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Building Blocks for Promising Practice Models

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The State Early Child Comprehensive Systems Initiative (ECCS) as an Incubator for Best Practices

Christopher Botsko: Good afternoon, everyone. I am Chris Botsko and I am with the Altarum Institute which was formerly Health Systems Research. And I've been project director for technical assistance for ECCS since 2002 when the first guidance on the project was issued. We actually came aboard as TA provider before the actual guidance came out. And I've had the wonderful opportunity to watch as ECCS has evolved over the years. And I can't say enough about the incredible creativity shown by the grantees in helping ECCS become an important resource for thinking about how to better serve children and families, and for taking action design to do that. I mean, I think in many ways, ECCS has far exceeded expectations. It's a relatively small program. But what grantees have done is--with it has been truly incredible and great to watch and sometimes people have done it, kind of, coming out of the blocks, having built on things they had already had and the works. And sometimes people, kind of, struggled a little. But I think everyone has, kind of, come into--figured out a way to use this relatively small grant program to really leverage it, to work together with partners across all different agencies and build something that's really special and really important.

I'm going to give you a brief overview of ECCS. I hope that most of you--just out of curiosity, I mean, how many of you are--would say you're familiar with ECCS? So most of the crowd. I mean, it's still good to give a little background and a refresher for some people maybe. The purpose of ECCS--I put up the original purpose here. And while lots has happened, I think it still sums up what the purpose of the effort is it's to support state maternal and child health agencies and their partner organizations in collaborative efforts to strengthen the state's early childhood system of services for young children and families. And that partner notion is very critical to this whole thing. This is not simply--and even though MCHB is playing the funds and giving it to Title V agencies, this is not simply a Title V effort. This is an effort that cuts across the various services and systems that serve young children in this country. And just to give you a sense of what those system services are, I listed the key components that was--were defined in the ECCS Guidance and there are five of those. So each state was asked to address issues related to health care and the medical home, social and emotional development/mental health, family support, parenting education, and early care and education. So the grant was intended to address all those things.

And I think the bureau deserves very big compliments for developing a system's focused initiative that encompasses all areas of a child's life and see Title V agencies as partners working with others to what it--to figure out what is best for children not just what is good for Title V. There are lots of systems initiatives out

there and lots of other agencies have requirements that their grantees collaborate, but oftentimes it's--but the difference with ECCS is that ECCS is not about simply reaching out to other programs and figuring out how you can, kind of, make links to them to make a program work. It really is about getting all those folks together who worked in all these areas and talking about how everyone can work together to build a better system. It would've been very easy for MCH to say, "This should be a system--a health system's initiative," or that should focus on health or that's--no, it's about MCH, kind of, figuring out ways to partner with other organizations. They didn't do that and they didn't do it, I think, for a number of reasons that there's this sense within maternal and child health that health needs to be conceived as a broad concept that is affected by all of the child's experience--childhood as the child's experiences.

Health is not medical care. Health is broader than that and covers all these areas of life. And also that--in a child's--if you think about this, child development and concerns about children's well-being don't fit neatly into children's--into program boxes. This comes very clear if you ever talk to parents about these issues. And neither can--so if they don't fit neatly into program boxes, neither can systems that address these issues.

If people have any questions as I go along, feel free to ask. And I actually have three children under eight and I'm used to being interrupted, so. So why did the bureau develop the ECCS Initiative? And speaking--having, kind of, been in the

room and then where these discussions are held, I could feel like I can, kind of, describe that to a degree. A growing body of research indicating that intervention during the early childhood period has long-term payoffs. And this research was summed up in a very large textbook-looking thing called “Neurons to Neighborhoods,” which is incredible detail about the issue of how early intervention during a child--early childhood period can have long-term payoffs and some of the various research on that. There also has a longstanding commitment to systems building to the idea that different agencies should be working together and different organizations should be working together for the CISS grants and for the other things, there is this notion that as a Federal agency, it’s not simply about a program that MCH by being--partly by being a block grant, partly by being broadly focused around maternal and child health rather than specific program really does require some level of systems building. And the Title V Grant isn’t the only MCH activity in town. Any of you who’ve ever worked on your five-year needs assessments know that if you keep them in-house and don’t talk to anybody else, you’re missing a part of the picture. And that if you really want to do a successful-needs assessment, you have to pull in all the partners.

