Advancing a Family-Centered Community Health System

September 22, 2020

Welcome and Introduction

Ngozi Lawal
Project Director, Prenatal—Three Initiative
CSSP

CSSP

- Mission and Vision
- Our community focus
- Our anti-racist intersectional frame
- Triple Crises:
  - Pandemic
  - Economic collapse
  - Police brutality and racism
- Reimaging the infrastructure and early childhood systems
- Family-centered community health system

Advancing a Family-Centered Community Health System

A Community Agenda Focused on Child Health Care, Foundational Relationships, and Equity

David W. Willis, MD

Senior Fellow
CSSP

Co-Presenters

Molly Day
Co-Director, Early Learning Multnomah

Matt Biel, MD
Co-Director, ECIN

Kay Johnson, MPH, MEd
Johnson Group Consulting, Inc

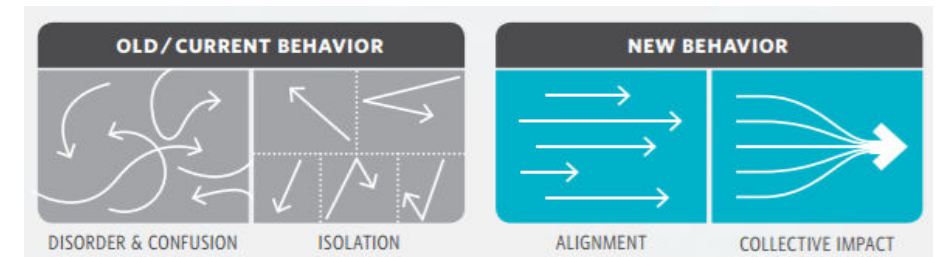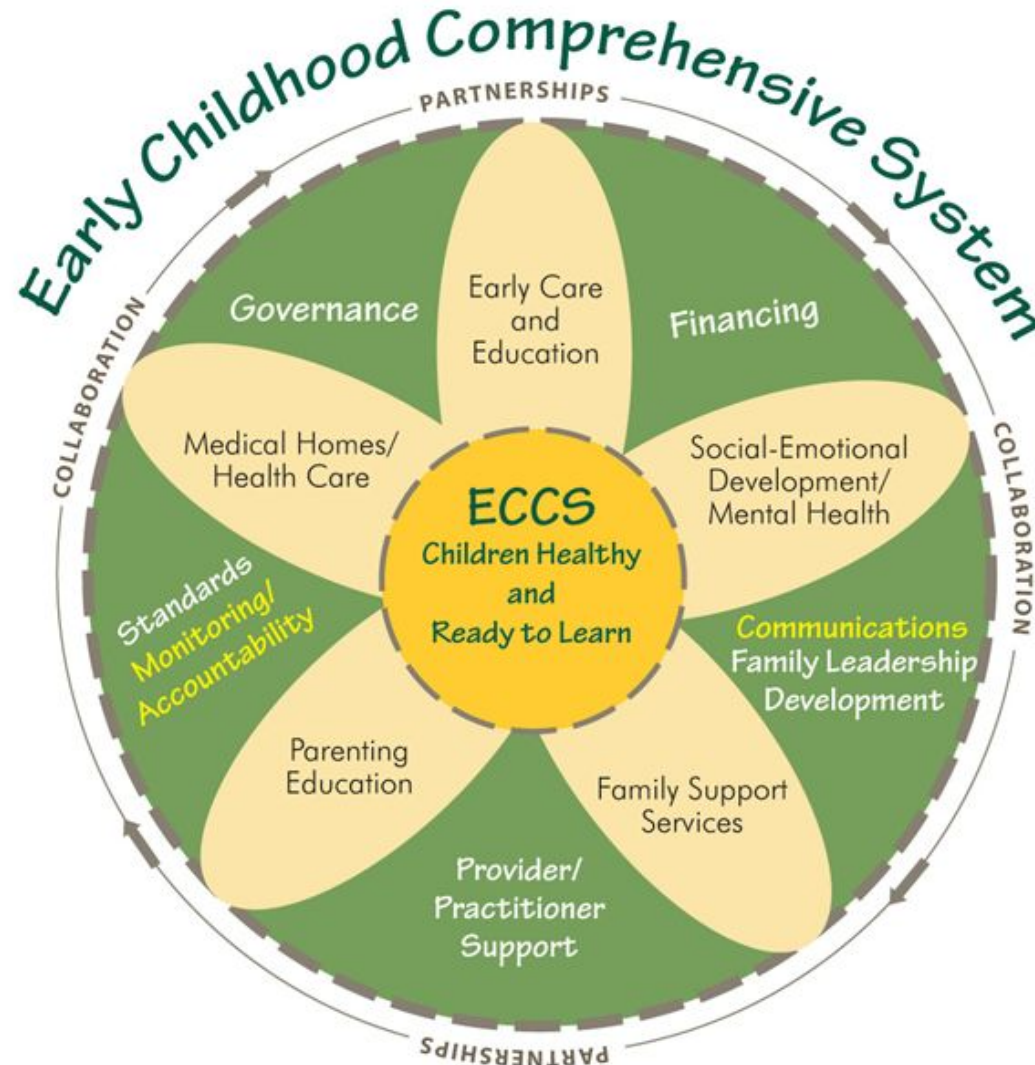**Shadi Houshyar, PhD**
Senior Associate, CSSP

