NEW YORK STATE OF OPPORTUNITY

Council on Children and Families

ECCS

NYS Early Childhood Comprehensive Systems

ECCS State Advisory Team (SAT) Quarterly Meeting
March 9, 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.

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

Thank you to our State Advisory Team Organizational Members

Docs for TOTS

SUNY RF The Research Foundation for The State University of New York

EINSTEIN Albert Einstein College of Medicine

Capital District Child Care Council

New York Early Childhood Professional Development Institute
Developing Adults Working with Developing Children

NEW YORK STATE OF OPPORTUNITY. Department of Health

NYS Early Childhood Advisory Council
Building Success for Children
Ensuring Success for New York

NYS ED .gov New York State EDUCATION DEPARTMENT
Knowledge › Skill › Opportunity

New York State Head Start Collaboration Office

NEW YORK STATE Office of Children and Family Services

NEW YORK STATE OF OPPORTUNITY. Office of Temporary and Disability Assistance

NEW YORK STATE OF OPPORTUNITY. Office of Mental Health

Prevent Child Abuse New York™

SCAA Schuyler Center for Analysis and Advocacy

United Hospital Fund

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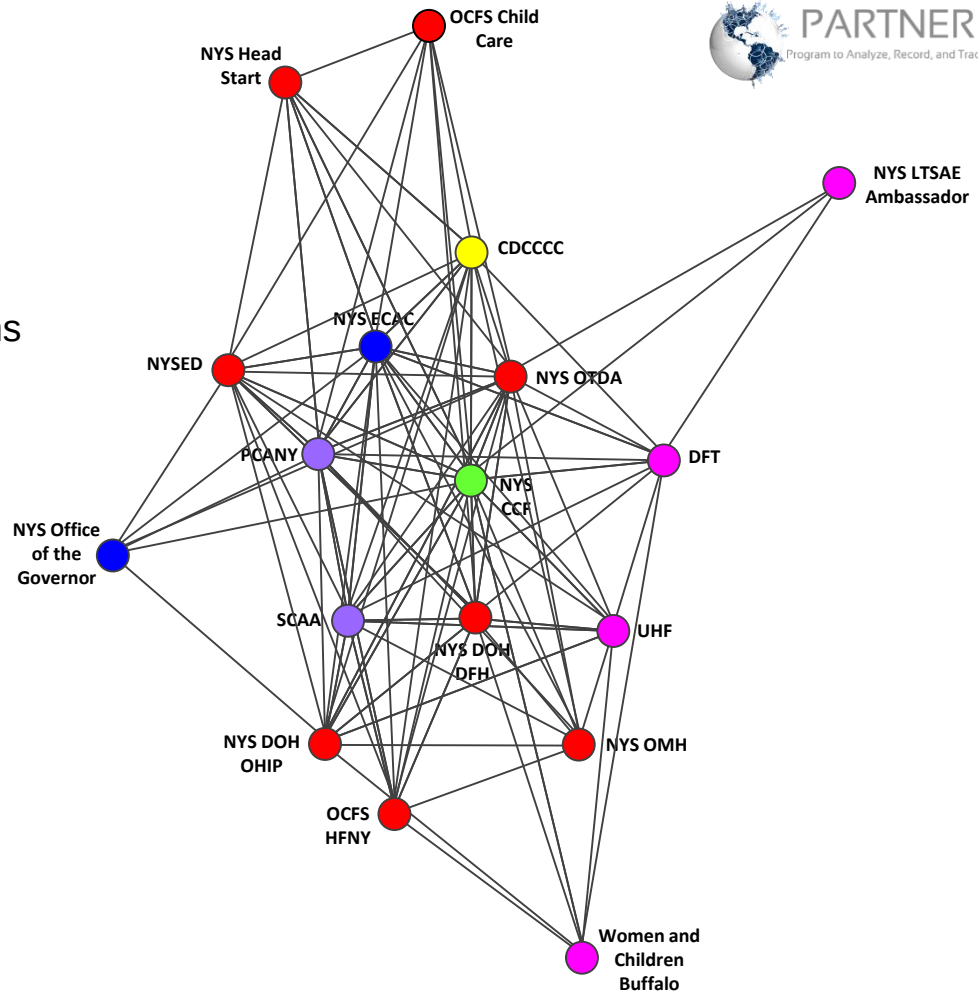
Our ECCS Network

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



56%

of our network is connected

Today's Agenda

- Introductions
- Meeting Schedule
- News
- Community Updates
  - Nassau County
  - Western NY
- Next Steps

