

INHVAB/ECCS State Advisory Meeting

April 17, 2017

9:00-12:00



Home Visiting Fact Sheets

HRSA MIECHV

<https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/home-visiting-program-state-fact-sheets>

Association of State and Tribal Home Visiting Initiatives (ASTHVI)

<http://asthvi.org/membership/state-home-visiting-fact-sheets/>

ECCS State Advisory Team



Early Childhood Comprehensive Systems

Collaborative Improvement and Innovation Network

ECES Impact

- Builds on ECES work to enhance early childhood systems at the national, state and community levels
- Purpose: To enhance early childhood systems building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators using a Collaborative Innovation and Improvement Network (CIIN) approach

ECES Impact (cont.)

- **Goal:** To develop collective impact expertise, implementation and sustainability of efforts at the state, county and community levels
- **Overall Aim:** Within 60 months, the identified community will show a 25% increase from baseline in age appropriate developmental skills among their community's 3-year-old children

What is COLLIN?

- Teams of federal, state and local leaders working together to address a common problem
- Combines the science of quality improvement, innovation, and collaborative learning with a collective impact framework

What is COLLN? (cont.)

- Uses technology to remove geographic barriers
- Participants with a collective vision share ideas, best practices and lessons learned, and track their progress toward similar benchmarks (CoLab)
- Provides a mechanism for working together on key strategy areas contributing to early childhood health and well-being

