

HRSA/MCHB 2007 FEDERAL/STATE PARTNERSHIP MEETING

Building Blocks for Promising Practice Models

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

WILLIAM H. HOLLINSHEAD: We will be delighted that we're only going to do about a third of the slides in this presentation. As I understand the notion here, we're to talk about our experience in our individual environments both about early childhood systems building as an incubator for Best Practices and strengthening partnerships. I think Christopher has already pointed out that this is sort of, on the face of it, about strengthening partnerships. So, I thought I'd stop in a couple of places in a brief tour of our early childhood initiative and point out some instances in which we made major progress toward Best Practices.

But first, I think I need to say to anyone who listens that this is an endeavor that is unusual and is, I think, creative and, on some level, it's quite a courageous kind of stretched venture investment in what Title V is really all about. Putting a little bit, but not too much, money into where your mouth has been all these years about system building, about working across lines, really, was an example of what Donna was talking about this morning. And I think the bureau and its leadership, Peter, David, Phyllis, others, deserve a lot of credit for doing that and attempting to pull all of us along, not just dearly adopters and the enthusiastic

folks of which I am probably an example, but all the others too. So, with credit and thanks to those of you who got us involved in this in the first place.

I'd say that the big lessons learned, at least in Rhode Island, again, reflects several of the points that Christopher made. Parents as leaders made a huge difference. This has been a, not so much the instigator, but an excellent example and part of a safe, and it turns out to be a very productive place to explore and develop parent leadership for policy and quality and cross program improvements. It certainly has made a huge difference in terms of bringing professionals, not just the usual suspects, the Academy of Pediatrics and the like, but childcare providers and mental health people and others, into a shared tent. As you'll hear it engaged early on and by design, the advocates, the leaders of children's policy advocacy say, but pretty quickly, brought our state leadership along with that. And even in little Rhode Island, and probably most of you calculate your responsibilities in terms of the number of Rhode Islands that would fit in your state or even your county, even in Rhode Island, all politics is local, and it's much more local than statewide, and much of what's been most successful here is actually been done at the community and even the neighborhood, sometimes almost the block front level.

So, starting off, the first thing we had to face, as we thought about all of this, was the naming problem. Nobody ever died of X disease, or actually, to bond it deeply with that title, you hook their attention a little bit more by calling at the

state early childhood initiatives and talking about sex program, but we decided that actually wasn't going to get us where we need to go either. So, fairly early on, we came up with the notion of calling the whole endeavor's successful start, which is actually served, as well. And this is a picture of the young woman who we believe is about 4. We've never known her name, but she's become sort of the recurrent face and vision of a successful start. She is obviously very ready for school, healthy, and following a meteoric developmental trajectory toward leadership in some important domain. We started with some advantages over the fact that we're small. Rhode Island has had universal developmental risking from very early on before my time, home visiting follow-up and some other resources like that. We were early adopters involved with the early childhood stuff with the national commission and then a few initiative and Carnegie starting points and such, and we've built some tools, like the kids net data system with all the kids in it and who are very enthusiastic, and with our Healthy Child Care America. So, we were kind of ready in a variety of ways for this.

We--somehow, I'm missing the picture that's supposed to go with this. There it is. Okay. This is a--say, these are cadge slides from Tammy Camilo, who has a level of PowerPoint expertise that I don't always understand. You have to push twice to get sprinkles. Never mind, for the moment, all of those nice phrases about (inaudible). I'd like you to focus for a second on the elephant, whose name turns out to be Sprinkles. And the elephant appeared in the hands of the then infant son of our principal investigator, Blight Burger, whom some of you probably

know. Dr. Burger agreed to take this on along with an infant of her own, and Adam came equipped with Sprinkles. And we started seeing--we take it to be him, but maybe it's her. As our mascot and our symbol, and not just because it came in the hands of an infant and child of (inaudible), but because we were mindful of the old fable about sort of exploring life's complex creations by palpation, and some people see the light, some people see the trunk, some people see the ears, some people see tail, but very few people see the whole animal. And we decided that one of our responsibilities was to see Sprinkle's whole and to move forward in an integrated way for the whole elephant of early childhood system building in Rhode Island.

We are very committed to early assets on a developmental approach who enhancing the life trajectory for all the kids in Rhode Island, and again, something Mr. Bruce mentioned. It's not just, in fact, it turns out on the basis of our early scan, not even to be primarily about medical care or even health. We did 60 or 70 key informant interviews setting off with successful start, and I think 54 of them, or some very large majority, made it clear that socio-emotional development and infant mental health in its proactive population manifestations was the highest priority. We had kids being thrown out of childcare at early ages. We had the early evidence of the autism trends that you've seen. We had meltdown in the Special Ed system. We had violence (inaudible)--it was clear that socio-emotional development was not only, in some ways, the core message of Neurons in Neighborhoods, but was the highest priority for the people we're

talking to, and that was partly because they couldn't figure out where anyone was taking serious responsibility for that. And so, we did.

Here's another of the many children of Neil Halfon's way of seeing developmental trajectories. What we're trying to do is get every kid on that upper trajectory of very rapid early acceleration, a little bit of latency, get through adolescence as quickly as possible and healthy with graduation and sports and mentors and safety and a job and friends and marriage and recreation, and then Neil will tell you what leads to an abrupt, unhappy end at the age of 93, but that is really MCH.

School ready, this was always our short-term measure, and that has been the declared Children's Cabinet priority in Rhode Island for years, healthy and ready for school. And as some of you know, we've been home for the National School Readiness Indicators Initiative, which helped us with measurement. We had some nice things to look at as to whether we were succeeding.