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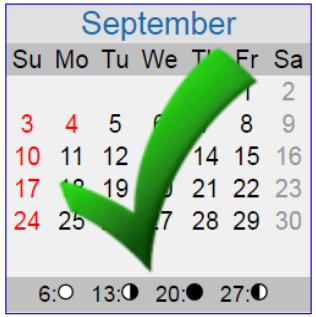
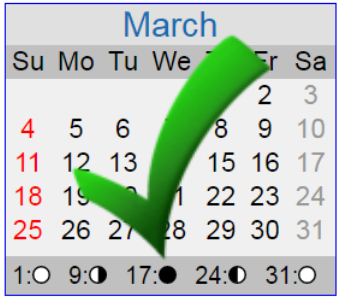
SAT Year 2 Meeting Schedule

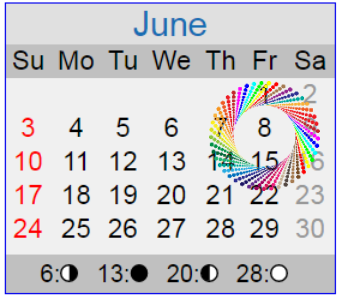


September 8, 2017

December 8, 2017



March 9, 2018



June 8, 2018

Always the 2nd Friday of the month

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1. ECCS brochure complete
2. NYAEYC 2018 Conference
3. Reporting annual and biannual indicator baselines
4. Pyramid Model training
   a) Long Island early care providers and families
   b) WNY providers
   c) NYS Infant Toddler Specialists
5. NYSPEP Community Cafes
6. First 1000 Days on Medicaid Work Groups
7. ECAC Community Initiatives Work-team Statewide Spread

A New Brochure

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All children deserve an equal start in life. In New York State, we're partnering with our communities to make a difference!

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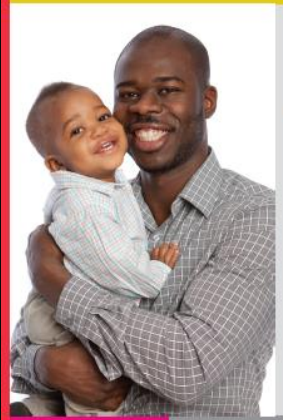
Docs for TOTS

SUNY RF The Research Foundation for The State University of New York

HRSA Maternal & Child Health



Partners

For more information on this project and to connect with our 60 plus partners in New York State and around the country, visit the ECCS Impact Resource section of our website at www.ccf.ny.gov to view our organizational chart.

NYS ECCS State Advisory Team Members: Capital District Child Care Council, Docs for Tots, Help Me Grow–Long Island, New York Early Childhood Professional Development Institute, NYS Council on Children and Families, NYS Department of Health, NYS Early Childhood Advisory Council, NYS Education Department, NYS Head Start Collaboration Office, NYS Learn the Signs, Act Early Ambassador, NYS Office of Children and Family Services, NYS Office of the Governor, NYS Office of Mental Health, NYS Office of Temporary and Disability Assistance, Prevent Child Abuse New York, The Research Foundation for the State University of New York, Schuyler Center for Analysis and Advocacy, United Hospital Fund, The University of Buffalo

HRSA Disclaimer

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ECCS

NYS Early Childhood Comprehensive Systems

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Our Goals

Children's opportunities for learning begin even before they are born. In New York State, we're working to ensure that all children are given an equal start in life. The New York State Council on Children and Families, along with 11 other states, has a 5-year grant from The US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau to work together with families, state and community agencies to:

1. Promote child development, by making sure that pediatricians, child care providers, teachers and families are aware of how babies and young children grow and learn.
2. Identify young children who may need additional support and make sure that if they do they receive it quickly and easily, because we know that acting early makes a difference!
3. Create partnerships and share resources that support families and children living in our communities.
4. Empower families to support their baby's learning in ways that are meaningful to them.

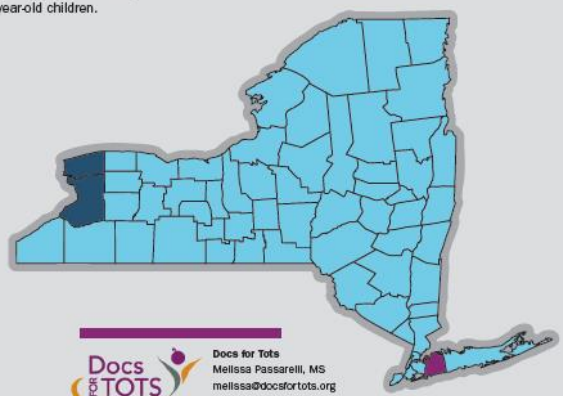
In the Communities

We're focusing our work in two communities: Western New York and Nassau County.

