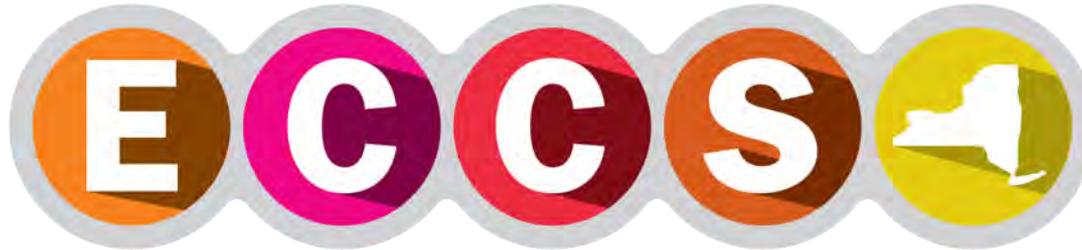


If you're having technical difficulties
please contact Ciarra Norwood 518-408-4107



NYS Early Childhood Comprehensive Systems

ECCS State Advisory Team (SAT) Quarterly Meeting
Friday September 21, 2018
10am-11am

This project is/was supported in part by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number H25MC12970, Early Childhood Coordinated Systems, 100% HRSA funded. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.



**Council on Children
and Families**

Thank you to our State Advisory Team Organizational Members



Today's Agenda

- Introductions
- Meeting Schedule
- Webinars
- LS Highlights
- New developments
- Place-based community team report out
- PARTNER Tool
- On Track for Year 3



SAT Year 3 Meeting Schedule Typically the 2nd Friday of the month

September

S M T W T F S

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2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

September 21, 2018

December

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23	24	25	26	27	28	29
30	31					

December 14, 2018

March

S M T W T F S

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27	28	29	30		
31					

March 8, 2019

June

S M T W T F S

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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

June 14, 2019



NICHQ webinars

- 9/24 Family Partnership Community of Practice
- 9/25 Policy Community of Practice
- 9/26 Action Period Call – Spread Strategy
- 10/10 October Data Office Hours



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



Year 2 Learning Session - July 2018

Arlington, VA

Highlights!



**Council on Children
and Families**

Roderick Bremby

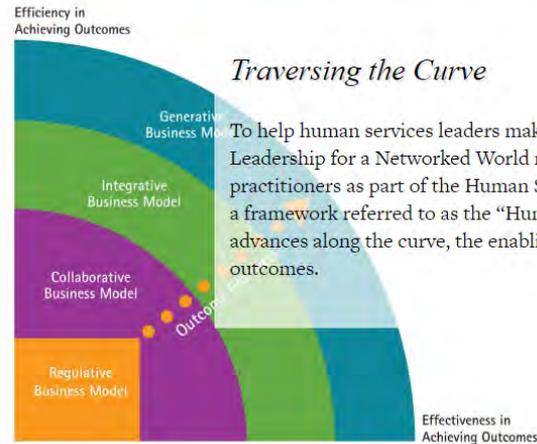
DSS Commissioner, Connecticut

Who asks: Who is our system built for?

Re-boot of the human services system to make the system work for the “user”

The Human Services Value Curve

1. REGULATIVE 2. COLLABORATIVE 3. INTEGRATIVE 4. GENERATIVE



To help human services leaders make progress on their capacity-building journey, Leadership for a Networked World reviewed best practices and worked with practitioners as part of the Human Services Summit at Harvard University to develop a framework referred to as the “Human Services Value Curve.” As an organization advances along the curve, the enabling business models support new horizons of outcomes.

Phase 1: Regulative >

https://lnwprogram.org/sites/default/files/HSVC_Guide.pdf



**Council on Children
and Families**

Frank Oberklaid, OAM, MD, FRACP, DCH

Center for Community Child Health · the Royal Children's Hospital Melbourne
 Professor · the University of Melbourne Department of Paediatrics · Research
 Leader the Murdoch Children's Research Institute

Implemented the Australian EDI nationally – 3 waves of data about the health
 and well being of 96% of Australian 5 year old children.