Learning Collaborative Cohorts

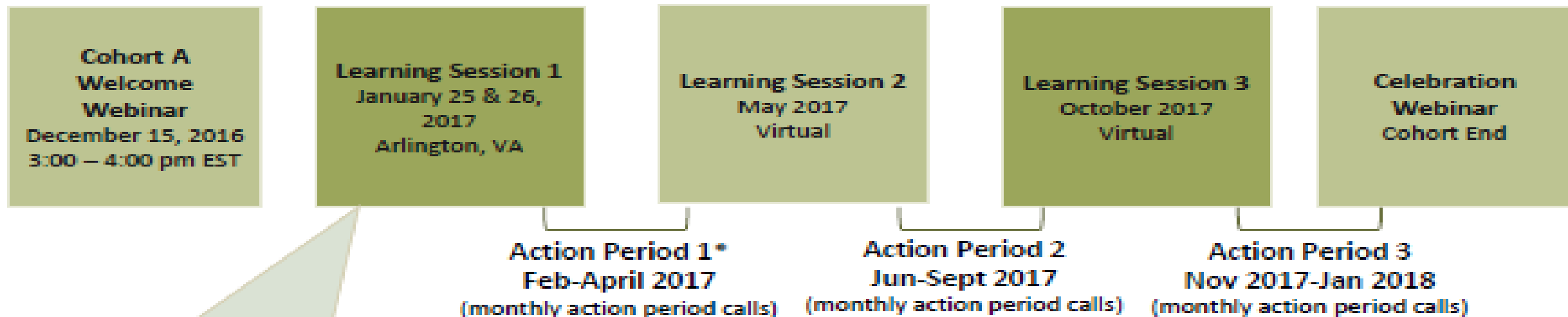
Mutually Reinforcing Activities

ECCS CoIIN Learning Collaborative Cohorts



Cohort A

Developmental health promotion through monitoring,
screening, and follow-up



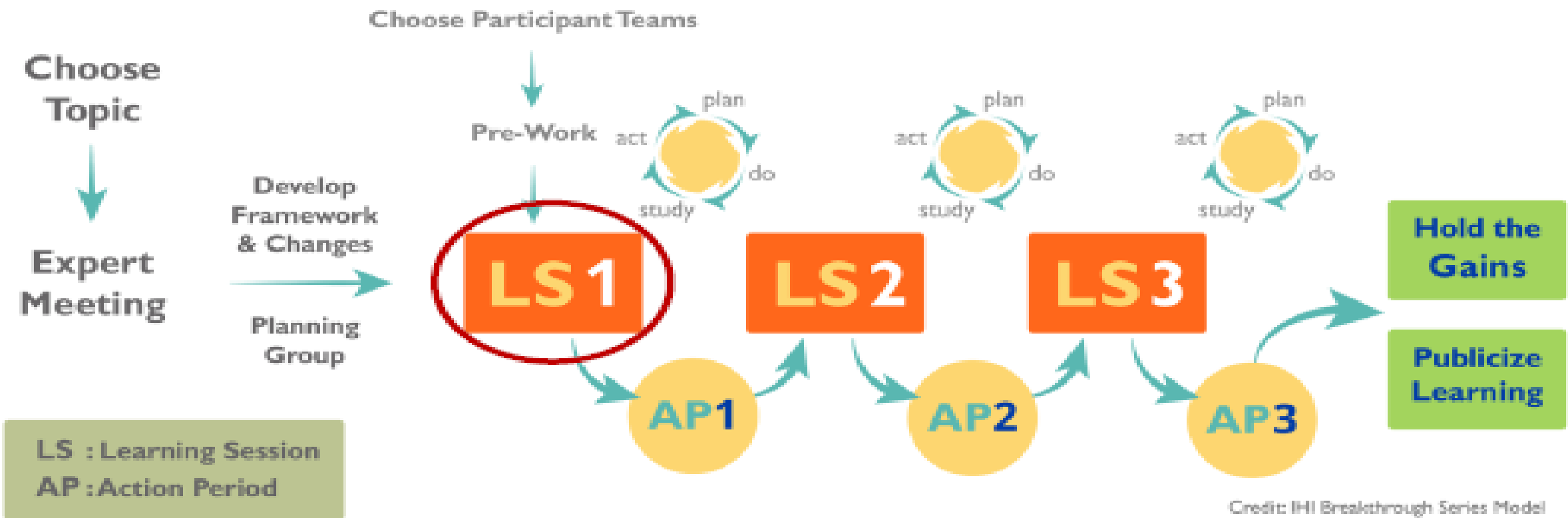
During the first Learning Session, we will:

- Define the problem
- Discuss changes we can make to improve
- Introduce quality improvement methods
- Provide time for teams to develop a plan of action

*Action Periods:

Time for teams to take what they learned, identify areas for improvement, build connections, and start testing on a small scale

Learning Session 1 (LS1)