These two communities established teams representing early childhood that include family members, pediatricians, county organizations, community-based organizations and their local **Help Me Grow** initiatives. The partners agree that they have a role to play in supporting the success of families in their communities. Instead of working separately, the teams have come together to focus on the 5-year goal of increasing the developmental skills of 3-year-old children.

Teams meet regularly and are working to create a resource, referral, and follow-up pathway developed with families for families in their communities to ensure all families have the support they need to thrive. To learn more about the **Help Me Grow** initiative in New York State, go to **www.helpmegrowny.org**.

To find out more about the ECCS work taking place in your community or to support your local ECCS team, use the contact information for the team leads below.



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Docs for TOTS

Docs for Tots
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NYAEYC 2018

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Questions?

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

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Baseline Indicators

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Annual Indicator Baseline (measured one time per year)

1. Children birth through age 3 who are achieving 5 domain developmental health	2a. Proportion of ECCS partners with a data sharing agreement	2b. Proportion of partners using data for ECCS reporting	2c. Proportion of partners using ECCS data to coordinate activities	3. Family members reporting that each week they read, told stories, and/or sang songs with their child daily*
0	14%	11%	0	44%
March 2018	March 2018	March 2018	March 2018	March 2018

*2016 National Survey of Children's Health

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Biannual Indicator Baseline (measured twice per year)

1. Proportion of parents or other primary caregivers reporting improved social support

0

February 2018

2. Proportion of families successfully connected to services that address the SDOH

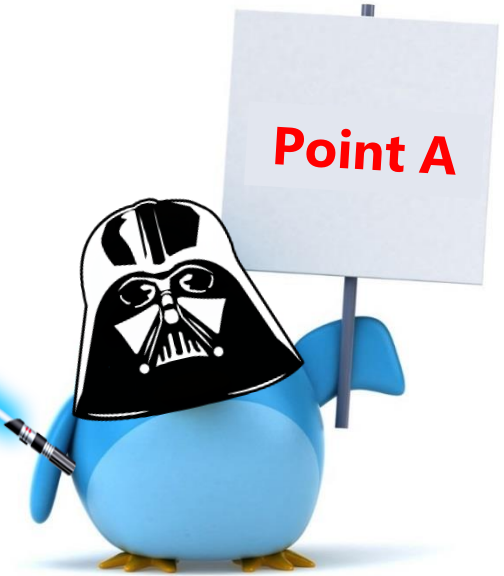
0

February 2018

3. The number of new or updated policies that support developmental health from ECCS work

0

February 2018



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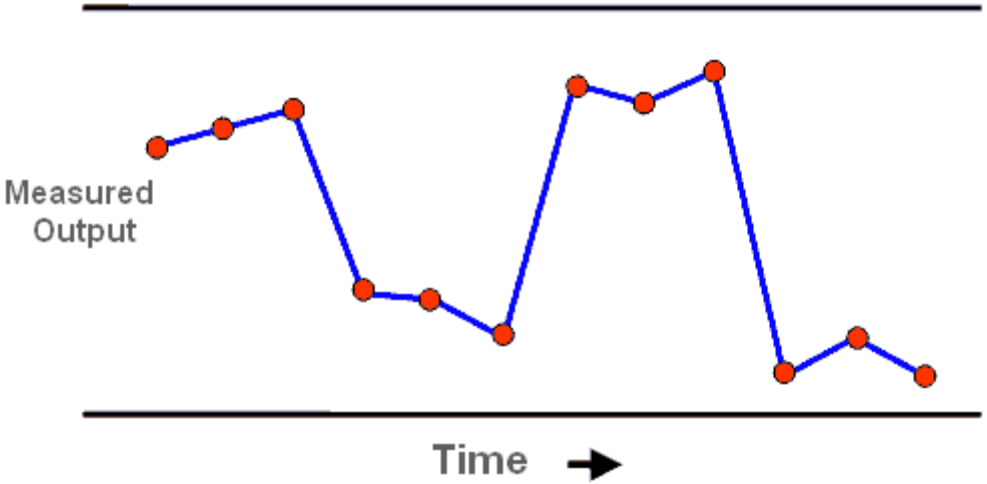
Once the communities start collecting data over the next 6 months we'll be able to display run charts of the monthly measures.