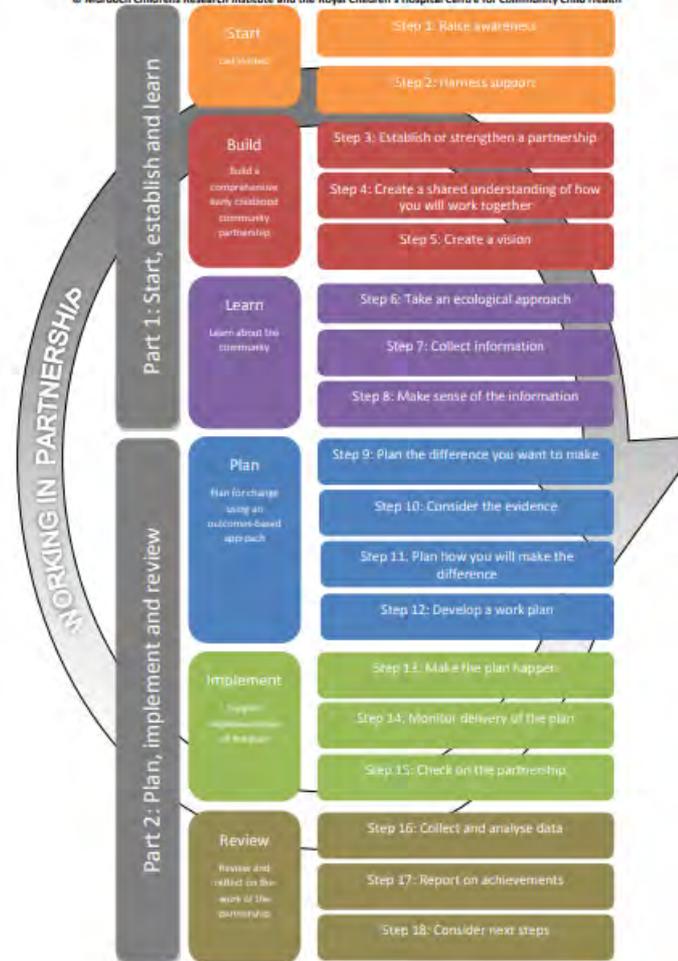


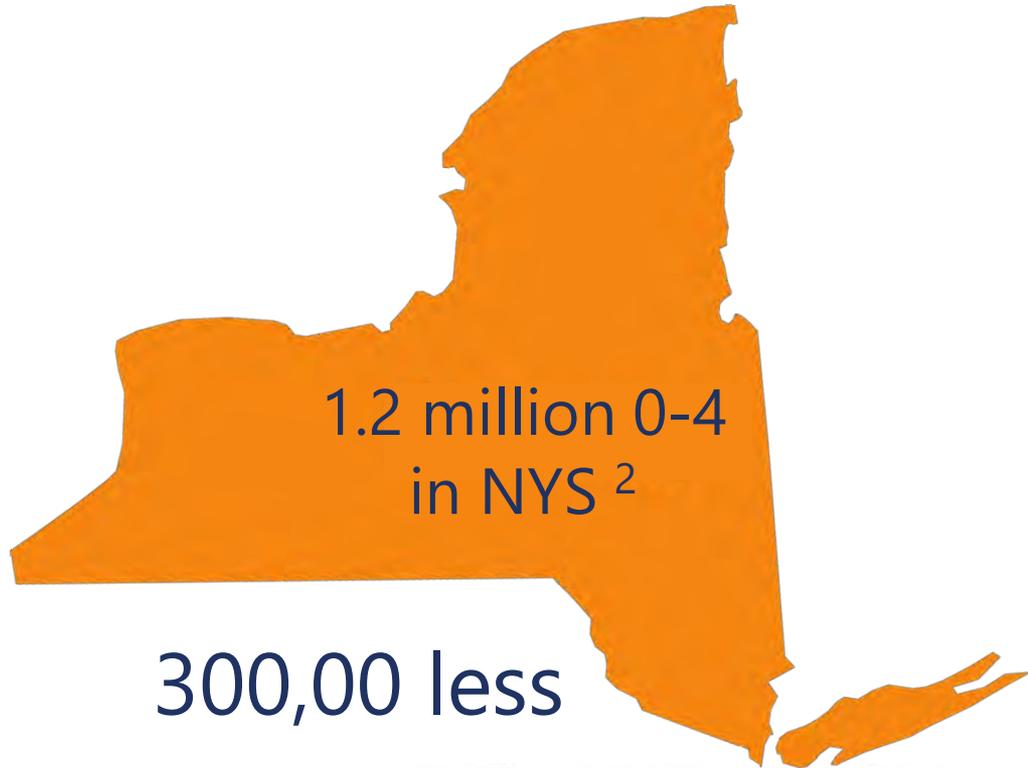
<https://www.aedc.gov.au/>

Home Visiting is part of the mainstream health system in Australia. Every birth family receives home visits, if determined "at risk" the family receives 12 additional home visits

<https://www.rch.org.au/uploadedFiles/Main/Content/ccch/Platforms%20Framework%20Roadmap%202012.pdf>

Platforms Framework Roadmap 2012
 © Murdoch Childrens Research Institute and the Royal Children's Hospital Centre for Community Child Health





1. http://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/036
2. <https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group#detailed/2/34/false/871/any/419>



Amanda Perez, MSW

Senior Advocacy Specialist, Zero to Three
I/T Policy in States – State Assessment Toolkit

Dina Lieser, MD

Senior Advisor, HRSA Maternal and Child Health
Bureau Division of Home Visiting and Early Childhood
Systems

New Federal Opportunities: A Webinar - Ascend - The
Aspen Institute

<https://ascend.aspeninstitute.org/webinar-new-federal-opportunities-to-advance-2gen-approaches/>

Shannon Rudisill

Executive Director, The Early Childhood Funders
Collaborative

Can state leadership work to align funders in the state
who support early childhood initiatives, how can the
funders work together to become catalytic?



The screenshot shows the website for the Early Childhood Funders Collaborative. The logo is in the top left, and navigation links are in the top right. The main content area features a banner with a photo of a young girl and text asking about the value of ECFC to philanthropists. Below the banner is a section for a Q&A event with Jessie Rasmussen, President of the Buffett Early Childhood Fund. The bottom of the page has a section titled 'Learning, Acting, and Advocating Together' with a paragraph of text.

EARLY CHILDHOOD FUNDERS COLLABORATIVE

About Us Our Work Our Members Events **Why Join?**

What's the value of ECFC to philanthropists investing in the early years?

Q&A with Jessie Rasmussen
President, Buffett Early Childhood Fund

Learning, Acting, and Advocating Together

For over 25 years, the Early Childhood Funders collaborative has been a place for grantmakers to come together to learn about the latest research, program innovations, and policy affecting young children and their families. Members align their resources for common good and speak out on behalf of young children and their families. ECFC Members share successes and lessons with each other. Our strength is in the community we have developed among foundations who genuinely want to share and collaborate for change.

State Team Takeaway

We need family voices and story telling

It may be useful to convene a statewide “Data Day” to understand what early childhood data is collected in our communities and how it can be useful on a larger scale