Here are the guiding principles, again, families come first. Always have, not just parents and parent consultants, but families engaged in lots of other things.

Multiple points of entry. We're not into single points of entry, although that may change in the current environment. And prevention integrated with the more intensive services were needed. High quality evidence-based, that's the piece we're talking about here today. And since it's a Title V program, it's got to have a

pyramid.

Here's ours, which is pretty derivative of the one that Dr. van Dyck lays on us several times a year. Starts with a base of things you do for everybody, and moves up to very intense supports for those who have major challenges, intensity of services up one side, intensity of family needs up the other. But the thing we think we may have added, which I think is just basic public health, is the territory, the place. It's got to be done in the context of effective state policy, safe neighborhood, families' parents involved, neighborhood social capital, all those issues and accessible appropriate community services and sports, not just for the kids, but for the siblings and the grandparents, and everybody else.

Okay. Let me move quickly, for the sake of everybody, to a couple of the specific sort of best practices that I think we have achieved. This middle one, I think, is important. We started off in funded partnership with an advocacy organization. I don't know about you, but Rhode Island Kids Count is one of the great triumphs of success for children, at least in our state, a real aggregation of information-driven advocacy across the full spectrum of children's needs. They were a great partner, and they turned to be able to do things and rent space and make phone calls that those of us in the government couldn't do. So, it was great to have them as our allies in this effort. They were a little worried about actually selling out into the bureaucracy, and we had to kind of work on that, make sure that they wouldn't feel muzzled in any way for having taken a partnership with bureaucrats,

but it has worked well. And I should say, just to--as another, and I hope it's a symptom of success, this whole endeavor has go on faster than anyone would've predicted, Blight and Tammy were the staff of two for this little thing called an X, successful start, five years ago? Is that when we first got our funding, there about?

Doctor Burger is now not just the division, but the departments, and I think soon to be the secretary head of Health and Human Services chief for early--Perinatal and Early Childhood Policies and Programs. Now, rapid rise to high levels in the bureaucracy isn't necessarily always a success story, but there's some evidence of impact there, the people who started off this sort of--now, sort of seen as managing the whole state's early childhood investment and perspective and database, and the like.

So, the Executive Office of Health and Human Services now has a successful start, management team, and soon will have a successful start office. Here's where the work really happens. You can actually see several people you know in this picture, don't look at them at this meeting. This is hammering out the partnership between practicing pediatricians and childcare providers in Washington County to have a shared developmental screening tool and information system that will be evidence-based, we use usually age and status, and we'll talk to issues of autism screening and be done with parents as an assessment and protection and development of assets of their children.

I won't talk about the bargain with the child welfare system, but suffice it to say, that it's really important when you do this work for the whole population to continue to be in touch with those who take specific and often very challenging and expensive responsibility for abused children and kids with serious mental health problems. We have been careful to be sure that there are some investments in strengthening families in the incredible years and such for very targeted groups. We have not been as effective as we would've liked with taking this to the prenatal period. We have a prenatal and preconceptional screening protocol in place, but we don't have much of any good way to invest in these issues until the kid's been born, and that's very troubling.

Another suggests that I would highlight in Rhode Island. We have built, as I say, many assets in collaboration with childcare providers. Parents' most frequent point of contact with professionals who are, or at least should be, well-informed about early child development, at least in Rhode Island, is with childcare providers. And you may get good things from your medical home, but what you get everyday is a morning and an evening contact with your child care provider.

So, we have built developmental screening, we built a mental health consultation network, we've built health consultants into the childcare support network that the system that we share with two other departments in support of childcare in Rhode Island, which is an entitlement for low-income families, and it turns out to

be a very effective environment to identify and respond to these issues in collaboration with many others.

We call all of that Watch Me Grow Rhode Island, and it's now become the core of the required autism screening through the Autism Act advisory board at the state level.

I will close by suggesting that this is now all being institutionalized in the form of the Child Care Quality Rating System. As I've told you, childcare is an entitlement for the low-income families in Rhode Island, we hope to keep it that way. And we care about the quality, as well as the scope, of childcare. And so, each of these components has been built into the quality rating system that will actually provide additional resources for the childcare community going forward.

And I'll skip over parenting support and make one last point about pediatric practice enhancement project. This actually came from a different place, as some of you know. We have a family-empowered pediatric enhanced medical home initiative as well that puts parents into pediatric practices around the state to deal with larger numbers of special needs of children. It turns out that's an environment in which it's very easy and effective to test things, like Watch Me Grow, on the collaboration of Child Care. When you've got a set of practices enrolled in that kind of a system with additional staff capacity and electronic data system, you can do experiments like that, so I would encourage that.

We've just been reorganized, like everyone else, and I hope and assume that these things can move forward. But clearly, prioritizing is going to be important in the budget deficit kind of an environment. I think we have enough momentum and enough commitment, especially at the local level, to carry this politically and to protect, at least the core investments. As I've suggested, it's now moved up to the level of the Executive Office of Health and Human Services and The Children's Cabinet, which we hope is protective, and we would suggest that it's still important to keep your eye on Sprinkles because once you get to the implementation phase, you inevitably wind up with some people who feel responsible for the new and better pair of ears and some other folks who are building an even stronger set of legs for your elephant, whatever. So, that having thought through a much better elephant, you still wind up subcontracting specific pieces of it to meet different people, and you can even easily fragment your new endeavor.

The least I can do is give credit to Tammy who created these slides and let me use them, and to guess that if you have questions, she would be a great person to talk to. She's still around as practically the only staff in this new office of early childhood programs and systems.