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ECCS Primary Drivers

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

DRIVER 1
Early Identification of Developmental Needs

DRIVER 2
Family Partnership

DRIVER 3
Social Determinants of Health

DRIVER 4
Systems Promote Developmental Health

DRIVER 5
Linked and Coordinated Systems

DRIVER 6
Policy and Advocacy

Pyramid Model Training

(driver 2 and 4)

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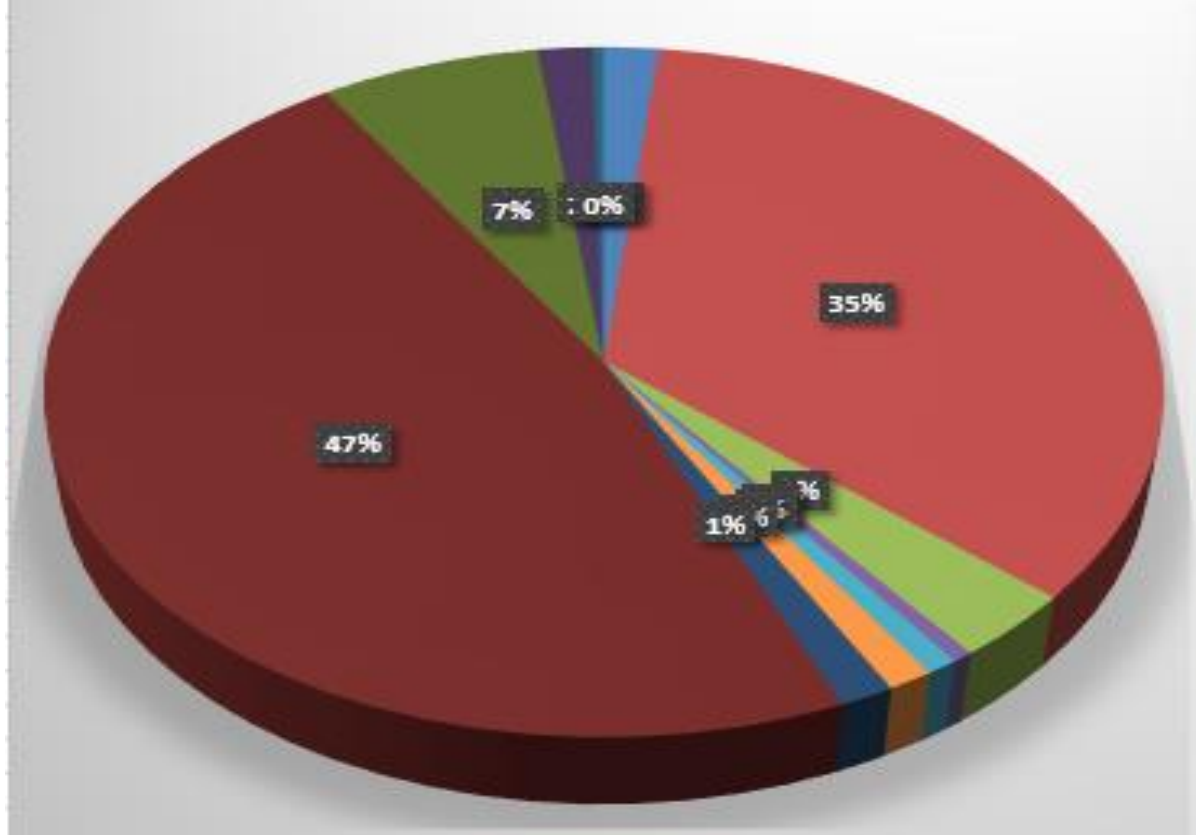
Funding Chart

*All In-Kind Funds/** Partial In-Kind Funds



- Project LAUNCH
- Office of Children and Family Services/Professional Development Program (OCFS/PDP)
- NYS Head Start Collaboration
- Annie E. Casey Foundation
- Early Childhood Comprehensive Systems (ECCS)
- New York State United Teachers (NYSUT)
- Office of Mental Health (OMH)
- *Agencies that employ Master Cadre Trainers*
- *State Leadership Team Support*
- *State Education Department
- **New York State PBIS Technical Assistance Center (NYSED funds this contract)

Pyramid Modules Presented to date

ECCS Supported Pyramid Model Training

Positive Solutions for Families with parents of young children and early care providers

Roosevelt and Westbury

Parents Interacting with Infants with NYS Infant Toddler Specialists

Rochester

Parents Interacting with Infants with Early Care providers and family support providers

Western NY

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Community Cafes

(driver 2 & 6)

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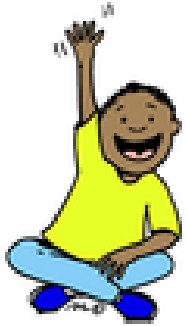
ECCS Supporting NYSPEP

ECCS is supporting NYSPEP's efforts to provide Community Café orientation training to selected communities.