Agenda

- Overview: ***Advancing a Family-Centered Community Health System***

- Discussants:
  - Community Exemplars
    - Washington DC's Early Childhood Innovation Network
    - Oregon's Early Learning Multnomah
  - Advancing Equity and Anti-Racism
  - Child Health Transformation and Policy Implications

- Q&A

Early Childhood System Building

HHS / Dept of ED—*Policy Statement to Support the Alignment of Health and Early Learning Systems (*2018)

VISION

⦿ **All children meet optimum health and developmental milestones when they enter school.**
- Universal and continuous health care
- Universal access to high quality early learning opportunities
- Early detection, management and treatment of developmental, social-emotional, and behavioral challenges

⦿ **All families are able to provide safe, positive, and nurturing experiences for their children.**
- Supports for all families
- Strong social networks and positive relationships with all providers
- Addressing social determinants of health (SDOH)

⦿ **All children and their families live in healthy and supportive communities.**
- Culturally competent and coordinated systems of health, early learning, and social supports
- Accessible, affordable, culturally-appropriate, and healthy food
- Safe places for play
- Specialized services and supports as needed

https://www.acf.hhs.gov/sites/default/files/ecd/health_early_learning_statement.pdf

High Value / High Performing Medical Homes

Well-Child Visits

- Comprehensive well child visits as required under EPSDT.
- Adherence to AAP Bright Futures scope and schedule.
- Screening for physical, developmental, social-emotional-behavioral health, maternal depression and other social determinants of health.
- Anticipatory guidance and parent education, as required in EPSDT and Bright Futures.
- Family engagement, focused on two-generation approaches to ensuring child health
- Other primary care practice augmentations (e.g., Reach Out and Read).

Care Coordination / Case Management

- Individualized, with intensity commensurate with need.
- Routine care coordination for all as part of medical home.
- Intensive care coordination/ case management for those with higher needs identified.
- Structured, family-focused approach to assess and respond to medical and non-medical health-related needs.
- Linkages to community resources, with active identification and engagement of those resources.

Other Services

- Child/family support programs, including those designed to be collocated in primary care (e.g., Healthy Steps, Project DULCE).
- Integrated behavioral health in primary care setting.
- Referrals to and integration with other services such as home visiting, family support, early intervention, early childhood mental health, and other programs.

InCK Marks

https://www.inckmarks.org/

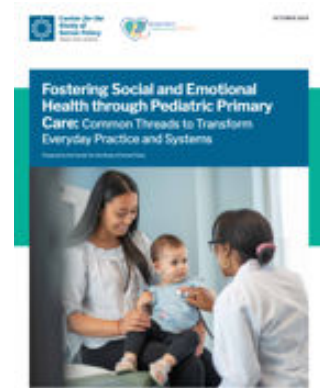# Pediatrics Supporting Parents Initiative:
Common Practices

Nurture parents' competence and confidence through direct, interpersonal, and culturally responsive interactions with families around their children's social and emotional development.

Connect families to additional supports to promote healthy social and emotional development and address stressors. These stressors fall into two basic categories: (1) personal and interpersonal challenges (e.g. depression or other mental health issues, intimate partner violence, and substance abuse challenges), and (2) struggles meeting basic needs that require concrete supports such as food and housing assistance.