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



Diagram:
ECCS Primary Drivers

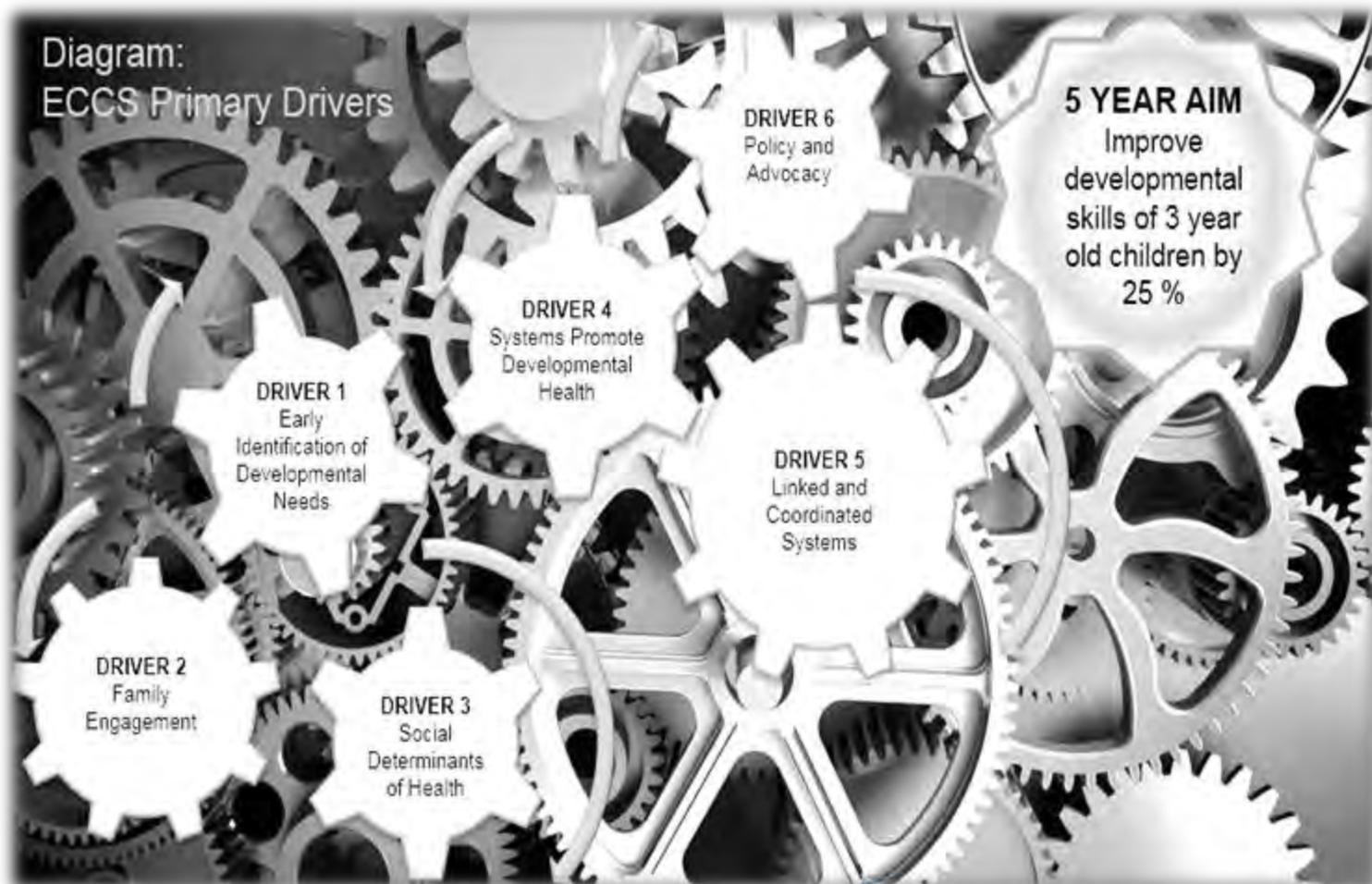
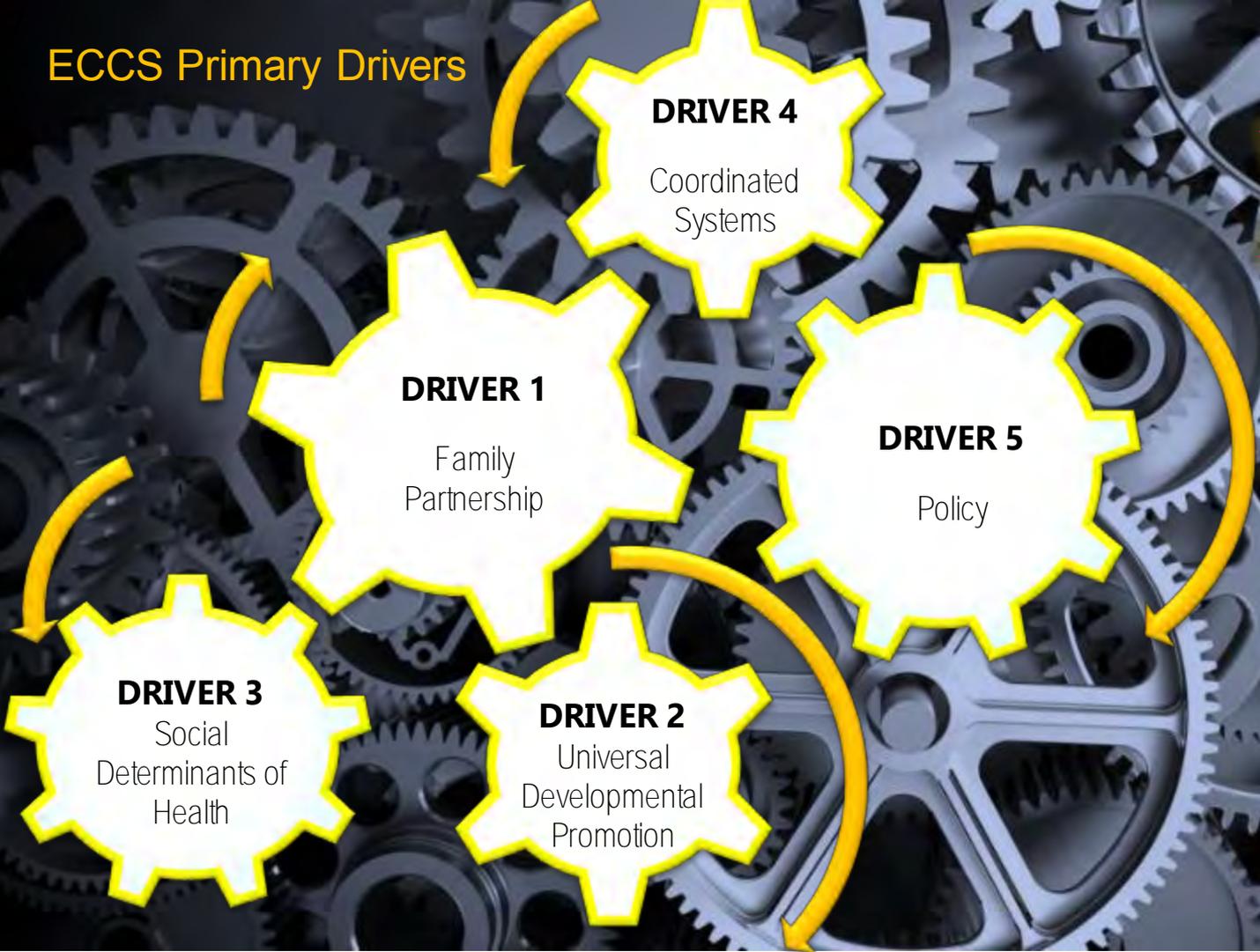


