Today’s Agenda

• Introductions
• Meeting Schedule
• On Track for Year 2
• PARTNER Tool Results
• Community Updates
  • Nassau County
  • Western NY
• Challenges and Improvements
• Next Steps
SAT Year 2 Meeting Schedule

September

September 8, 2017

Always the 2nd Friday of the month

March

March 9, 2018

December

December 8, 2017

June

June 8, 2018

Always the 2nd Friday of the month
On Track for Year 2

- Solidifying ECCS statewide messaging
- Pyramid Model training with Long Island early care providers
- Implementing Central Access Point for HMG-LI
- Establishing referral and follow-up pathways for families in Western NY
- PARTNER Tool
- Reporting annual and biannual indicator baselines
Early Childhood Comprehensive Systems (ECCS) CoILN Project Map

OVERALL AIM  Thriving at Three

The ECCS CoILN aims to improve outcomes in population-based children’s developmental health and family well-being. Within five years of the program start, participating ECCS Impact Grantees will strive to show a 25 percent increase in age-appropriate developmental skills among their communities’ 3-year-old children.

IF THESE CONTEXTS EXIST...

A collective impact approach by means of a collaborative team organization at the state and community level

Linked and coordinated systems with data infrastructure to promote communications continuity and cross-sector collaboration (AI-2, P-5)

Advocacy and policy to ensure the total, state, and federal level support to increase families and promote healthy child developments (AI-1, P-1)

All ECCS Impact services promote the early identification of developmental needs (AI-1, P-1)

All ECCS Impact services promote developmental health and are available, accessible, high-quality, coordinated and useful to families (AI-1, P-1)

All ECCS Impact services address the social determinants of Health and outcomes in child development and programs to mitigate risk and maximize healthy development at the state (P-3, P-3)

THEN THESE SHORT TERM INDICATORS WILL HAPPEN...

ECCS Impact families and caregivers understand their important role in child development with an awareness that children’s environments that support healthy child development (P-4)

ECCS Impact communities will have capacities for data sharing and resources to support the development of all children (AI-2, P-5)

ECCS Impact communities will value, explore and utilize family and community resources that support healthy child development (P-4)

ECCS Impact families and children when facing their ACE’s, current challenges and future needs will access community resources and learn to adapt to life’s challenges, family stress and the social determinants of health (AI-1, P-2, P-3)

SO THAT THESE OUTCOMES WILL OCCUR...

All ECCS Impact families with children birth through 3 are healthy, nurturing, safe and actively promoting the healthy development of their child

A high quality developmental health promotion system is available for all children and families in the ECCS Impact communities (AI-2, P-5)

ECCS Impact Grantee babies will be on track to achieve their 3 year old milestones

To learn more, contact us at ECCSCollN@NICHQ.org, or visit www.NICHQ.org/ECCSCollN

December 7, 2017

NICHQ Releases Project Map

Early Childhood Comprehensive Systems (ECCS) CoILN Initiative

The Problem

Early childhood experiences shape future quality of life, including health, economic, emotional, physical and social outcomes. Factors such as nurturing relationships in safe, engaging environments in the earliest years (starting prenatally) are at the foundation of healthy development. Investments, policies and practices that optimize child development are well known, but a gap remains between what is known and what we do. In addition, institutionalized barriers (like income and educational inequalities, school and neighborhood segregation, and racism) contribute to access of children not receiving necessary support for achieving their optimal health. This leads to increased economic, environmental, and diminished parental productivity, and reduces a child’s ability to reach full developmental potential.

What is Being Done

In 2016, the U.S. Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA/MCBH) launched a 5-year plan to identify, engage and support early childhood systems, interventions and coordination across sectors so that all children can achieve optimal and equitable early childhood developmental health outcomes. From this, the Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoILN) was created. This multiyear initiative will support and contribute to the national effort, as well as advance state and local early childhood system coordination efforts.

Common Agenda and Collaborative Learning

The ECCS CoILN will continue its work to ensure that children reach their developmental potential and are ready to thrive in kindergarten. Through virtual and in-person meetings, and with the help of current experts and improvement advisors, state and community teams participating in ECCS CoILN engage in collaborative learning, and apply evidence and improvement methodologies. This process enables state and community teams to take on and implement measures to improve early childhood systems.