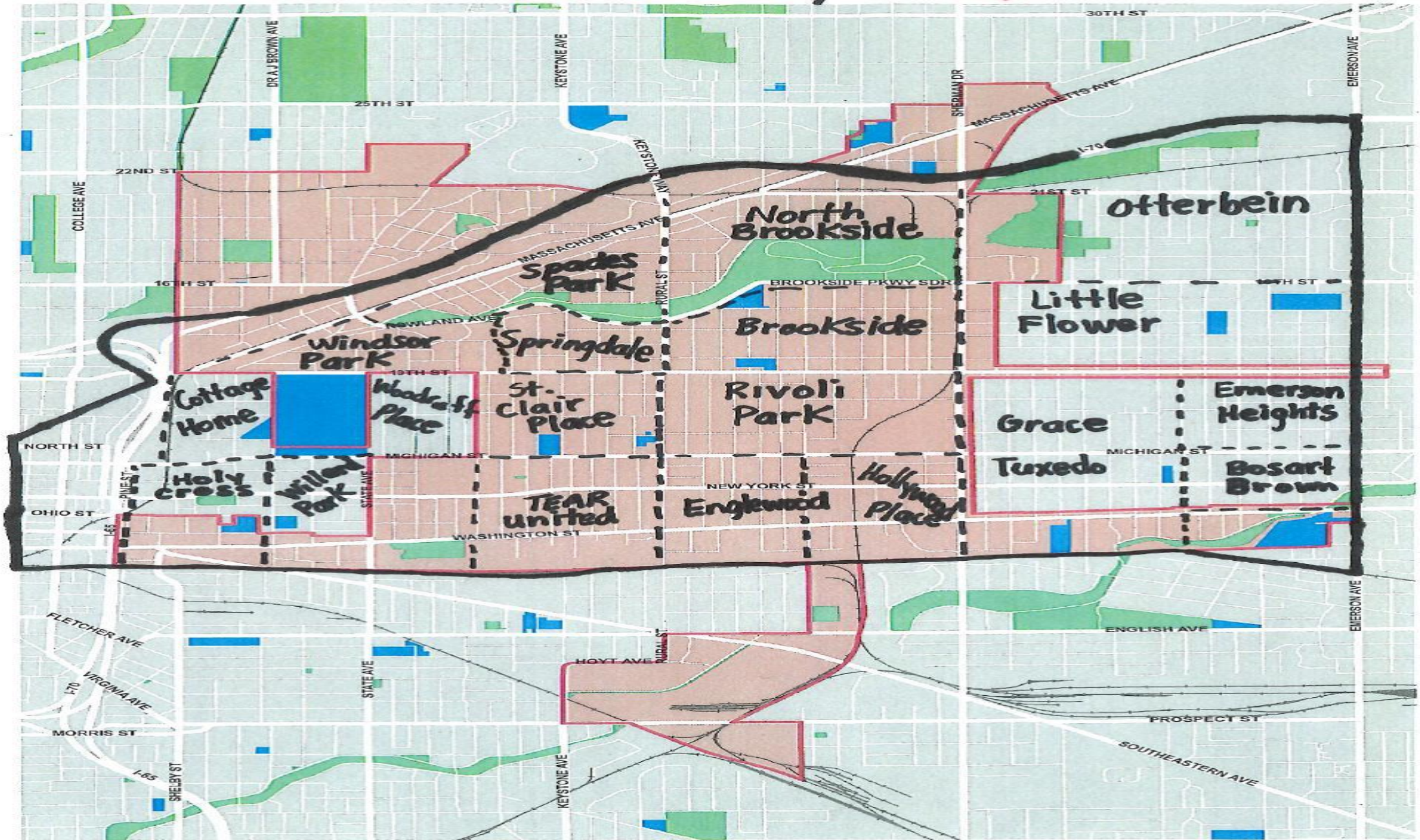
ECCS Impact in Indiana

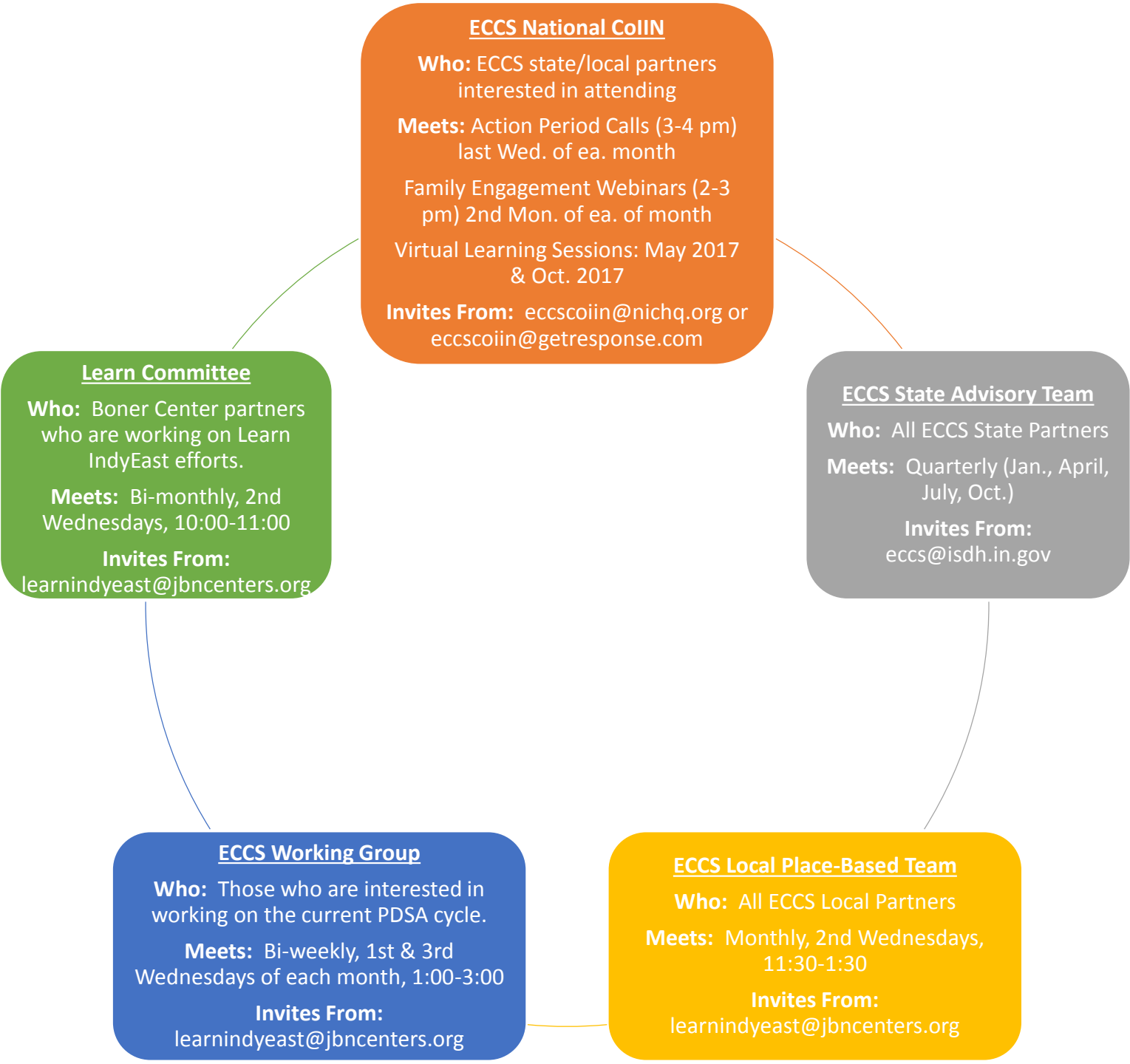
- Partner with the Indianapolis Near Eastside and IndyEast Promise Zone to participate in ECCS CoIN and pilot the Help Me Grow System
- Work with the *Help Me Grow National Center* to pilot implementation of the system within the existing MOMs Helpline

