ECCS State Advisory Team (SAT) Quarterly Meeting

Friday June 9, 2017

10am-11am

If you’re having technical difficulties, please contact Ciearra Norwood 518-408-4107
Agenda

- Introductions
- The year in review
- Moving forward
- Challenges
- Plans for Year 2
- Questions and Comments
SAT Year 2 Meeting Schedule

- **September 8, 2017**
- **December 8, 2017**
- **March 9, 2018**
- **June 8, 2018**

Always the 2\textsuperscript{nd} Friday of the month
The First 312 Days
(snapshot)

**August 2016**
- Project begins – place based communities identify CoIIN members and familiarize themselves with the initiative.

**Dec. 2016**
- Project coordinator and project assistant begin work on the initiative. First SAT convened. Pre-work begins for first ECCS Cohort A learning session in Virginia.

**January 2017**
- ECCS teams attend learning session in VA and begin prioritizing the drivers to focus on in their communities.

**February 2017**
- First ECCS Newsletter distributed. Teams develop PDSA cycles and begin to recruit family partners for their CoIIN teams.

**March 2017**
- CoIIN teams meeting regularly, communication is ongoing. PDSAs continue to be adapted. Quarterly SAT is convened.

**April 2017**
- Project pilot measures are released with annual and quarterly indicators. ECCS staff join ECAC work teams aligned with initiative.

**May 2017**
- Second Cohort A learning session takes place virtually.

**June 2017**
- Quarterly SAT is convened. Workplans developed for year 2.
Let’s start at the beginning…
August through December

Highlights
• Project begins – place based community team leads familiarize themselves with the initiative
• Identify local CoIIN members
• State Advisory Team members identified

Challenges
• Familiarizing members with ECCS initiative and QI science
• CoLab

August 2016


Highlights
• Project coordinator and project assistant begin work on the initiative
• First SAT convened
• Pre-work begins for first ECCS Cohort A learning session in Virginia
• NICHQ Online Collaboratory (CoLab) sign up begins

What is a CoIIN?
WHAT?

Collective Impact

CoLab Online

CoLab

CoLLIN Team

Cohorts

Action Periods

Quality Improvement Science

PDSA

Driver Diagrams

The Model for Improvement

AIM
What are we trying to accomplish?

MEASURES
How will we know that a change is an improvement?

CHANGES
What changes can we make that will result in improvement?
January Thru February

**Highlights**
- CoILIN teams develop structure (Diagram 1)
- Members sign up for CoLab
- Teams create swim flow diagrams (Diagram 2) for ECCS Learning Session
- ECCS teams attend ECCS Learning Session in VA
- Primary drivers are released (Diagram 3) and teams prioritize which to focus on and develop ideas around PDSAs
- Teams await release of indicators from NICHQ

**Challenges**
- Identifying community level baseline data on rate of developmental screening and outcomes

**February**

**Highlights**
- First ECCS Newsletter distributed
- Teams develop PDSA cycles
- Teams begin to recruit family partners for their CoILIN teams
- State grantee staff begin meeting with Advisory Team partners
- ECCS staff begin bimonthly visits to place based communities

**Challenges**
- Delay in release of indicators from NICHQ
- Linking HMG implementation on Long Island with ECCS framework

Go to our website www.ccf.ny.gov for our latest ECCS Newsletter
Diagam 1: ECCS CoIIN

ECCS Federal CoIIN Partnership
- Health Resources and Services Administration Maternal and Child Health Bureau (HRSA)
- National Institute for Children’s Health Quality (NICHQ)
- Zero to Three
- Applied Engineering Management Corporation (AEM)

Local CoIIN Team
- Nassau, County NY
- Place-Based Community Docs for Tots (lead)
- Child Care Council of Nassau
- Economic Opportunity Commission of Nassau County
- Hofstra University
- Long Island FQHC
- Mental Health Association of Nassau
- Molloy College
- Nassau BOCES
- Nassau County Department of Health
- Visiting Nurse Service of New York

ECCS State CoIIN Team
- The NYS Council on Children and Families (lead agency)
  - NYS Early Childhood Advisory Council
  - NYS Department of Health Division of Family Health
  - NYS Department of Health Office of Health Insurance Programs
  - NYS Governor’s Office
  - NYS Head Start Collaboration Office
  - NYS Office of Children and Family Services
  - NYS Office of Mental Health Division of Child Care Services
  - NYS Office of Temporary and Disability Assistance
  - Prevent Child Abuse NY
  - Schuyler Center for Analysis and Advocacy
  - United Hospital Fund

Local CoIIN Team
- Western NY
- Place-Based Community
  - The Child Care Resource Network (lead)
  - Help Me Grow Western NY (lead)
  - 2-1-1 Western NY
  - Catholic Charities
  - Child & Adolescent Treatment Services
  - Erie County Department of Social Services
  - Erie County Medical Center
  - Erie-Niagara Birth to 8 Coalition
  - Family and Children Services of Niagara
  - Niagara County Department of Social Services
  - United Way of Buffalo & Erie County

Other State ECCS CoIIN Teams
- Alaska
- Delaware
- Florida
- Hawaii
- Indiana
- Kansas
- Louisiana
- Massachusetts
- New Jersey
- Oklahoma
- Utah