Continuous Communication

Teams are provided technical assistance and an online collaboration platform (NICHQ CoILN) to promote communication, data analysis and collaboration. As teams progress toward the common goal, collaborative data sharing and analysis occurs.

NICHQ CoILN

The 13 states and their 25 communities are collaborating in the ECCS CoILN, led by the National Institute for Children’s Health Quality (NICHQ). Using NICHQ’s change approach, which leverages collaboration, innovation and quality improvement methodologies, these states and their communities will implement a series of evidence-based solutions and assess data to track results.

What Strategies Are Being Used

To reach the aim of improving the developmental skills of 3-year-olds at current levels, NICHQ and ECCS CoILN partners have developed a dual strategy.

ECCS CoILN brings together an array of partners including NICHQ to THRIVE, Applied Engineering Management Corporation, Association of Maternal and Child Health Programs, the Institute for Healthcare Improvement, as well as federal agencies and individual experts.

To learn more, contact us at ECCSCollN@NICHQ.org, or visit www.NICHQ.org/ECCSCollN
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

Why are we doing this?
Point out organizational flaws

Place pressure on organizations in our collaborative
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

Why
We’re using the tool to understand who in our network is connected, how we might increase our connections, what collaboration looks like, what improvement might look like and what success looks like.

How will it help
Provides an important baseline of the degree to which partnerships are in place in our ECCS collaborative.

What will we do
Demonstrate how our collaborative activity changes over time.
Explaining the Tool
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

Agency Summaries
Our Network
Activity
Progress
Outcomes
Success
Culture
Organizations are encouraged to review their individual agency summary as we review our PARTNER tool network and activities.
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships
Our ECCS Network

- State Organizations
- Advocacy Organizations
- Community Based Organizations
- Policy Organizations
- Hospital/Health Related Organizations

56% of our network is connected
What Will Improvement Look Like?

56% of our network is connected

As this percentage rises over the next few years, it will mean more of our members are connected – when more members are connected the sustainability of our project increases.
What Will Improvement Look Like?

1. Are partners missing?

2. Who are they?

3. How do we recruit them to our network?
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships
Types of Activities

- None: 11%
- Cooperating: 57%
- Coordinating: 13%
- Integrating: 11%
What Might Improvement Look Like?

- **None**: 3%
- **Cooperating**: 14%
- **Coordinating**: 24%
- **Integrating**: 59%
What Will Improvement Look Like?

We don’t need all members coordinating and integrating but we would like all members to be cooperating at a level that is strong enough to accomplish the collective goals.

The partnerships identified as coordinated and integrated illustrate a higher degree of collaboration and are more prepared to create mutually reinforcing activities for achieving our goals!

1. Are there organizations you’d like to strengthen your relationships with, and are there opportunities for potential relationship building within our network you’d like to explore?
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

Agency Summaries
Our network
Activity
Progress
Success
Outcomes
Culture

Look at us go!
How much progress has the NYS ECCS initiative made toward reaching its goal? (Increasing the developmental skills of 3 year old children by 25%). Choose one item.

- Outstanding Sustainable Results
- Significant Improvement
- Moderate Improvement
- Changes Tested but No Improvement
- Planning for the Project Has Begun
- Activity but No Changes
- Forming Team

0 1 2 3 4 5 6 7 8 9
What Might Improvement Look Like?

OUTSTANDING SUSTAINABLE RESULTS
SUSTAINABLE IMPROVEMENT
SIGNIFICANT IMPROVEMENT
IMPROVEMENT
CHANGES TESTED BUT NO IMPROVEMENT
MODEST IMPROVEMENT
PLANNING FOR THE PROJECT HAS BEGUN
ACTIVITY BUT NO CHANGES
FORMING TEAM