As I said, MCH is--comes with a holistic perspective on health, partly growing out of the idea of public health, partly growing out of the idea, again, that maternal and child health really requires thinking about a broad range of systems and services. And it also came from the realization that existing early childhood

systems are—were, are fragmented. And this came through with “Neurons to Neighborhoods.” And it come true to anyone who knows much about such systems, that they’re fragmented in the different agencies and different organizations provide funding, and that there are different program rules so that in order to--how do you address that, well, one way to address that is to begin to think about how to, kind of, defragment them, to figure out ways to better organize things.

And I, kind of, drew a picture to try and get some example of the fragmentation. Actually, it ends up looking a little like balloons, but which is, kind of, keeping with the child theme. But here’s just some examples of the programs that really make up the early childhood system. And it really isn’t the full set of programs because the list could go on even further. But there are things like economic assistance programs, child care programs, programs for Children with Special Health Care Needs, early intervention or Part C program, which has some degree of links to other programs, local county health departments provide services that affect the early childhood period. Community health centers, pediatric providers, child protection or child welfare, family resource centers, there’s a whole lot of different parenting education programs out there. There’s a whole lot of home visiting programs out there. There’s WIC. There’s other things. And so there’s all that stuff out there that families may need to access. Some families need to access a whole lot of these systems. Some families, and oftentimes more fortunate families only have to access some of them, but whenever you talk to people with

children it becomes clear that oftentimes there is a need to--if you see nobody but your pediatrician and your child care provider, you still find in a way connected to an early childhood system. And oftentimes, you have questions that you want answered about child well-being, about child health, about child development. And when you ask those questions, oftentimes you find yourself trying to navigate a system and it may be on a more basic level, it may be on a more extreme level. I mean, if you have a child with serious issues, you'll have multiple connections to this system. I mean, actually, well, I've done a lot of focus groups with parents of Children with Special Health Care Needs and in many ways, they are the people who understand children systems and early childhood systems better than anybody because they've had to, kind of, deal with a whole lot of them, and oftentimes they--because they've had to deal with multiple ones, know it's much or sometimes more about the different pieces of it than some of the professionals. But it requires--there's multiple things out there and it's fragmented. What parents find extremely frustrating is oftentimes, if you go to one piece of this system it isn't necessarily aware of what the other pieces are doing. Well, not all pediatricians have a good knowledge of the early intervention system, or they may be able to say, "Well, there's this program out there." But they won't necessarily tell you how to access it, and sometimes if a parent is under stress and lets you get a little more information, they're not going to make the next move, or you'll get a phone number and a phone number that sometimes lead you to a brick wall. Or when you're looking for child care, you may not necessarily hear about the child care subsidy program, you may not

hear about how to apply for the child care subsidy program, or if you're in a child care center, your child care—you and your child is having some behavioral issues, your child care provider may or may not know about some options for dealing with that and have access to information for that. Parents who--we've done a lot of focus groups with as part of this project and other ones, and parents will tell you quite clearly that oftentimes it is very difficult for them to get what they need through the system. Oftentimes they run into brick walls. Oftentimes they find it very frustrating and they may eventually get where they want to go, but it takes longer than they think it should. I mean, from their perspective, if all these people are, kind of, working on early childhood and children's issues, it only makes sense that all these people should have some kind of relationship or some kind of knowledge of each other. And in the real world, too many programs, the relationship to the extent they exist are, kind of, very not--or a little tenuous or a little light, and there are people that--and there are parts and programs that have tried to build these and have done some wonderful things but it's always a challenge. And it's not as far developed as one would like. So there's the system—there's the fragmented system.

What is the differences that look like? I mean, one model is a community platform-based service system. And this comes from some work done by Neal Halfon, who's with the UCLA Center for Healthier Children, Families and Communities, and they worked on ECCS through the National Center for Infant and Early Childhood Health Policy. And the center developed a picture of one

