collection and analysis for continuing quality improvement – both quantitative and qualitative
Foundations and individuals interested in promoting solutions that build cognitive, emotional and social capacities of young children can invest in the growth of the HMG-LI collective impact partnership of agencies that serves as a safety-net for vulnerable children. Contact Docs for Tots for more information about funding and partnering opportunities: quality@docsfortots.org

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Leadership Team Members

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