The Community Cafes engage community and family voice so we can work together to impact discussions around policy change for families and children.

Questions?

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



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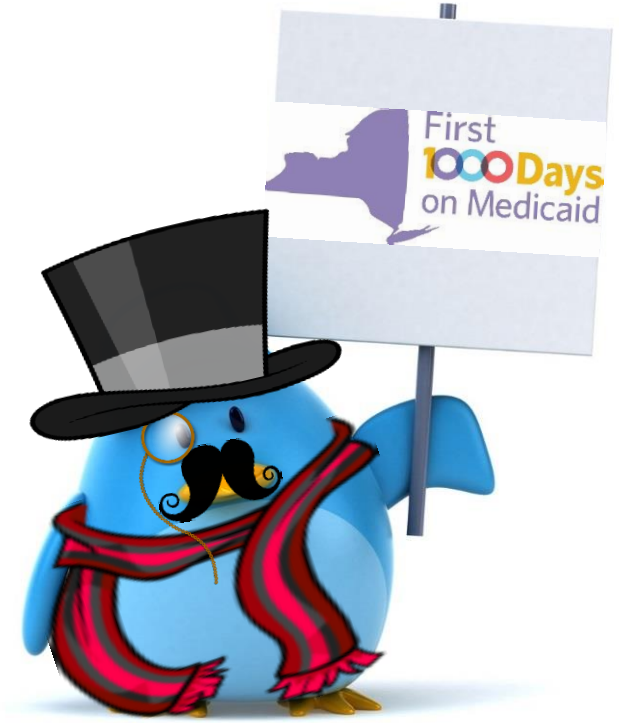
First 1000 Days on Medicaid

(driver 6)



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ECCS Supporting the work of The First 1000 Days on Medicaid

ECCS has been invited to participate in the *First 1000 Days on Medicaid* work groups

We will be working closely with workgroups focusing on:

- Statewide Home Visiting
- Data System Development for Cross Sector Referrals
- Pilot and Evaluate Peer Family Navigators in Multiple Settings
- Kindergarten Developmental Inventory

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The ECCS Team had the opportunity to attend the NYS Department of Health Office of Health Insurance Programs VBP University and the VBP Bootcamp in February!

VBP University

Awarded to

Ciearra Norwood

Kristin Weller

February 2, 2018

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ECAC
Collaboration
(driver 5 & 6)

Statewide Community of Practice
(driver 5 & 6)

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Statewide Spread and Sustainability

Jennifer Powell, Principal
Powell and Associates, L.L.C.
Health Care Design & Quality Improvement

Dana Friedman, Ed.D
NYS Early Childhood Advisory Council
Community Initiatives Work Team

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Statewide Spread and Sustainability

Why: We need a plan/platform for spreading the findings from the CoIIN throughout the project period to other place-based communities throughout NYS

How: Bi-weekly calls with Jen Powell and Dana Friedman (ECAC Community Initiatives Work team) to develop strategy

Plan: Develop (or modify an existing) community maturity scale to provide a quantitative analysis of community readiness to begin collective action work
Share the results with our SAT and the ECAC
Provide a mechanism to communicate community issues at the state level
Once we know where communities have landed, the Community Initiatives Work team can support them moving forward