Develop the care team and clinic infrastructure and culture by creating a backbone that makes it possible to implement innovative programs and practices and to facilitate trustful team environments.
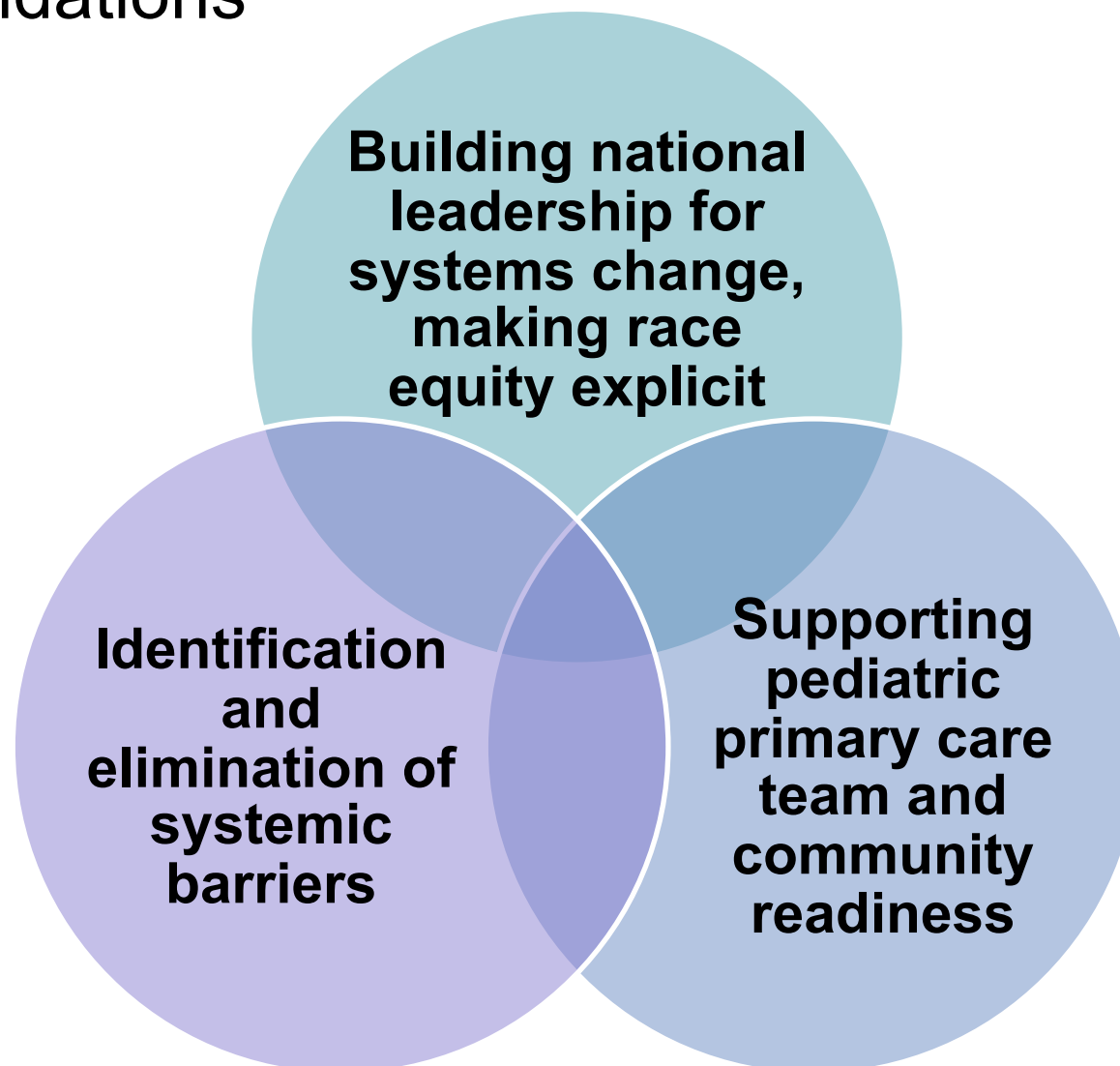
Fostering Social and Emotional Health through Primary Care: Common treads to transform everyday practice and systems, 2019.