ECCS Impact in Indiana (cont.)

- Provide a centralized access point for connecting IndyEast Promise Zone children and their families to limited care coordination, child developmental screening and screening for maternal depression in order to support early detection, referral and intervention
- Implementation Evaluation for monitoring ongoing processes & the progress towards the goals & objectives of ECCS Impact

Near Eastside Boundary - Indy East Promise Zone





What	Who	When	Invite
Learn Committee	Boner Center partners who are working on Learn IndyEast efforts	Bi-monthly, 2 nd Wednesdays, 10:00-11:00 am @ the Boner Center	You will receive invites from learnindyeast@jbncenters.org
ECCS Local Place-Based Team	All ECCS Local partners	2 nd Wednesdays of every month, 11:30-1:30 pm at the Boner Center	You will receive invites from learnindyeast@jbncenters.org
ECCS Working Group	Those interested in working on the current PDSA cycle. (This group is fluid.)	1 st & 3 rd Wednesdays of every month, 1:00-3:00 pm @ the Boner Center	You will receive invites from Learn Indyeast. learnindyeast@jbncenters.org
ECCS State Advisory Team	All ECCS state partners	Quarterly: Jan., April, July, Oct.	*You will receive invites from eccs@isdh.in.gov <i>*This address will be eliminated (date-TBD) and ISDHMCH@isdh.in.gov will be used.</i>
ECCS National CoIIN <ul style="list-style-type: none"> • <i>Action Period Calls</i> • <i>Family Engagement Webinars</i> • <i>Virtual Learning Sessions</i> • <i>Thematic Webinars</i> • <i>Team TA & Coaching</i> 	Optional: Any ECCS state/local partners interested in attending	<ul style="list-style-type: none"> ▪ Action Period Calls (3-4 pm) Last Wed. of ea. month ▪ Family Engagement Webinars (2-3 pm) 2nd Mon. of ea. month ▪ Virtual Learning Session 2: May 17 & 18 (1-5 pm) ▪ Thematic Webinars, Team TA & Coaching: TBD, Posted in CoLab 	You will receive invites from eccscoiin@nichq.org or eccscoiin@getresponse.com

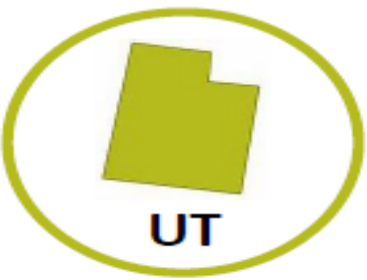
Learning Session #1 Recap: Arlington, VA

- 12 state grantees and their community based teams
- Experts presented in the areas of early childhood systems building, quality improvement methodology, and family engagement
- Opportunities to network and learn about state initiatives nationwide
- Team Time: Refined our aim, prioritized the drivers, and planned our first PDSA cycle.