Diagram:
ECCS Primary Drivers



ECCS Primary Drivers



DRIVER 4

Coordinated
Systems

DRIVER 1

Family
Partnership

DRIVER 5

Policy

DRIVER 3

Social
Determinants of
Health

DRIVER 2

Universal
Developmental
Promotion

5 YEAR AIM

Improve
developmental
skills of 3 year
old children by
25 %

NYS ECCS IMPACT

INDICATORS RELEASED BY NICHQ



- 21% relative increase in the proportion of children birth through age 3 that are achieving age appropriate developmental health in all 5 developmental domains
- 15% relative decrease in the proportion of children birth through age 3 that are achieving age appropriate developmental health in all 5 developmental domains
- 15% relative increase in the proportion of family members of children birth through age 3 that report reading, telling stories, or singing songs with their child daily
- 10% relative increase in the proportion of primary caregivers reporting improved social support
- 10% relative increase in the proportion of families successfully connected to one or more services that address the social determinants of health (SDOH)

Monthly Driver Measures

Bi-annual Indicators

1. Family Engagement (Driver 2): Proportion of parents or other primary caregivers reporting improved social support
2. Social Determinants of Health (Driver 3): Proportion of families successfully connected to one or more services that address the social determinants of health (SDOH)
3. Advocacy and Policy Change (Driver 6): The number of new or updated policies that support developmental and relational health progression as part of ECCS CoIn work or activities
4. System Building/Community Awareness (Driver 4): TBD

- 2.1. Proportion of parents or other primary caregivers reporting improved social support
- 2.2. Proportion of families successfully connected to one or more services that address the social determinants of health (SDOH)
- 2.3. Proportion of new or updated policies that support developmental and relational health progression as part of ECCS CoIn work or activities
- 2.4. Proportion of ECCS CoIn partners reporting improved social support
- 3.1. Proportion of families successfully connected to one or more services that address the social determinants of health (SDOH)
- 3.2. Proportion of new or updated policies that support developmental and relational health progression as part of ECCS CoIn work or activities
- 3.3. Proportion of ECCS CoIn partners reporting improved social support
- 3.4. Proportion of ECCS CoIn partners reporting improved social support
- 3.5. Proportion of ECCS CoIn partners reporting improved social support
- 3.6. Proportion of ECCS CoIn partners reporting improved social support
- 3.7. Proportion of ECCS CoIn partners reporting improved social support
- 3.8. Proportion of ECCS CoIn partners reporting improved social support
- 3.9. Proportion of ECCS CoIn partners reporting improved social support
- 3.10. Proportion of ECCS CoIn partners reporting improved social support



Annual Indicators

1. Identification of Developmental Delay (Driver 1) and Overall Aim: Proportion of children birth through age 3 who are achieving 5-domain developmental health as measured by standardized parent-reported assessment at 24 months of age

2. Racial/Ethnicity, Poverty Status, and Sex/Gender

3. Coordinated Systems (Driver 5): Proportion of ECCS CoIn partners reporting improved social support

4. Data Processes: The proportion of ECCS CoIn partners reporting improved social support

5. Data Use: The proportion of ECCS CoIn partners with the ability to use data for ECCS CoIn reporting

6. Data Use: The proportion of ECCS CoIn partners with the ability to use data for ECCS CoIn administering policies

Family Engagement (Driver 2): The proportion of family members reporting reading a typical word, telling stories, and/or singing songs with their child daily

Screening	Number of children 0-47 months who received a developmental screening in the previous month	Measures efforts to screen more children and meet aims	25% increase from first measure
Age appropriate development	Percentage of children screened in the previous month who achieve 5 domain developmental health	Measure progress toward the project aim of increasing the children achieving developmental health	25% or higher increase from first measure
Referral for Assessment or Monitoring	Percentage of children in the previous month who did not achieve age appropriate developmental health in one or more of the five domains who were referred for assessment or developmental monitoring.	Measure how often children who are not achieving age appropriate developmental health are referred for assessment or monitoring	25% increase from first measurement
Referral for Services	Percentage of children who were referred for assessment or monitoring and subsequently referred for services	Measure how often children are referred for services following assessment and developmental monitoring	25% increase from first measurement
INNOVATION MEASURES Receipt of Services Following a Referral	Percentage of children referred for services who are receiving services related to the referral	Identify gaps in services for children who are not achieving age appropriate developmental health in all 5 domains to inform process or program improvements and coordination of services	100% of children referred for services who met eligibility requirements are receiving services
INNOVATION MEASURES Time Between Referral and Receipt of Services	The number of days between referral and receipt of services	Identify timeliness of services for children who are not achieving age appropriate developmental health in all five domains to inform process or program improvements and coordination of services	100% of children referred and deemed eligible will receive services within 60 days from receipt of referral



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



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



Help Me Grow – Long Island Numbers to Know (1/16/18- 9/12/18)