Pediatrics Supporting Parents Initiative:
Recommendations

Building national leadership for systems change, making race equity explicit

Identification and elimination of systemic barriers

Supporting pediatric primary care team and community readiness

Five Commitments for Change

1. Intentionally challenge racism.
2. Embrace parent leadership.
3. Prioritize resources to support parent engagement.
4. Create career pathways for parents.
5. Maximize equitable outcomes with data and Continuous Quality Improvement (CQI).
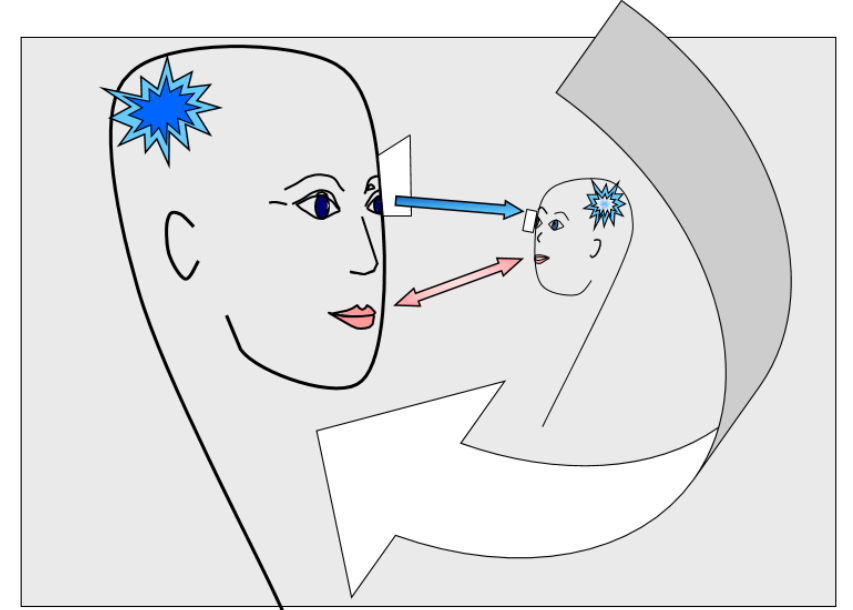
EC-LINC

MANIFESTO
for Race Equity & Parent
Leadership in Early
Childhood Systems

Early relational health describes the positive and nurturing relationships that advance physical health and development, social well-being, and resilience.

Six Conditions of System Change

Six Conditions of Systems Change

Policies	Practices	Resource Flows

Structural Change *(explicit)*

Relationships & Connections	Power Dynamics

(semi-explicit)

Mental Models

Transformative Change *(implicit)*
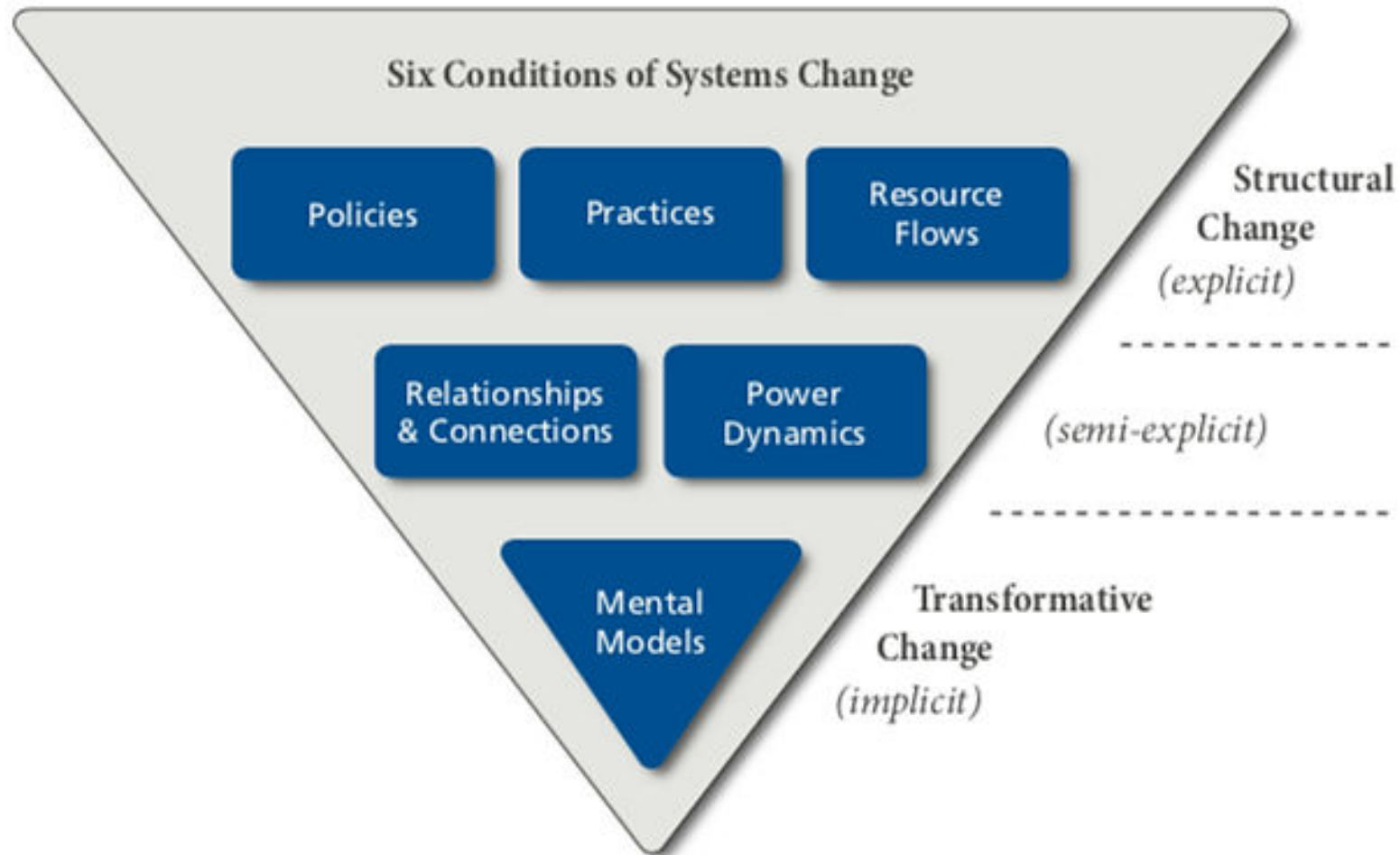
Family-Centered Community Health System (FCCHS)