**ECCS CoIN Impact
Grantee Teams**



AK



UT



OK



NY



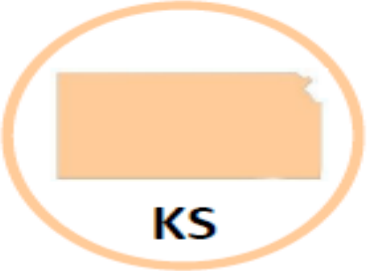
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Cohort A: Aim Statement

By January 2018, ECCS Impact Grantee Indiana and the IndyEast Promise Zone Place-based community will promote healthy development of children birth to age 3 to achieve:

- 25% relative increase in the proportion of children birth through age 3 who receive a “routine” developmental-behavioral screening using a valid and reliable screening tool

Cohort A: Aim Statement (cont.)

- 10% relative increase in the proportion of children birth through age 3, who achieve five domain developmental health (in each domain) as demonstrated by standardized development-behavioral screening results
- 10% relative reduction in disparity for referral to community services for developmental health promotion between the groups with the highest and lowest referral rates

Prioritizing Primary Drivers

Primary Drivers	Priority	Ability	Impact to Date	Comments Comments should focus on key insights your team has had working in this area to date. Also include key successes and barriers your team has encountered, and what action steps are you considering to overcome them?
P1. Coordinated Community-wide systems promote developmental health and early identification of developmental needs of all children & families, especially those that are vulnerable	4	2	3	
P2. Systems promote and maintain family dignity and integrity by supporting active involvement in identifying, promoting, improving, and managing child developmental health in ways that are meaningful to them	5	3	2	
P3. Systems address social determinants of health, including related needs and stressors, and support families to minimize risk, and maximize healthy development	3	2	3	
P4. Services throughout the ECCS that promote developmental health are available, of high quality and are used by families	5	3	2	
P5. Linked and coordinated systems promote continuity, collaboration, and cross-sector sharing in all aspects of monitoring, screening, referral and service delivery while ensuring privacy and legal rights of families	5	4	4	Moving forward requires us to know if families have knowledge of and the ability to access the services we know exist.
P6. Systems promote healthy child development and support children and families through advocacy and policy change at the local, state, and federal levels	3	2	1	

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Primary Drivers For Current PDSA

P3. Systems address social determinants of health, including related needs and stressors, and support families to minimize risk, and maximize healthy development

P5. Linked and coordinated systems promote continuity, collaboration, and cross-sector sharing in all aspects of monitoring, screening, referral and service delivery while ensuring privacy and legal rights of families

Primary Drivers for Future PDSA Cycles

P1. Coordinated Community-wide systems promote developmental health and early identification of developmental needs of all children & families, especially those that are vulnerable

P2. Systems promote and maintain family dignity and integrity by supporting active involvement in identifying, promoting, improving, and managing child developmental health in ways that are meaningful to them

P4. Services throughout the ECCS that promote developmental health are available, of high quality and are used by families