0 1 2 3 4 5 6 7 8

IMPROVEMENT
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

Agency Summaries  Our network  Activity  Progress

Outcomes  Success  Culture

Reaching our Goals
ECCS Project’s Most Important Outcome

- Culturally competent services for children and families in high need communities (33%)
- Development of local systems for coordinated intake and referral (13%)
- Increase community resources to support early intervention referral system (7%)
- Development of a data system to drive service delivery and measure outcomes (7%)
- Community awareness of issues related to the health and well-being of children and their families (13%)
- Improved school readiness (7%)
- Promotion of and increase in (if needed) community resources that support parents with children at risk for delays (7%)
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships
Resources Partners are Willing to Contribute to our Collaborative

- Coordination at state level with programs serving families at risk
- In-kind
- Community connections to local leaders
- Family engagement
- Advocacy
- Data resources
- Connecting to families to resources in their community
- Providing resources to families around health equity
- Leading PDSA cycles
- Connecting HV to ECCS communities
- Cultural competency training
What is Your Most Important Contribution?

- Coordination at state level with programs serving at-risk families: 8
- Advocacy: 2
- Community connections to local leaders: 2
- Provide resources to families to support health equity: 1
- Lead a plan, do, study, act cycles: 0
- Data resources including data sets, collection and analysis: 0
Activities Leading To Success

- Bringing together diverse stakeholders (21%)
- Task assignment and delegation to community members (14%)
- Collective decision-making (12%)
- Sharing resources (12%)
- Plan, Do, Study, Act cycles (12%)
- Data sharing (11%)
- Regular meetings at least quarterly (11%)
- Regular meetings at least monthly (12%)
- Formal relationships, MOUs (12%)
At the end of the next year, how will we know we’re successful?

What do State Advisory Team members need from us so that we can fulfill our goals?
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
As we move towards our goals in driver 3 re: health equity and social determinants of health, we consider the concept of looking at our agencies with an equity lens. A component of this includes a commitment to cultural competence.
Commitment to Cultural Competence

- Cultural competence self-assessment of personal values, attitudes, beliefs, emotions: 4%
- Implicit bias training: 7%
- Cultural competence self-assessment of the workplace: 8%
- Cultural and linguistic competency training: 8%
- Using trauma informed care: 11%
- Using strengthening families framework: 13%
- Diversity of staff, providers and leadership: 14%
- Ensuring equal access to care for all families: 17%
- Participation in workgroups or alliances for health equity/cultural competence: 17%
- Partnerships with community based organizations: 17%
What Will Improvement Look Like?

1. Are there opportunities to partner with our network organizations related to cultural competence?

2. i.e. which organizations are conducting cultural competency assessments, implicit bias or trauma informed care training? Are there opportunities for partnership?
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Diagram: ECCS Primary Drivers

5 YEAR AIM
Improve developmental skills of 3 year old children by 25%
Place-Based Community Update: Nassau County

Liz Isakson, MD, FAAP
- Executive Director
- ECCS Place Based Community Lead
- contact: liz@docsfortots.org

Melissa Passarelli, MS
- Director of Programs
- ECCS Place Based Community Lead
- contact: melissa@docsfortots.org
Nassau ECCS

Building an early childhood comprehensive system on Long Island
Nassau ECCS & Help Me Grow - LI

**ECCS 2016 5-Year Goal:**
Improve developmental skills of 3YOs by 25% over 5 years

**Help Me Grow – Long Island Goal:**
Improve developmental outcomes of children 0-5 on Long Island

**Short-Term Goal for both:**
Launch Help Me Grow - Long Island in January 2018
Since Last Time…

• Completed the PARTNER tool and analysis with partners across Long Island
• Set a plan for Help Me Grow – Long Island
  – Policies and procedures
  – Funding
  – MOUs/partner logistics
  – Hiring
HMG-LI Partnership in Practice

Core Components

1. Child health care provider outreach to support early detection and intervention.
   • Docs for Tots will provide consultation and MOC credit to physicians that improve developmental screening in their practice

2. Community outreach to promote use of Help Me Grow and to provide networking opportunities among families and service providers.
   • JCC will open up its Parenting Resource Network meetings and change up the locations to make it more accessible to professionals across the Island
   • Infant toddler specialist- select child cares trained in ASQ

3. Centralized telephone access point for connecting children and their families to services and care coordination.
   • 2-1-1 Long Island will provide use of its phone system and resource database
   • Child Care Council of Nassau will provide office space
   • ECDC will provide training