"A **Family-Centered Community Health System** is the organization of people, institutions, and resources in a specific geographic area that can deliver equitable health care and health-influencing services that acknowledge and respond to the unique needs of all families being served."

1. A focus on a place-based approach for achieving population health with disaggregated data that informs local decision-making

- o Targets and defines a geographic locality to address neighborhood and population health
- o Makes available longitudinal, integrated and disaggregated data from health, ECE and community-based sources
- o Defines a set of core indicators for child and family wellbeing

2. A local, coordinated early childhood system that works collectively to be anti-racist and dismantle structural inequities.

- o Long-term leadership that reflects community.
- o Data and analysis to reveal disparities.
- o Sustainable and flexible financing.
- o Diverse workforce trusted by parents and the community.
- o Families play leadership role within governance structures.

3. High-performing medical homes that better support families and connect them with the array of community supports to address family needs.

- o Team-based care models with community linkage.
- o A relational health focus and expanded workforce.
- o Strong connections between child health care and early childhood systems.
- o Family-centered, not just child-centered.
- o Care coordination and linkage to other services.
- o A focus on Strengthening Families Protective Factors.

4. Parent leadership networks that hold programs, services, and community systems accountable.

- o Engages parents as partners and leaders in early childhood services and policies.

- o Elevates parent voice in all sectors.

- o Works with systems and people in power to intentionally dismantle the structures that contribute to disparities, addressing implicit bias and racism.

5. Strategies that support building foundational relationships for improved life course outcomes.

- o Expands promotion activities and interventions based on centrality of early relationships, that promote early relational health

- o Focuses on prenatal through First 1,000 days.

- o Looks beyond adversity to aim for healthy outcomes from positive experiences (HOPE).

Principles of a Family-Centered Community Health System

- Assures trusted partnerships between providers and families.
- Commits to expand cultural representation in programs, services, and supports.
- Promotes the expansion of a broad array of formal and informal supports and services in local communities.
- Demonstrates well organized, coordinated networks of supports and services that communicate clearly among each other.
- Commits to ongoing transparent data for accountability and improvement.
- Promotes a positive relational health framing across all activities

6. Vibrant and robust family- and community-led networks that support positive experiences for children and families.

- o Promotes positive environments and social connections to mitigate adversity and build resilience.

- o Promotes formal and informal local family networks of support.

- o Develops local family support and relational health workforce.

- o Works beyond, but in coordination with, public health and family support services.

From Vision to Action: Next steps

Community implementation strategies:

- ◉ Build on frameworks and leadership that communities are already using.
- ◉ Engage health providers and build on the experience of the high performing medical home.
- ◉ Engage state Medicaid, Title V MCH, and early childhood system leaders for support.
- ◉ Engage local parent and early childhood leaders about community factors and root causes of disparities.
- ◉ Expand on longitudinal data capacities and indicator development.
- ◉ Articulate that FCCHS efforts require time commitments of between 5 and 7 years.