Go to our website www.ccf.ny.gov for copy of our ECCS CoIIN Overview
Go to our website www.ccf.ny.gov for a copy the NYS Current System of Screening
Diagram3: ECCS Primary Drivers

5 YEAR AIM
Improve developmental skills of 3 year old children by 25%
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
March Thru April

Highlights
- Project pilot measures are released with annual and quarterly indicators
- ECCS staff join ECAC work teams on Community Initiatives, Developmental Screening and Maternal Depression Screening and Data Integration

Challenges
- Piloting driver measures
- Questions about indicators
- Aligning HMG implementation with indicators and measures

CoIN teams meeting regularly, communication is ongoing
PDSAs continue to be adapted monthly
Quarterly SAT is convened
Ciearra Norwood begins regular outreach to families as family liaison

Determining baselines and release of indicators
Engaging family partners

Where are my indicators?
May To June

Highlights
• Second Cohort A Learning Session takes place virtually
• Docs for Tots and state leads invited to present on their experiences piloting driver measures
• Opportunity to problem solve together and think critically about PDSAs and plans for data collection

June 2017

Highlights
• Quarterly SAT is convened
• Workplans developed for year 2
Nassau County PDSA* Cycles

**EARLY IDENTIFICATION (DRIVER 1):** Testing use of 96110 code in FQHCs in Nassau County

**FAMILY ENGAGEMENT (DRIVER 2):** Convening family focus groups re: awareness and access to resources on Long Island and conducting surveys with families on usability of LTSAE materials

**SOCIAL DETERMINANTS OF HEALTH (DRIVER 3):** Assessing maternal depression screening practices in FQHCs

**DEVELOPMENTAL HEALTH PROMOTION (DRIVER 4):** Conducting training with local early care providers about child developmental screening and the HMG model

**LINKED AND COORDINATED SYSTEMS (DRIVER 5):** Convening HMG workgroups. Developing Centralized Access Point. Securing data sharing agreements with NFP, HFNY, EI

**POLICY AND ADVOCACY (DRIVER 6):** Presenting at statewide and regional conferences and connecting with ECAC work teams

*Plan, Do, Study, Act*
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Moving Forward

Screening does not equal outcomes

…but it’s a start!
Moving Forward

Equity among partners
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Moving Forward

Screen Flexibility
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Moving Forward

Highlight and connect community initiatives
Moving Forward

Connecting silos and encouraging data sharing

**RIGHT**

is **RIGHT,**

even if no one

is doing it.
Culture and implicit bias impacts how services are delivered, received and continued
Moving Forward

Community change ideas must be connected to policy
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Challenges

- Developing a statewide ECCS message
- NYS does not have an integrated statewide ECDS
- Different billing practices among pediatricians and electronic medical records Screening CPT code
- Integrating social determinants of health and health equity into the work
- Operationalizing data collection
- Understanding community assets and service access
- Closing referral gap
- Aligning HMG implementation on Long Island with ECCS framework
Plans for Year 2

- Developing statewide messaging
- Developing our communication strategy – how can we all spread the same language?
- Aligning indicators and monthly measures with PDSAs
- Surveying families and providers
- Establishing outreach/awareness campaign with families and providers
- Developing outreach materials with families
- Conducting training with providers
- Exploring referral mechanisms
- Nassau will continue to collaborate to implement HMG-LI
- Presenting at local and statewide conferences
- Explore the use of the PARTNER Tool to measure collaboration within our network
| EARLY CARE | • Screen, support and refer children to services and engage parents  
| • Engage legally exempt providers  
| • Refer families to community support |
| PHYSICIANS | • Engage prenatal care providers  
| • Continue to collectively problem solve challenges around screening and referral  
| • Increase knowledge of and provide resources for children with delays or may be at risk for delays  
| • Provide families anticipatory guidance and celebration of milestones during well baby visits |
| HOME VISITING | • Connect home visitors to pediatricians, obstetricians and early care providers  
| • Increase community awareness of home visiting programs |
| PARENT EDUCATORS | • Continue to discuss ways to engage families and strengthen partnership with families  
| • Understand family identification of community assets  
| • Support families whose children don’t qualify for early intervention and children who are at risk for delays |
| EARLY INTERVENTION | • Ensure families are receiving evaluation and services when needed  
| • Ensure connection with pediatricians  
| • Act as a resource for families who don’t qualify for early intervention |
| SOCIAL SERVICES | • Integrate developmental monitoring and health promotion into social services  
| • Modify, support and leverage existing programs that might support resource coordination and sustained support for families |
| MEDICAID | • Continue to inform Medicaid of challenges pediatricians are identifying at the community level around billing for developmental screening and ability to access community level data  
| • Continue discussions around how value based payments are connected to our work  
| • Are their reimbursement options for home visiting and care coordination |
| PARTNERS | • Are their state or local initiatives that we should connect with?  
| • Are their partners we should engage?  
| • Are their funding opportunities that can further support developmental health promotion? |

How Can You Support Our Work?

Over the course of the next month, we’ll be sending out a short survey to our SAT members.
Contact Us

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Thank You for taking the time today to participate and support the work we’re doing!!
Questions?

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