4. Data collection to understand all aspects of the Help Me Grow system, including the identification of gaps and barriers.
   • HMG-WNY will share new database system
Long Island Early Childhood Network Mapping

- Version of the PARTNER tool, analyzed by Help Me Grow National
- The tool helps
  - Identify key players in a network
  - Assess the frequency of interactions among network partners
  - Assess the strength and quality of partnerships across a network
  - Measure trust and perceived power among partners
  - Score the network as a whole to provide a baseline against which progress can be tracked
  - Measure outcomes around perceived success, program development, and relationship building
- Sent to 70 partners, 48 respondents (69% response rate)
Our Network

- **Awareness** - general understanding of what this organization’s role is in the system
- **Cooperative** - involves exchanging information, attending meetings together, and offering resources to partners
- **Coordinated** - Includes cooperative activities in addition to intentional efforts to enhance each other’s capacity for the mutual benefit of programs
- **Integrated** - The act of using commonalities to create a unified center of knowledge and programming that supports work in related content areas

- Are there opportunities to promote enhanced collaboration among organizations presently reporting only having basic awareness of each other?

- Are there organizations that need to be operating cooperatively or in coordination in order to successfully implement HMG?

- Are there ties that can be created/strengthened through the implementation of HMG?
Our Network

- To get a 100% Density score, every member would have to be connected to every other member. Within cross-sector system building strategy, connecting as many members as possible is an ideal approach and this Density score can represent the degree to which that goal has been achieved.
- A score of 39% on the dimension of Degree Centralization suggests that Long Island’s early childhood landscape is less centralized and therefore more resilient though its interconnected nature.

<table>
<thead>
<tr>
<th>Network Measure</th>
<th>Network Score</th>
<th>Definition of Network Measure</th>
</tr>
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<tbody>
<tr>
<td>Density</td>
<td>24%</td>
<td>Percentage of ties present in the network in relation to the total number of possible ties in the entire network</td>
</tr>
<tr>
<td>Degree centralization</td>
<td>39%</td>
<td>The lower the centralization score, the more similar the members are in terms of their number of connections to others (e.g. more centralized)</td>
</tr>
</tbody>
</table>

*Can we increase the density score?*

**For broad and far-reaching system change efforts such as HMG, keep in mind the value of quality over quantity of relationship**
Most Important Outcomes

Which outcomes have you most successfully achieved through your community partnerships?

- Improved resource and knowledge sharing: 13
- Improved child health outcomes: 8
- Improved services: 7
- Public awareness of services and how to obtain them, including outreach and enrollment: 5
- Increased number and use of strategic partnerships: 4
- Improved referral systems: 3
- Health education services, health literacy, educational resources: 3
- Don’t know: 2
- Changes in policy/laws/regulations: 1
- Community support: 1
- Improved systematic coordination, including alignment across system sectors: 1
- Increased capacity to use data to promote shared accountability: 0
- Increased support available to providers: 0
- Increased professional development opportunities: 0
- Improved communication: 0
- New sources of data: 0
- Reduction of health disparities: 0
Opportunities and Challenges

**Opportunities**
- Infant Toddler Specialist
- Training curriculum (ECDC, 211, Child Care Councils)
- Non-traditional partners

**Challenges**
- Varied use of screening tools -> data collection
- Focus on under 3/reaching children not in programs
- Data at the sub-county level
What's Next

• **Dr. Dworkin visits/HMG-LI Kickoff! January 16\textsuperscript{th}, 2018**

• Finalize and move forward with HMG-LI structure for January 2018 launch (*Driver 5: Linked and Coordinated Systems*)

• Work with Nassau Infant Toddler Specialist to identify and train select child care sites in Westbury to perform developmental screening (*Driver 1: Early detection*)

• Have Family Partners do peer-to-peer outreach about developmental health promotion and screening (*Driver 2: Family engagement*)
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Place-Based Community Update: Western New York

Dennis Kuo, MD, MHS
- Associate Professor and Division Chief, General Pediatrics, University at Buffalo
- Medical Director of Primary Care Services at Women & Children’s Hospital of Buffalo
- ECCS Place-Based Community Lead