Financing Strategies: Implications and the Need for a Policy Framework

- Braiding and blending of federal, state, and local financing streams.

- Guidance from CSSP's *A Blueprint for leveraging Medicaid and CHIP to Finance Change*.

- *Guide to Leveraging Opportunities between Title V and Medicaid for Social-Emotional Development*

So why now?

- All the fundamental elements for advancing the FCCHS exist today.
- Each of these elements have been developed over the last decade but are often still isolated.
- The social justice and equity movement requires structural revisions with the guidance of families.
- New efforts to advance prenatal care, early relational health, foundational relationships, and the well-being of families requires an "all-in", cross-community strategy.
- The interdependence of these elements, when aligned and coordinated, are essential to making real change.
- The integrated data capacities will allow for these systems to be better implemented, tested, and revised as needed.
- The opportunity is now to reimagine and build better systems beyond the triple crisis.

Discussants: Community Exemplars

Matt Biel, MD, Co-Director
Early Childhood Innovation Network,
Washington DC

# Early Childhood Innovation Network

Established in 2016:
Children's National, Georgetown, and over a dozen community partner organizations

Informed by developmental neuroscience, implemented locally

Timely interventions in early childhood for both parents and children

Integrated innovations that leverage and enhance existing services

Partner Engagement
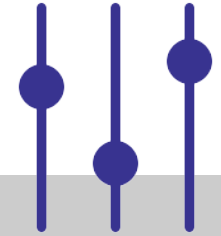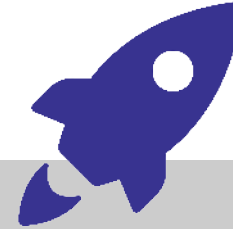
BUILD	ENGAGE	LAUNCH	CATALYZE
partnerships with health, education and community organizations	partners to innovate, implement, evaluate, iterate, improve and share with explicit focus on equity and inclusion	key pilots and promote equity and shared leadership across all three sectors	early childhood social-emotional learning at child, parent, provider, neighborhood, local and national levels

EARLY CHILDHOOD
Innovation
Network

Pilot projects: 2017-2020

- Healthy Steps DC
- Early childhood mental health consultation
- Trauma-informed parenting supports (mindfulness)
- Perinatal mental health screening and intervention
- Provider (educators and health care providers) wellbeing
- Infant-toddler social-emotional learning
- Place-based community health supports for families with young children
- Multigenerational mental health care embedded in early learning centers
- Parent Cafes

Impact in D.C. Communities

EARLY CHILDHOOD
Innovation
Network

2,800 children and families served

1,200 children reached through

HealthySteps

600 schoolchildren benefited mental health consultations

200 students learning from teachers trained in social-emotional learning

70 parent participants in our Mindful Parenting pilot

700 care providers trained in trauma-informed practices

30 providers supported in Compassion, Practice, Relationships(CPR^2) and Restoration

20+ community conversations (Parent Cafes)

Can ECIN help to create a Family-Centered Community Health System in DC?

Place-based approach to population health using disaggregated data

- As part of DC's Preschool Development Grant, our state department of education is working to develop integrated data system (ECIDS)
- DC collects EDI data at population level
- Resilient Communities DC (RC-DC) Project is a place-based initiative that focuses on two neighborhood clusters within DC's Ward 8, based upon use of disaggregated data from previous citywide needs assessments

Can ECIN help to create a Family-Centered Community Health System in DC?

Local, coordinated EC system working to dismantle structural inequities and racism.

- DC Health and OSSE collaborated around EDI data collection and DC Health funded two place-based initiatives
- Frontiers of Innovation model examines moderators
- We also collect address as often as possible when conducting needs assessments so we can map families & interventions to "place"
- We subcontract to family-run & community-based partners
- Our innovations have an intentional focus on increasing workforce capacity
- Our core partners are family advocates & community organizers
- We are building a more formal parent network to guide decision-making

Can ECIN help to create a Family-Centered Community Health System in DC?