- Total call volume: 225
 - Steadily increased the number of intakes (full care coordination)
- Intensive care coordination: 7.6 hours average/case (most frequent activity= follow-up with caregiver)
- Entry points:
 - 38% of referrals came from health care providers
 - 2-1-1 callers= 15%
 - Other callers =31%
 - HMG online screen=9%
 - Other: community partner, WIC outreach, Nassau County birth mailings

Help Me Grow – Long Island Numbers to Know (1/16/18- 9/12/18)

- **Top concerns:**
 - Communication (28%)
 - Basic Need (24%)
 - Child Care (13%)
- **Connection rate:**
 - Connected: 47%
 - Not connected: 23%
 - Pending: 12%
 - Unknown: 18%

Developmental Screening via HMG-LI (1/16/18- 9/12/18)

- 2 sites currently screening
- 4 sites trained and set to screen
- 2 sites scheduled for training
- In-person screening event
- Working on obtaining data from sites currently screening

Outreach

(1/16/18- 9/12/18)

- Participated in 71 different outreach events (resource fairs, baby showers, collaborative meetings, presentations, trainings, visits)
- Audience breakdown:
 - Carevigers/parents: 25.5%
 - Child Care Providers: 4.8%
 - Child Health Providers: 16.6%
 - Community partners: 53.2%
- Examples:
 - Physician Outreach: In-services, pediatric resident experiences
 - Community connections: focus on immigrant organizations
 - Community Presentations: County Legislature, EI Providers
 - Direct Family Outreach: Screen for Success

Quality Improvement

- **Internal**
 - **Changed definition of “closed”**
 - **Changed when a “closing the loop” letter would be sent**
 - Changed process for triaging cases
 - Changed how non-CAP time was scheduled/handled (i.e. meetings, outreach, vacation, sick time, mailing documents)
 - Changed expectations for callers
 - Hired a second full-time employee!
- **External (systems)**
 - Met with patient navigators to improve referral pathways from health centers
 - Noticed trends in barriers and worked with partners to address them. Examples include:
 - CPSE cases-> ECDC
 - Diapers -> Allied Foundation

Lessons Learned

- It takes a LOT of time/attempts to connect the highest need families
- QI at a systems-level (i.e. with partner organizations) poses unique challenges
- Advocacy at the systems level is not enough to help individual families in the short term

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



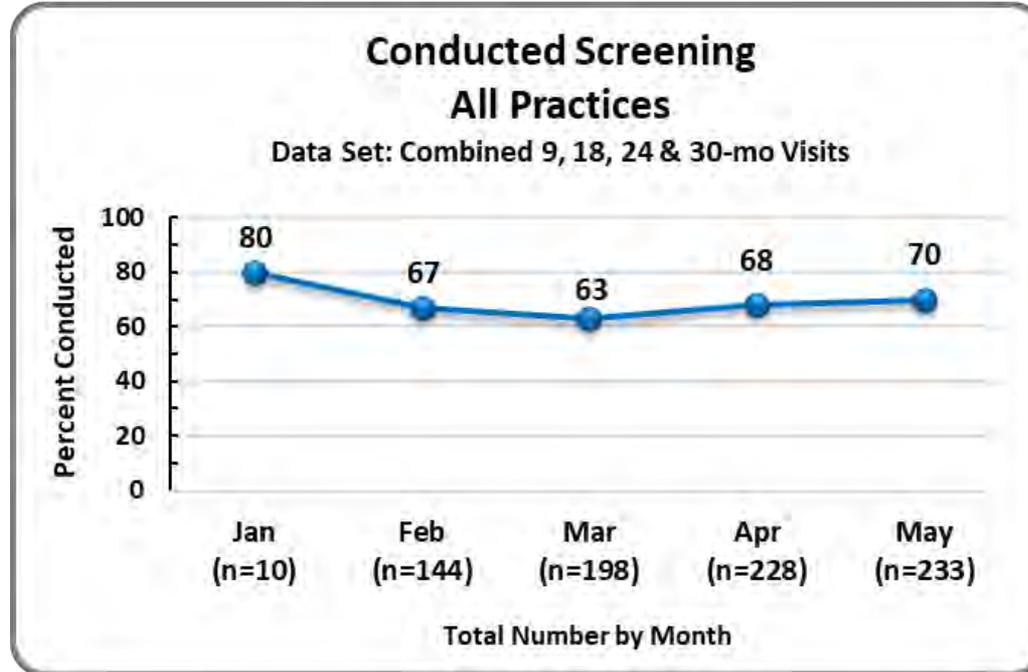
WNY ECCS CoIIN Update

- Learning Collaborative:
 - To raise awareness about developmental monitoring, screening and follow-up among pediatric clinicians, early child care providers and families.
 - To test, implement, disseminate and plan to sustain strategies identified to improve and promote monitoring, screening and follow-up for developmental concerns.
 - To show a 25% increase in age-appropriate developmental skills among their communities' 3-year-old children by the year 2021.
- Participating Practice Sites:
 1. Tonawanda Pediatrics
 2. Main Pediatrics
 3. Neighborhood Health Center
 4. Towne Garden
 5. Niagara St.