possible future. So we're looking at the, kind of, different dollars top for the different--five different key components. Those dollars in less--in a much less fragmented system could go through some kind of interagency coordinating council who figures out where to put them, with the help of local coordinating councils. And then you get to these community-based platforms for services. So, for instance, now if you have a pediatrician, which should--the blue box is health care. The pediatrician would have connections to know things about child care would know for (inaudible). How do I find a quality child care center? What is a quality child care center look like? If the pediatrician couldn't provide direct information, they would know how to give out good information about it. They would also have connections to other health care providers. And the social and emotional health providers, they would have connections to parenting education programs. We've done focus groups in places where there have been slots opened in various family support programs. And we've talked to parents who clearly need those programs and the connection never was made. And partly it was never made because pediatricians didn't necessarily know about it. Child care providers didn't necessarily see it as one of their positions. But the idea of this is that something--there are various bodies out there who's job it is to make the connections and to ensure that the individual providers within the system have those connections, have the information, have the linkages. Not necessarily that they provide all the services because realistically, they can't. And if you talk to pediatricians, one of the reactions to the medical home idea is, "Well, we can't do all that." But I don't think the idea is that they do do all that. It shouldn't be

that. I mean, if that's the picture that's being presented of the medical home, then it's not the picture that really makes sense. The picture that really makes sense is that they have to have linkages that allowed them to make the connections for families and within communities, spaces and organizations.

So, how do you move from a fragmented system to a more comprehensive system? And I think one of the ways, here's one way of, kind of, looking at some of the things you have to accomplish in order to get there, and this comes from the Early Childhood Systems Working Group, which is a collaboration of a number of different research and policy organizations, TA providers which includes project THRIVE who is the policy center currently working on ECCS. And what they came up with--there are a number of things you have to work on in order to build the system, so things like governance. So you have to decide do we need to make some changes in our agency structure, or maybe do we need to just have an interagency coordinating council that talks across agencies and figures out how to do things? Do we need some kind of local-based community groups and figure out how states can support those? So that's what--governance is part of that, their standards. How do we create effective standards that ensure that families are getting quality services? And this is something going on in child care and various other areas in family support programs and other things. So what do we do to do that? And what do you do in terms of provider practitioner support? So, if you're going to create standards, you also want to figure out a way to help providers and practitioners meet those standards. You don't want to

impose a new set of standards and then say, “Well, you’re on your own. Figure out a way to do it or else you’re going to get penalized.” You want to figure out a way to kind of fix things so that it’s easy to do this. But there’s a--community colleges are focused on those standards when they’re educating people who work in these areas and other things like that. We need to do monitoring and research and development. There are other things that are important, communications with families and financing the system itself. How do you figure out how to move money around? If you have multiple funding streams that are addressing the same issue, is there a sensible way to put them together to support programs that are promising practices, best practices? Is there a way to suddenly say, “Well, even though we’ve been doing this the same way for a long time and funding people because it’s hard to kind of break those relationships, maybe there has come a time when we have to kind of change some of our community relationships and change how we distribute money?”

The one thing that I’ve added to this thing, I took the liberty of adding this, and I added it based on a comment of one of our grantees, the Colorado ECCS grantees, and that’s the parent leadership development. And I did that because they had a good argument for it. Part of this thing, if you want to build a system that you need parent leaders, you need parent leaders because--for a lot of reasons. And one thing is if you’re going to build a system with that, you need parental input or else you’re not going to build system that really works for parents. But you need more than input. You kind of also need them, the parents,

to be able to take the role and take a leadership role, both to kind of push the system and make it expand. I think the folks who've done some the Children with Special Health Care Needs work are a great example of this. I mean, because they have--can mobilize and brought people together, Family Voices and other organizations, to argue that, "This doesn't make sense. We need to fix things." Sometimes, we need to change Medicaid laws, and I've been able to do some of that. Parent leadership also--parents are the ultimate constituency for systems building and changing the system. Smart Start North Carolina, which is really an early care and education-focused initiative in many ways, but it has a systems focus also. One of the things they do every year is they mobilized a group of parents to go to the legislature and say, "We want--we want our funding continued. We want our funding expanded." It's a very powerful force. I mean, certainly, daycare providers can go and experts can go, but it isn't the same as having a group of parents who've learned how to speak to legislators, who have learned how to push the issue, coming and saying, "If you cut this, it's going to have a negative impact on children." And so, that's one of the things I think parent leadership development is important. And a number of grantees are doing some serious work on that issue. So, what ECCS has gotten done so far? I mean, lots of exciting things are going on. And once again, thinking of ECCS, I mean, ECCS grantees should, and do, should have take credit for things that are going on in other agencies, I mean, because they should, because it's--building an early childhood comprehensive system can't be about this one grant, it has to be about figuring out how well the early childhood pieces fit together and how

things could work. So--but there is some action going on in terms of designing new governance structures, coming up with community-based collaborative, providing support and funding so that community folks can get together because that's where the services are delivered, and talk about how it would make sense to move things around, or to communicate, or to finance things. Working at both the state and community level is another--fits into that example, building partnerships across the whole realm of early childhood services. And one shouldn't even--you shouldn't--this is a big, challenging thing to do. People from different disciplines, people from different programs, oftentimes don't even speak the same language when they're talking about things. But one of the things that ECCS has done is brought people from all these different disciplines into the room to talk, figure out ways to kind of, if not speak the same language all the time, to at least be able to understand where the other folks are coming from and how to fix it.