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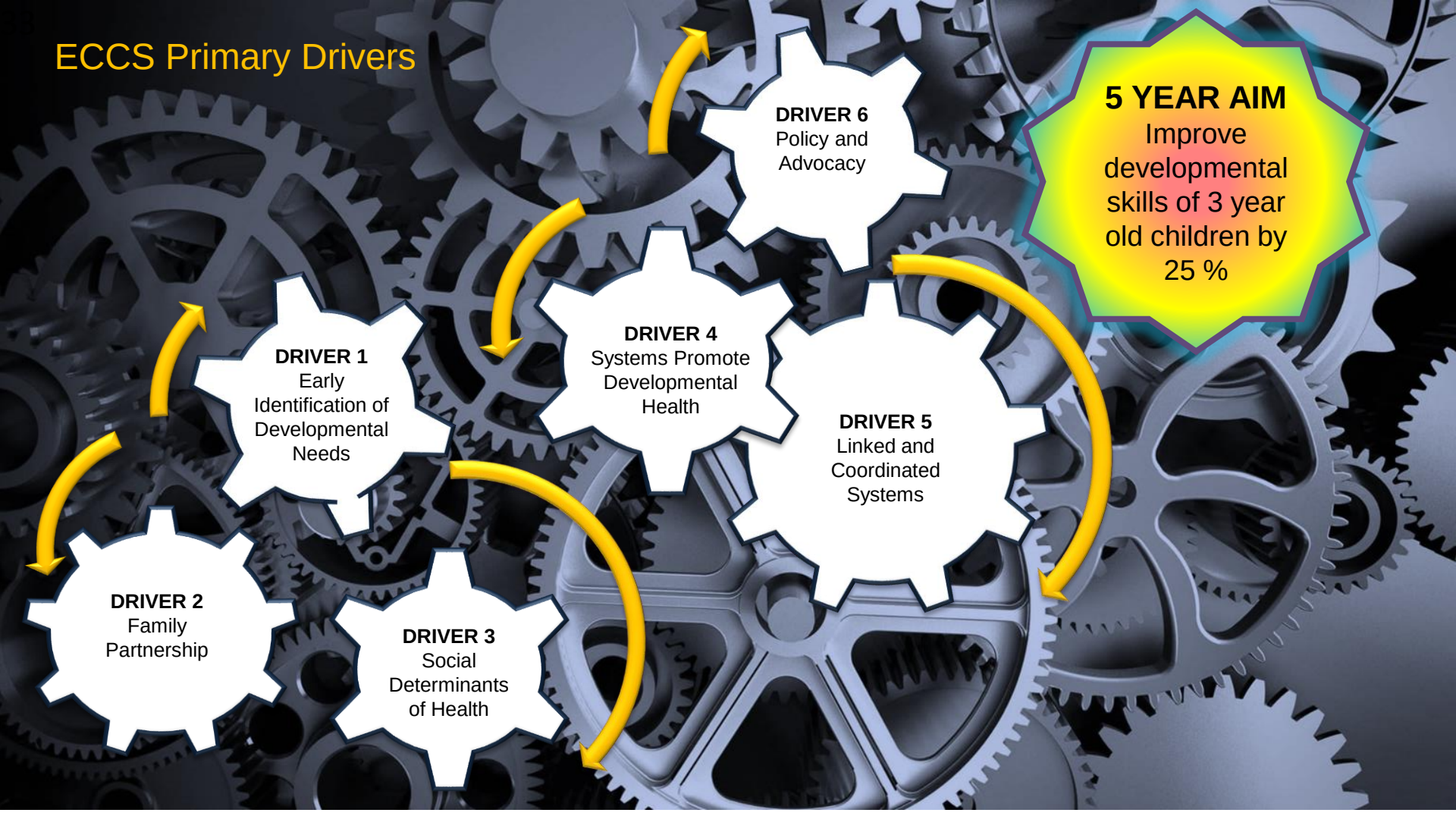
ECCS Primary Drivers



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

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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

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Western New York ECCS

Dennis Kuo, MD, MHS

Updates

- CoIIN – Design Meeting
- Learning Collaborative

Design Meeting Objectives - January 11, 2018

1. Generate understanding of the human perspective and generate empathy for families to inform the design of key features of a community system
2. Ensure a level understanding of the current environment and emerging innovations/trends
3. Identify problems, gaps and challenges to inform how we might build a better system of care
4. Identify, refine and prioritize key features of a human centered ECCS system