High performing medical homes that support families and connect to community supports

- ECIN is implementing Healthy Steps in two of Children's Hospital community-based primary care clinics, with upcoming expansion to two MedStar sites
- Advocacy for public funding for Healthy Steps citywide
- Family Wellbeing is full-service family-centered model of comprehensive, multigenerational mental health care embedded in ECE settings
- Our Healthy Steps model includes a family care coordinator who is a parent with relevant lived experience and training in health care navigation
- Healthy Steps team conducts integrated mental health interventions for caregivers and children, and is piloting use of the Relational Health Screen
- We developed a provider wellbeing program for the entire pediatric team

Can ECIN help to create a Family-Centered Community Health System in DC?

EARLY CHILDHOOD Innovation Network

Parent leadership networks to ensure system accountability

- Our leadership team includes directors of several long-standing family-run health advocacy organizations.
- Creation of a Family Research Advisory Board; expanding this into a larger parent network with representatives from across ECIN
- ECIN has an intentional focus on racial equity within early childhood systems and on our team
  - Undoing Racism
  - Racial Equity Council
  - Racial Equity Community of Practice
- ECIN is in the process of determining how to more intentionally and systematically incorporate community organizing

Can ECIN help to create a Family-Centered Community Health System in DC?

Intensive, coordinated and comprehensive services for infants, toddlers and their families that support foundational relationships

- Perinatal mental health screening & navigation
- Embedded perinatal mental health care in OBGYN and Pediatrics
- Infant/Toddler Social-Emotional Learning training and learning communities for ECE teachers and coaches
- Teacher Wellbeing in ECE settings
- Mindful Parenting in ECE settings
- Family Wellbeing Program embedded in ECE settings

EARLY CHILDHOOD
Innovation
Network

Can ECIN help to create a Family-Centered Community Health System in DC?

EARLY CHILDHOOD Innovation Network

Family and community-led networks that support positive experiences for children and families

Initiatives headed community leaders in health-promotion roles
- Neighborhood Family Champions @ RC-DC
- Parent Advocates @ Family Wellbeing Program
- Family Service Coordinators @ Healthy Steps

THANKS VERY MUCH!

Matthew Biel, MD, MSc
Georgetown University School of Medicine/Medstar Georgetown University Hospital
mgb101@gunet.georgetown.edu

Discussants: Community Exemplars

Molly Day, Co-Director
Oregon's Early Learning Multnomah

Transformational element #2

A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism

"By 2028, we will redesign how we work together so that race, class, and disability no longer predict families' access to and use of quality early childhood supports and services that ensure readiness for kindergarten and beyond." - All:Ready Network in 2018

All:Ready

Critical Shifts

2020

- Develop and test interventions and practices to create more family-focused and culturally excellent systems

- Be a regional resource for health + early learning data metrics with a focus on an anti-racism lens + community voice

- Actively work together to support organizations in building anti-racist and trauma informed language, skills and strategies

- Impacting policy and investment by bringing the critical voices of health + early learning in advocating for kids

Transformational element #4

Parent leadership networks that hold programs, services and community systems accountable

"A child will be ready for kindergarten when the community and early learning system are ready to work in partnership with the family."
–All:Ready Network 2019

Guiding Principles for Early Learning Multnomah

1. **We have a priority population.** This means we focus on children who are called "at risk" but who are really "full of promise".

2. **We work for equity.** This means we make the invisible visible.

3. **We are parent-centered.** This means there is nothing done about us, without us.

4. **We create family engagement.** This means we support the family to support the child.

5. **We build system coordination.** This means we all work together to partner with families.

Discussants: Advancing Equity and Anti-Racist Early Childhood Policies

Shadi Houshyar, PhD
Senior Associate, CSSP

Advancing Equity and Anti-Racist Early Childhood Policies

Shadi Houshyar, PhD
Pronouns: she, her, hers
Senior Associate
shadi.houshyar@cssp.org

Our Anti-Racist Intersectional Frame

KEY EQUITY TERMS & CONCEPTS:
A Glossary for Shared Understanding

SEPTEMBER 2019

WWW.CSSP.ORG

Anti-Black Racism

Any attitude, behavior, practice, or policy that explicitly or implicitly reflects the belief that Black people are inferior to another racial group. Anti-Black racism is reflected in interpersonal, institutional, and systemic levels of racism and is a function of White supremacy

Intersectionality

Describes the ways in which race, class, gender, and other aspects of our identity "intersect" overlap and interact with one another, informing the way in which individuals simultaneously experience oppression and privilege in their daily lives interpersonally and systemically.
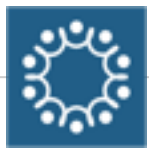
Building Anti-racist Early Childhood Systems

- All children deserve the opportunity to achieve their full potential, yet deep rooted and persistent systemic and structural inequities have a profound impact on the health and well-being of children and families of color.