Rethinking measuring outcomes and financing services. So, one of the issues is, well, how do you measure the success of a systems initiative? In parts, you want outcomes for children and families, but you also have to kind of figure out how--that may take a little while. So, what do you do in the meantime? And ECCS grantees and their partners are thinking a lot about those kinds of issues.

And financing of services. Michigan has just recently done a study looking at their entire early childhood financing, where all the money comes from, how it gets

distributed. And they're trying to rethink, does that--is that the most sensible way to do this? Is there another way to take these piles of money and get them to communities in a way that would better benefit and strengthen parents and families?

Since the theme of this conference is promoting of evidence-based practices, I think ECCS promotes these in a number of ways. Because knowledge of Best Practices crosses program, professional disciplines in program lines, ECCS provides a setting where this knowledge can be brought together and acted upon. I've been at a lot of meetings where ECCS partners get together in individual state, and a lot of what goes on is people educating other people. People from different programs explaining, "Well, we've been doing this because of research and evidence on this. And can we make that apply broader? Can we figure out a way to kind of make that work?" I think it also is because implementing Best Practices requires cross-agency, cross-discipline efforts and teamwork. ECCS provides the context for getting that done. So, you can create a strong evidence-based program, like a Nurse Family Partnership program. But one of the things you have to do is figure out how to get the right people into that program. And you can't just do that from the program itself. You have to figure out the providers, the pediatric providers, the early intervention folks have to be knowledgeable about the program and knowledgeable about who's going to benefit and who could best get into that, or else you're going to miss the right

people. You're not going to make the right connections. And that requires cross discipline effort and teamwork.

And ECCS provides--and actually, on the handout, there's a typo. But it should say, ECCS provides resources that allow grantees to have staff dedicated to systems building, and a number of grantees have really stressed how important this is, how important it is to be able to pay someone who's job is really to think across all these different services at agencies and to be able to convene people and to talk about those things and to be able to think about who should be talking to who, and when a grant opportunity comes, how can we figure out a way to bring together different agencies who have knowledge about the subject, who, together, might be able to put together both a stronger grant application and a stronger initiative than they would if just one agency read this opportunity. And having someone--and those of you who work in state government know there aren't a whole lot of people who get the opportunity to sit down and think about how we make all the different pieces work together. I mean, there are people whose job it is to make sure that individual pieces work together well, work well, and they sometimes talk to other--and they often talk to other people, but they don't necessarily have the time and the resources to really talk about, "How does this whole thing work? How do we make this whole thing work better for children and families?"

What is needed for continued success? I think one of the key things here is that ECCS needs your support in order to continue to build more effective systems for children and their families. ECCS grantees, many of them reported that they've gotten great support from their home agencies, that their homes agencies, and we're going to see some examples today, that their home agencies are really focused on this initiative and really make every effort to make it work as well as it can. A few of them say that sometimes it's challenging. Sometimes, ECCS is seen as kind of a side project, something that's going in the bureau that has its own grants and that people are talking to each other, but isn't necessarily impacting the work that's being done, it isn't impacting decisions about funding. And really, in order to make ECCS work, I mean, the maternal and child health agencies need to play a role in kind of setting the example. They need to say, "Well, okay. We may have done things this way for a variety of reasons. To be honest, our funding hasn't gone up very much lately, and so it's kind of a struggle to think about redoing, reworking things." But maybe we should. Maybe there are some areas where we really should think about what is it that we can do to kind of make the system work better for children and families that may require us to rethink some of what we're doing and some of how we're doing things. And that the ECCS people that have been talking to other people are a great resource for that and could have some great input into that.

Do we have any questions before the state panelists come in? Questions about ECCS in general? And I think what we're going to do is call Dr. Hollinshead to the

next presentation. We’re going to go in the order that we have people sitting now.

So--