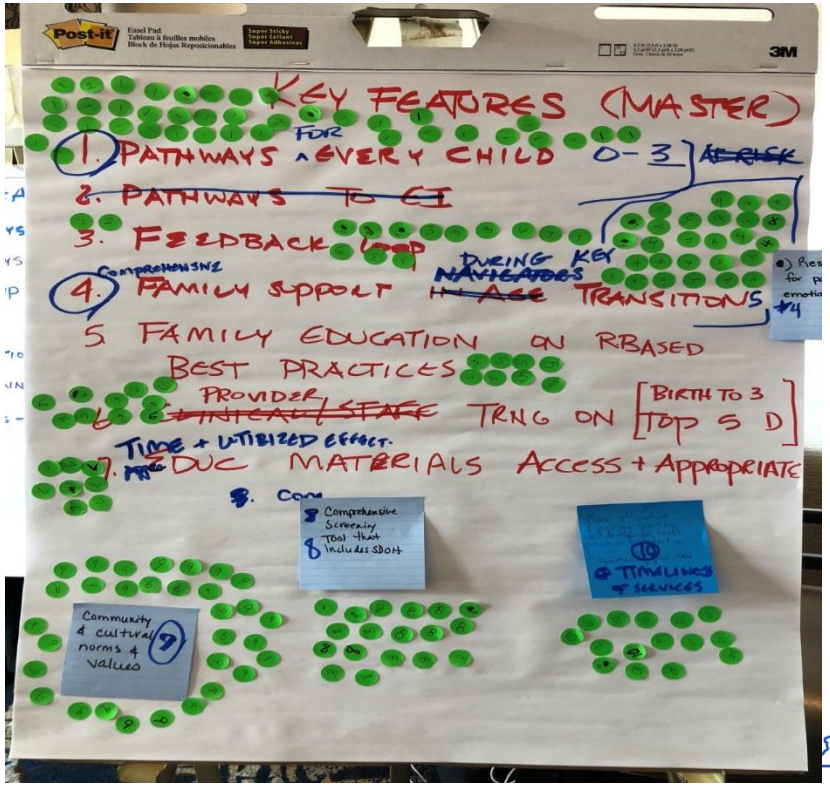
Prework and Meeting

- Prework – key informant interviews
- Meeting
  - 24 family/provider members
  - Reviewed journey – family and physician
  - Design exercises and next steps

Strawman Key Features

1. Family pathways for every child at potential risk
2. Family pathways for child in EI services
3. Feedback loop to referral providers, to service providers and families
4. Easily accessible repository of education materials for families
5. Family support systems in key age transitions
6. Family education on research- based best practices
7. Clinician/staff training on top five key diagnoses

Key Features: Weighted Voting



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Key features

- Referral feedback loop / data repository
- Community norms and values
- Pathways for every child 0-3 years
- Family during key transitions

Learning collaborative

- Six practices
- Two webinars
  - Introduction
  - PDSA cycles
- Data collection starting now – just baseline data

PDSA Worksheet

PDSA Worksheet

Instructions: Each place-based community team that is testing improvement changes completes a worksheet for all PDSA cycles completed. Upload to CoLab on the 7th of each month for tests performed the previous month.
(Hint: use this worksheet concurrently as you plan, implement, and evaluate the test – don't wait until the end of the month – it can be a good planning and documentation tool throughout the test)

Objective for this PDSA Cycle:

Is this cycle used to develop, test, implement, or spread a change?

What question(s) do we want to answer on this PDSA cycle?

Plan:
Answer questions: Who, What, When, Where will the test of change occur?

Plan for collection of data: Who, What, When, Where?

Predictions (for questions above based on plan):

Do:
Report the competed change or test, data collected and begin analysis.

Study:
Complete analysis of data

Compare the data to your predictions and summarize the learning

Act:
Are we ready to make a change? Plan for the next cycle.

Data Cycle (month): _____

Physician Name/ Practice: _____

Select the appropriate patient visit data set: ☐ 9-month ☐ 18-month ☐ 24-month ☐ 30-month

Developmental Screening	
A. Is there documentation in the medical record that a standardized developmental screening was conducted at the visit?	☐ Yes ☐ No
B. Is there documentation that developmental screening results were discussed with the patient's family at the time of the screening?	☐ Yes ☐ No
C. Was a positive developmental screen identified?	☐ Yes ☐ No
D. If a positive developmental screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 3 calendar days? (Note: Follow-up care examples include Part C Early Intervention Program, developmental-behavioral pediatrician, child psychologist, speech and language evaluation.)	☐ Yes ☐ No ☐ N/A (choose N/A only if the patient did not have a positive screen)
E. If referral was made, who referred to?	☐ Early Intervention (EI) ☐ Help Me Grow WNY (HMGWNY) ☐ Early Childhood Direction Center (ECDC) ☐ Other (specify) _____

Autism Screening	
A. Is there documentation in the medical record that a standardized autism screening was conducted at the visit?	☐ Yes ☐ No
B. Is there documentation that autism screening results were discussed with the patient's family at the time of the screening?	☐ Yes ☐ No
C. Was a positive autism screen identified?	☐ Yes ☐ No
D. If a positive autism screen was identified, is there documentation in the medical record that the patient was referred for follow-up care within 3 calendar days? (Note: Follow-up care examples include Part C Early Intervention Program, developmental-behavioral pediatrician, child psychologist, speech and language evaluation.)	☐ Yes ☐ No ☐ N/A (choose N/A only if the patient did not have a positive screen)
E. If referral was made, who referred to?	☐ Early Intervention (EI) ☐ Help Me Grow WNY (HMGWNY) ☐ Early Childhood Direction Center (ECDC) ☐ Other (specify) _____

Instructions:

- ★ Review 10 records per physician per data cycle. For MOC credit: a minimum of 10 records for 4 consecutive months showing improvement per requesting physician.
- ★ Return this information by the 30th of each month to: ngushue@upa.chob.edu or fax to Nancy Gushue at 716-323-0292.
- ★ No patient identifiers should be recorded or transmitted with this form.