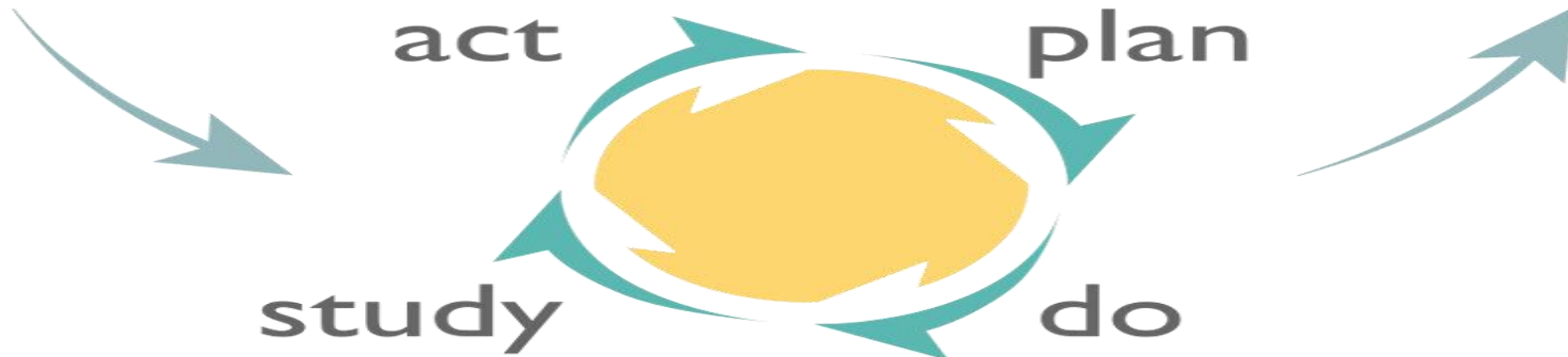
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Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Credit: Associates in Process Improvement

<u>Cohort A</u>		
PDSA Cycle	<u>PDSA Cycle #1</u>	<u>PDSA Cycle #2</u>
Objective	Understand the systems that families are interfacing with	Understand the systems that families are interfacing with that would result in screening
Purpose	Develop a Change	Develop a Change
Question(s)	<p>What systems are families accessing?</p> <p>What services are connected to families?</p>	<p>What systems are families accessing that could result in screening?</p> <p>*If yes, where? What system?</p> <p>*If not accessing systems that could/would result in screen, why not? What are the barriers?</p>
Prediction	We predict that families will be connected because the services exist.	Community members who have children birth-3 experience barriers to connecting with service systems that provide developmental screenings.
Plan	Interview families coming in to JBNC	Interview families at JBNC and public spaces on the Near Eastside (libraries, parks, shelters, etc.)
Results	<p>19 families: Screened Yes-5, No-0, Don't Know-14</p> <p>Primary Care Doctor Yes: 4, No-6, Don't Know: 9</p>	<p>54 families: Screened Yes-33, No-3, Don't Know-13, Prenatal-5</p>

Help Me Grow

HMG Model requires fidelity to four core requirements:

- a central telephone access point
 - a plan for community outreach
 - child health provider outreach and education
 - data collection and monitoring
- A centralized telephone access point for connecting children ages 0-8 and their families to services and care coordination, child health care provider and community outreach to support early detection and intervention and data collection system.
 - In the next 12-18 months, exploration and planning will take place which includes a Help Me Grow Site Visit to Indiana.

INHVAB Mission

- The goal of INHVAB is to coordinate, promote and define Home Visiting efforts in Indiana. The INHVAB will utilize data to assess need, identify service gaps, maximize resources and inform policy to improve health and development outcomes for Hoosier families and children.

INHVAB Vision

- To build partnerships among state agencies and Indiana home visiting programs, that optimize health outcomes for mother and child; support families in raising physically, socially and emotionally healthy children who are ready to learn; and build protective factors to prevent adverse experiences. Through these partnerships communities are strengthened and families have the resilience, skills and tools to thrive.

Project LAUNCH Mission

- To support the development and enhancement of an early childhood system of care that improves the overall wellness of children in the community. By forging key partnerships and building collaborative strategies with engaged and informed stakeholders, we will ensure quality supports and services for Hoosier children within a comprehensive and coordinated early childhood system.

Project LAUNCH Vision

- Indiana Project LAUNCH envisions a state where all individuals responsible for the care and development of children before birth to age eight are supported to ensure optimal social and emotional wellness in all children leading to healthier families and safer communities.

ELAC Mission/Vision

- ELAC is working to ensure that children ages birth to eight years and their families have access to affordable, high-quality early childhood education programs that keep children healthy, safe, and learning.

Commission on Improving the Status of Children in IN Mission/Vision

- Mission: To improve the status of children in Indiana.
- Vision: Every child in Indiana will have a safe and nurturing environment and be afforded opportunities to grow into a healthy and productive adult.