Anna F. Hays, MD
- Clinical Assistant Professor, University at Buffalo
- ECCS Place-Based Community Lead
Short term objectives

• Organize Learning Collaborative (the prototype)
• Design the algorithm (the system)
Learning Collaborative

• Improvement Team: meets weekly by phone
  – Physicians, families, education/EI

• Practice activities
  – Adapting American Academy of Pediatrics LC / process metrics
  – Organizing data collection mechanism

• Timeline
  – Meet all practices – DONE
  – Organize teams – NOW
  – First orientation webinar – January 2018
Design

• What is purpose of design?
• Consultant work
  – Interview stakeholders (ongoing)
  – Design meeting – January 11, 2018
• Incorporate CoIIIN members
  – HMGWNY – critical partner
  – Envision work groups coming from Design meeting
What’s the point of all this?

• Understand the early childhood system in WNY
• Develop the “learning laboratory”
• Prototype ideas
• Build the optimal pathway towards health
Contact information

- Dennis Kuo, MD, MHS – dkuo@upa.chob.edu
- Anna Hays, MD – ahays@upa.chob.edu
- Nancy Gushue – ngushue@upa.chob.ed
Questions?

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

**What:** Survey Monkey

**Method:** Surveying to ask three questions to assess policy changes as a result of this ECCS collaborative.

1. Do you have any new or updated policies that support developmental and relational health promotion* as part of ECCS CoIIN work activities?
2. If yes, how many?
3. If no, why not?

**Outcome:** Survey questions are connected to our AIM for primary driver 6.

**When:** Completed two times per year – December and June

*The process of improving developmental health as well as relational health. This is achieved through education, building skills, and advocating for change at individual, family, community and population and system levels.*
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
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 **(work with pediatricians to ensure awareness of their local EI)**
- Ensure connection with pediatricians **(work closely with local EIOs to ensure referral and services)**
- 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**
- First 1000 Days Initiative participation!
- 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

**PARTNERS**
- Are there state or local initiatives that we should connect with?
- Are there partners we should engage?
- Are there funding opportunities that can further support developmental health promotion?
Challenges

- Developing a statewide ECCS message
- NYS does not have an integrated statewide ECDS
- Operationalizing data collection
- Integrating social determinants of health and health equity into the work
- Engaging families!
- Different billing practices among pediatricians and electronic medical records
- Understanding community assets and service access
- Closing referral gap
- Aligning HMG implementation with ECCS framework
Improvements

- Developing a statewide ECCS message
  NICHQ developed materials and ECCS brochure is being completed

- NYS does not have an integrated statewide ECDS

- Operationalizing data collection
  Work has begun with a QI advisor to support the communities with data measurement strategies

- Integrating social determinants of health and health equity into the work

- Engaging families!
  Nassau has established Family Advisory Group
  Western NY has active family members on their improvement team and will be engaged in practice transformation activity

- Different billing practices among pediatricians and electronic medical records
  PDSAs in each community will look at billing practices

- Understanding community assets and service access
  Surveying families and providers in both communities

- Closing referral gap
  Surveying families and providers in both communities

- Aligning HMG implementation with ECCS framework
  Help Me Grow Long Island will be launching in January 2018
Questions?

Please raise your hand to speak so we can unmute you or type in the chat box to share!
Year 2

- Solidifying ECCS statewide messaging
- Planning for statewide spread*
- Pyramid Model training with Long Island early care providers
- Implementing Central Access Point for HMG-LI
- Establishing referral and follow-up pathway for families in Western NY
- Reporting annual and biannual indicator baselines
- Surveying families and providers
- Establishing outreach/awareness campaign with families and providers (i.e. using the LTSAE materials or Talking is Teaching)
- Presenting at local and statewide conferences
Questions?

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

Kristin Weller, Project Coordinator
kristin.weller@ccf.ny.gov
518-474-0158

Ciearra Norwood, Project Assistant
ciearra.norwood@ccf.ny.gov
(518) 408-4107

Website:
www.ccf.ny.gov

Facebook:
www.facebook.com/nysccf

Twitter:
@nysccf
Thank You for taking the time today to participate and support the work we’re doing!!

We’ll meet again in the new year!