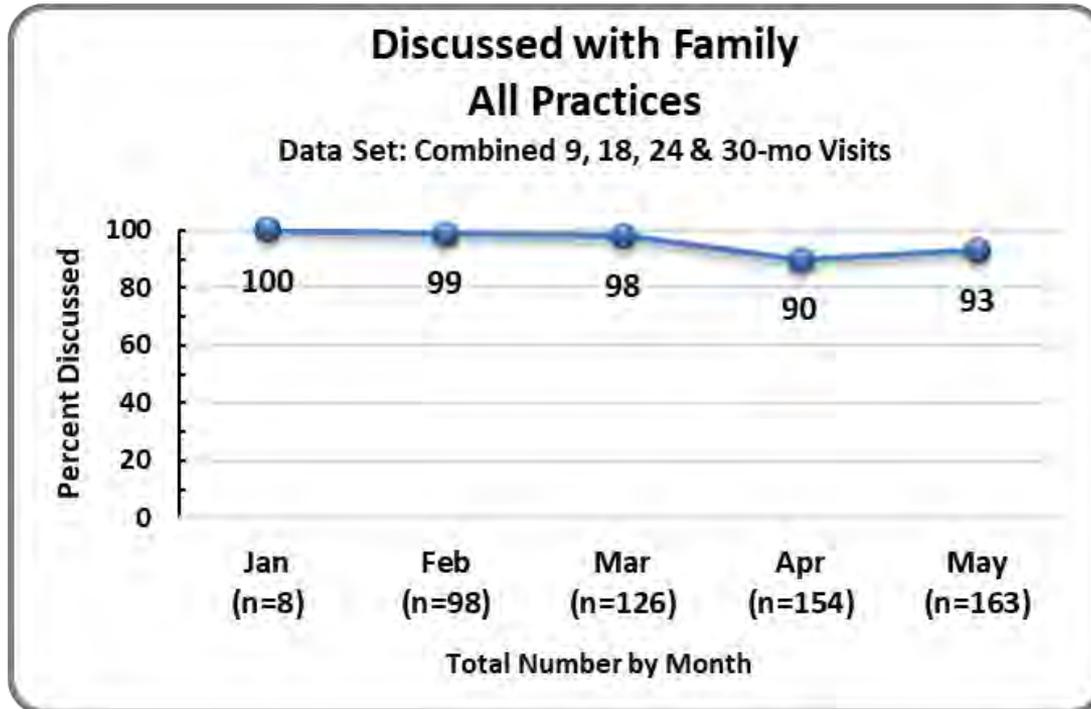
WNY ECCS CoIIN Update cont.

- CoIIN Update:
 - Formalizing work group meetings and leaders
 - Obtaining data sharing agreements
 - Streamlining data collection mechanisms with each practice
 - Continuous PDSA cycle discussions