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Family Partner

Family Partner [fam-uh-lee pahrt-ner] noun. A person who is part of a social unit consisting of adults or parents and their children, who shares or is associated with another in some action or endeavor; sharer; associate. Increase family engagement. Family partners are individuals who will gain opportunities for networking, building leadership skills, improving your child's pediatric office, strengthening communication skills, and providing outreach to support other families.

*Incentives available

What is the responsibility of our family partner?

Orientation

- Meet & greet with practice to become acquainted with staff and layout of office
- Be aware of patient record-keeping – electronic or paper
- Learn what the PDSA cycle is and how to facilitate it
- Become familiar with developmental screening assessments within the practice

Half-hour monthly meeting with Improvement Team Family Partners

- A safe place to ask questions
- Receive guidance and input
- Network with other parent partners to locate services and resources for families who have need within the practice
- Share ideas on how we can follow up with families who have received a diagnosis based on a particular screening

Half-hour touch-base weekly meeting with Practice Providers

What do we want practices to share with the parents on a weekly basis?

- Parent partner responsibilities
- Various diagnosis within the practice population, so parents are able to locate resources that would benefit the child within the community.
  - Create a document of appointment dates/times of appointments for patients with [newly] diagnosed children
- Discuss results of weekly screenings and what the follow through will entail. Refer to parent perspective on how this process will unfold for patient.

Be able to discuss with Practice Providers

- How to use people-first language
- The importance of recognizing the parents as the true expert on their child's health, while not abandoning their oversight
- Create an atmosphere that allows the family to feel comfortable during their well visit
- Health, nutrition, vaccines, or any other topics that could improve the well-being of a patient that parents may not feel comfortable asking about
- The importance of having resources readily available in the office pertaining to Early Intervention, Preschool Transition (CPSE), and local support groups

What this is about...

In 2016, the U.S. Health Resources and Services Administration, Maternal and Child Health Bureau (HRSA/MCHB) launched an effort to identify ways to improve early childhood systems, resources and coordination across sectors and aims to improve outcomes in population-based children's developmental health and family well-being.

What characteristics are we looking for in a family partner?

The family partner should be able to:

- Attend family engagement webinars & meetings
- Participate in creating quality improvement PDSA cycles
- Understand confidentiality through disclosures and patient privacy documents/clearances
- Value the importance of cultural diversity
- Understand the early intervention process, preferably by having experience with their own child
- Have access to the necessary accommodations and support to participate effectively

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Some lessons learned so far

- Family engagement and partnership – build from beginning
- Journey and pathways is about families and providers
- Practices understand the broad implications of this project
- Persistence and patience needed through a busy flu season

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 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?

Solving Our Challenges – Communities utilizing Help Me Grow

Developing a statewide message

ECCS brochure is completed both communities incorporating the work of HMG into their approaches.

Operationalizing data collection & aligning HMG

Both communities are able to use their HMG data system to operationalize the ECCS data

Closing referral loop

Both ECCS communities using a HMG approach to begin tracking referrals and closing the referral loop

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Solving Our Challenges – PDSAs, Surveys, Engaging Families

Different practices among healthcare centers and electronic medical records

PDSAs in 6 Western NY practices may uncover additional challenges among healthcare centers

Engaging families

Nassau has established a Family Advisory Group and will be training with early care providers around screening and communicating with families

Western NY has family members on their improvement team and will be part of the practice transformation team

Understanding community assets and service access

Western NY design meeting

Nassau County surveying families and early care providers

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Challenges Yet to Tackle

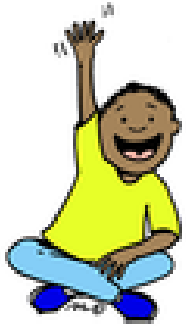
NYS does not have an integrated statewide ECDS

Ensuring integration of social determinants of health and health equity into the work

Ensuring an approach that is replicable for communities in NYS

Questions?

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



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

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