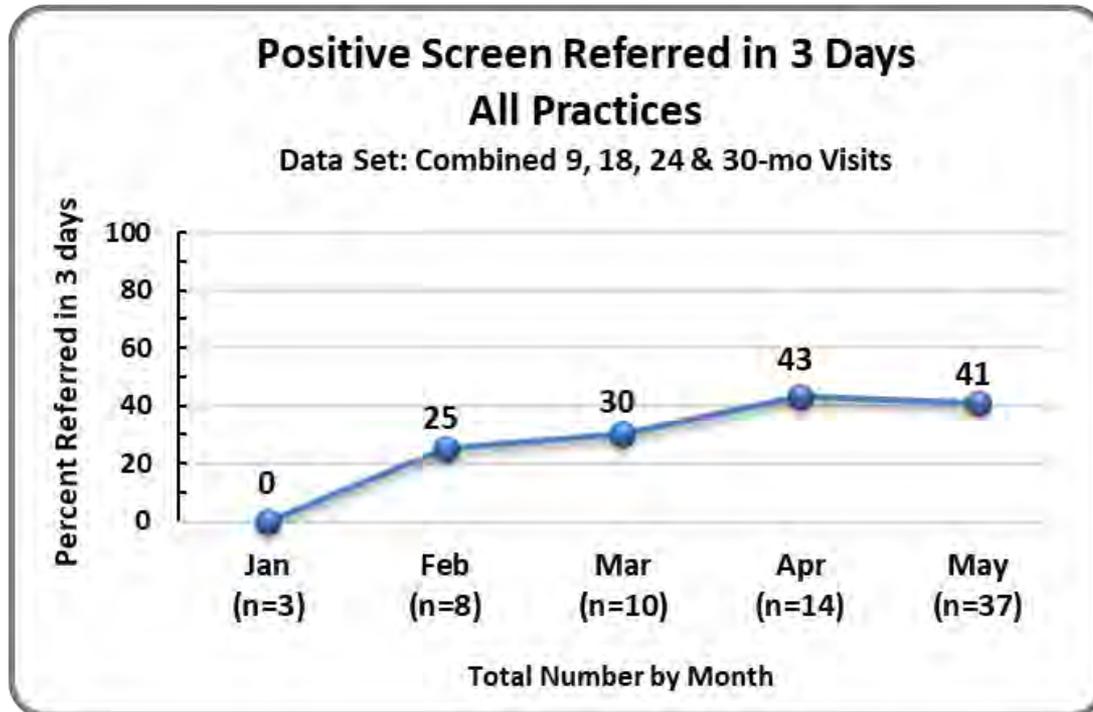
Learning Collaborative Data



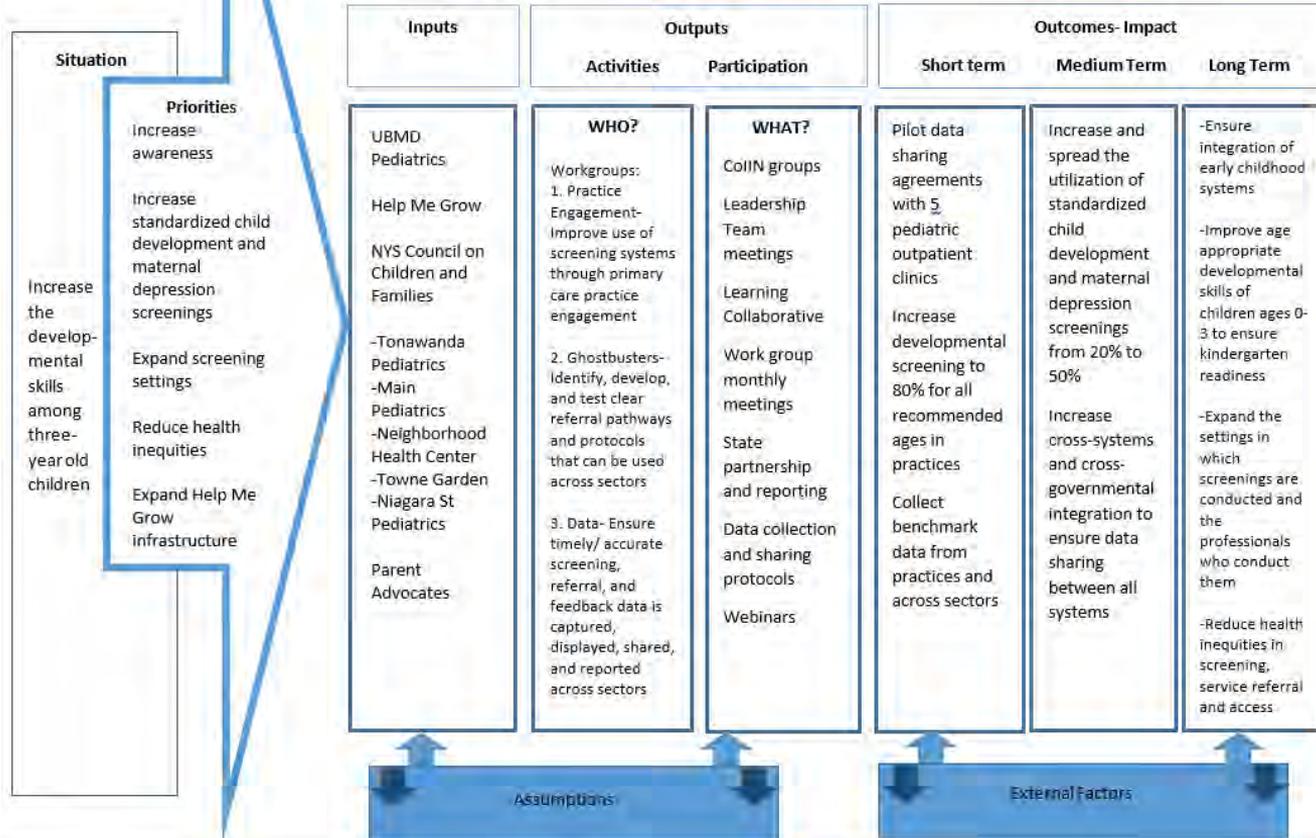
Learning Collaborative Data cont.



Learning Collaborative Data cont.



ECCS CoIN Logic Model



Work Groups

NICHQ Primary Drive 2: Universal Developmental Promotion

#1: Practice Engagement Work Group

OBJECTIVE: Improve use of developmental screening systems through primary care practice engagement

#2: Ghostbusters Workgroup: Clear Pathways and Family Support Systems

OBJECTIVE: Identify, develop, and test clear referral pathways and protocols that can be used by practices for all families with young children they serve.

#3: Data Workgroup: Data Capture and Reporting

OBJECTIVE: Ensure that timely and accurate developmental screening, referral, feedback, and reporting data is captured, displayed, shared, and reported.

*The Work Groups will be meeting next Thursday, September 27th

Short Term Objectives

1. “Meet and Greet” with each participating practice site and determine data collection mechanism
 - Lea will be meeting with each of the 5 practice sites separately
2. Establish data sharing agreements
 - Obtaining a data sharing agreement with Albany Promise will help us to determine best practices for referral follow up
3. Set goals for each of the three workgroups
4. Implement new PDSA cycles on a continual basis with each practice site

Family Leader Updates

Emily Mondschein and Ali Perfetti

- Scheduled monthly phone calls with Lea
- Helping to establish family advocates in each of the 5 Practices

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



#1 PARTNER Tool

(Program to Analyze, Record, and Track Networks to Enhance Relationships)

What: The PARTNER network analysis tool designed to measure collaboration among organizations (i.e. how members are connected, how resources are leveraged, exchanged and the levels of trust between them).

Method: The tool includes an online survey and a program that analyzes the data.

Outcome: By using the tool, we will be able to demonstrate how our ECCS ColIN has changed over time and progress made in how community members and organizations participate. *The outcome of the tool is tied to the Driver 5 AIM.*

When: Completed once per year by SAT members between September and December.



**Council on Children
and Families**



PARTNER www.partnertool.net/survey

Program to Analyze, Record, and Track Networks to Enhance Relationships

- HOME
- ABOUT
- TESTIMONIALS
- RESOURCES
- F.A.Q.
- PROJECTS
- ANALYSIS TOOL
- SURVEY
- CONTACT

Welcome to **PARTNERTool** Survey and Tool.

To respond to a survey invitation, simply enter your username and password below (these were provided in your email invitation).
 If you are a manager, you can log in with your username and password below.
 If you would like to register as a new PARTNER user, please click [here](#).

Username

Password

[Forgot Password](#)

[Change Password](#)

Your username
and password
will be emailed
to you

If you forget it
or lose it
just let us
know!
We'll help!



**Council on Children
and Families**

PARTNER Tool



PARTNER
Program to Analyze, Record, and Track Networks to Enhance Relationships

www.partnertool.net/survey

START SURVEY SURVEY STATUS USER ACCOUNTS

[logoff](#)

Thank you for taking this survey. This survey will likely take about 15 or 20 minutes to complete. To begin, you will be asked to answer a few questions about your own organization. You will then be asked to answer questions about other organizations.

Answer all questions from the perspective of your organizations department, rather than yourself as an individual. Feel free to check with others in your organization for more information.

At any time, you can save the responses and continue the survey later. When complete, you can review your responses and modify them, if required.

CONSENT

By starting the survey, you are agreeing to participate. Your participation is voluntary and you can stop at any time. There are no known risks to participate in this survey. If you have questions about your participation in the survey, please reply to the email invitation you received, or contact the PARTNER_team_at_partnertool@usdenver.edu



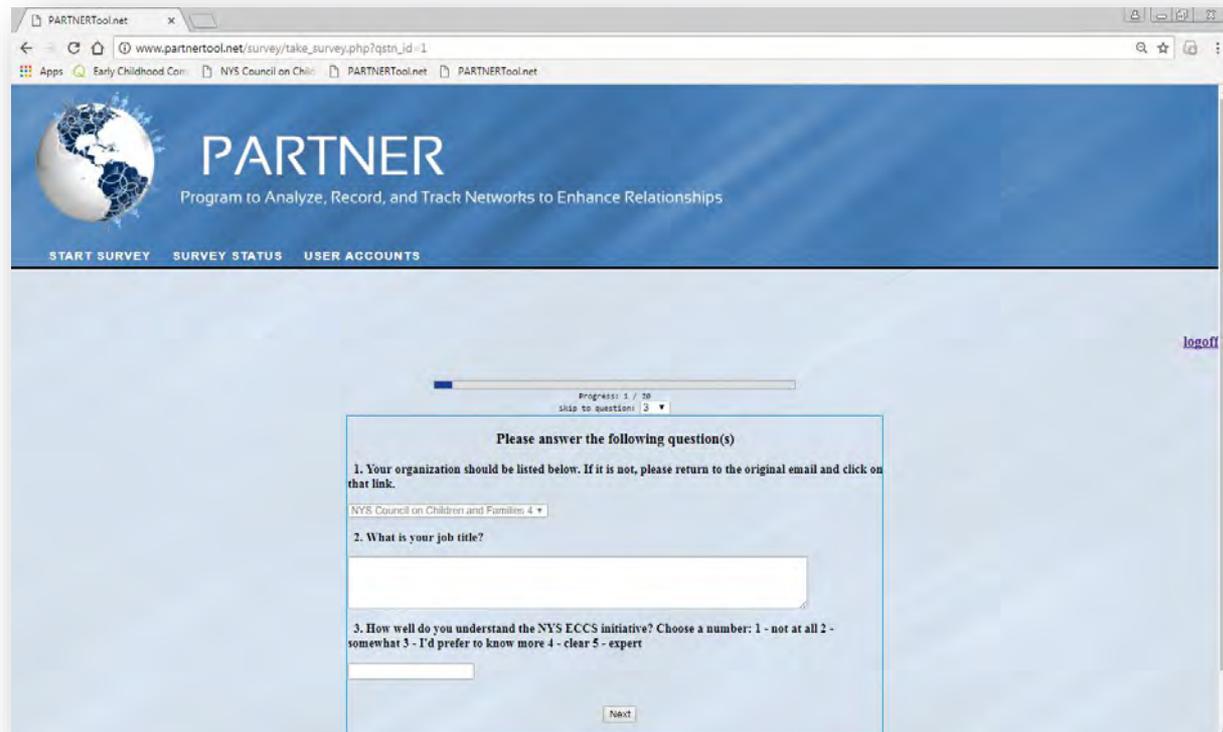
**Council on Children
and Families**

Start Your Survey

Your organization will be pre-filled.

You may log off at anytime and your responses will be saved.

Just log back in to return to where you left off by clicking 



The screenshot shows a web browser window with the URL www.partnertool.net/survey/take_survey.php?qstn_id=1. The page header features a globe icon and the text "PARTNER Program to Analyze, Record, and Track Networks to Enhance Relationships". Navigation links include "START SURVEY", "SURVEY STATUS", and "USER ACCOUNTS". A "logoff" link is visible in the top right corner. The main content area displays a progress bar at "Progress: 1 / 30" and a "skip to question 3" dropdown. The survey question asks for the user's organization and job title, with a "Next" button at the bottom.

Progress: 1 / 30
skip to question 3

Please answer the following question(s)

1. Your organization should be listed below. If it is not, please return to the original email and click on that link.

NYS Council on Children and Families 4

2. What is your job title?

3. How well do you understand the NYS ECCS initiative? Choose a number: 1 - not at all 2 - somewhat 3 - I'd prefer to know more 4 - clear 5 - expert

Next



Potential Challenges

- May take up to 25 minutes to complete depending on the number of connections you've identified as well as the speed of your network connection.
- The strength of our data depends on our response rate. This can be a challenge especially when working with managers and directors with competing priorities (we know you're busy).



Highlights

- You can log in and log out!
- It need not be completed in one sitting.
- You have a month to complete it.
- You only have to do this one time per year.



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



Connections

- NYS Governor's Early Childhood Advisory Council (ECAC)
- ECAC workgroup on developmental screening and maternal depression
- NYS Department of Health (DOH) Office of Health Insurance Program (OHIP)
First 1000 Days on Medicaid initiative workgroup
- NYS Early Intervention Coordinating Council quarterly meetings
- Co-chairing the NYS Parenting Education Partnership
- NYS Home Visiting Coalition
- NYS Association for Infant Mental Health
- NYS Infant Toddler Policy and Practices
- Project TEACH and maternal depression resources
- NYS Infant and Early Childhood Mental Health TA initiative



**Council on Children
and Families**

Last Year at this Time:

- ✓ • PARTNER Tool
 - Maturity Scale
- ✓ • Solidified statewide messaging
- ✓ • Surveying families and providers
 - Establishing outreach/awareness campaign with families and providers (e.x. using the LTSAE materials or Talking is Teaching)
- ✓ • Pyramid Model training with Long Island early care providers
 - Establishing referral and follow-up processes in medical practices
- ✓ • Implemented Central Access Point for HMG-LI
- ✓ • Presenting at local and statewide conferences
- ✓ • Equity and Implicit bias training



Advancing Race Equity - Move it Forward

**move it
forward**

ADVANCING RACE EQUITY
NYS MUSEUM | HUXLEY AUDITORIUM
September 25, 2018

Please join us, September 25th and join the effort to advance race and ethnic equity. Our keynote speaker, John A. Powell, is an internationally recognized expert in the areas of civil rights and civil liberties and a wide range of issues including race, structural racism, ethnicity and poverty. He is the Director of the Haas Institute for a Fair and Inclusive Society at U.C. Berkeley, which supports research to generate specific prescriptions for change in policy and practice that address disparities related to race and ethnicity.

See the **full agenda** here.



<http://events.r20.constantcontact.com/register/event?oeidk=a07efjhv4az78c780d1&llr=k8y5z6cab>



**Council on Children
and Families**

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](https://twitter.com/nysccf)



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