- These inequities are fueled by systemic, institutional, and interpersonal racism.

- Imperative that we actively work to redress these inequities and intentionally push forward policies and practices designed to right past wrongs.

- Policy solutions must be explicitly anti-racist, meaning, they must acknowledge root causes and inequities, be designed to eliminate disparities and achieve equity, and, provide services and supports to achieve health and wellbeing for children and families.

CSSP's Principles for Anti-Racist Early Childhood Systems

Principle One. Establish a commitment to dismantling racist policies that harm children and families

Principle Two. Implement strategies that help to identify and dismantle racist policies

Principle Three. Ensure that all child- and family-serving systems and sectors are involved, and policy solutions use a cross-sector, coordinated and collaborative approach to connect children and families to the resources and supports they need to thrive

Principle Four. Prioritize family-centered, responsive, and flexible policies to better meet the needs of young children and families of color

CSSP's Principles for Anti-Racist Early Childhood Systems

Principle Five. Build protective and promotive factors for children and families

Principle Six. Bring an intersectional lens to policy and practice by ensuring that programs support and affirm identity development for children of color and those who are gender-diverse

Principle Seven. Share power with families

Principle Eight. Ensure community health workers, peer advocates, promotoras, and others who are often from the communities they serve, with lived experience and expertise in supporting families as they navigate services, are a valued and growing part of the workforce

Principle Nine. Build capacity and collect meaningful data that measures what matters

Principles in Action in FCCHS

Key Element 1. A focus on a place-based approach for achieving population health with disaggregated data that informs local decision-making

Key Element 2. A local, coordinated early childhood system that works collectively to dismantle structural inequities and racism

Key Element 3. High-performing medical homes that better support families and connect them with the array of community supports to address family needs

Key Element 4. Parent leadership networks that hold programs, services, and community systems accountable

Key Element 5. Intensive, coordinated, and comprehensive strategies for all infants, toddlers, and their families that support building foundational relationships for improved life course outcomes

Key Element 6. Vibrant and robust family- and community-led networks that support positive experiences for children and families

Discussants: Child Health Transformation and Policy Implications

Kay Johnson, MS, MPH
Johnson Consulting Group, Inc

Policy to Advance Family-Centered Community Health Systems: Roles for Medicaid and Title V

Kay Johnson

Johnson Group Consulting, Inc.

Importance of Medicaid and CHIP

⦿ Medicaid and CHIP provide health coverage to:
  ○ More than one quarter of all US children under 18 and more than half of children of color.
  ○ More than 40% of under age 3-nearly 7 million infants and toddlers.

⦿ Medicaid and CHIP can:
  ○ Finance **high performing medical homes** for young children in Medicaid that are strengths-based, family-centered, team-based, and community-linked.
  ○ Reimburse for prevention services delivered by **community health workers,** doulas, and family navigators.
  ○ Use **ACOs/ CCOs/ AHCs** to increase breadth of services for families with young children to address SDOH.
  ○ Advance Integrated Care for Kids (InCK) and other **integrated care** models designed to better serve young children and their families.

Coverage Data Sources: Georgetown University Center for Children and Families analysis of data from the American Community Survey; and Johnson Group analysis of data from Centers for Medicare and Medicaid Services.

Importance of Title V MCH Programs

⊙ State Title V programs have the flexibility to set priorities and to support a wide range of action.

⊙ To support FCCHS, Title V can:
  ○ Continue **ECCS** efforts, advancing toward FCCHS.
  ○ Fund **place-based initiatives**, including family/community engagement and systems-building.
  ○ Support **family leadership** networks.
  ○ Apply an **equity lens** to assess policies and programs.
  ○ Train the **workforce** in both anti-racist and relational approaches.
  ○ Promote **social-emotional development** and foundational relationships, not just developmental screening.
  ○ Use **data and measurement** to drive change.

Questions and Answers

FCCHS Report

URL for report:

https://cssp.org/resource/advancing-a-fcchs/

Advancing a Family-Centered Community Health System:
A Community Agenda Focused on Child Health Care, Foundational Relationships, and Equity

September 2020

Introduction

Increasingly, practitioners in health, education, and other human services sectors are acknowledging the important fact that parents and other caregivers are experts on their children. Parents are their children's first teachers, yet need the supports of the communities around them. They have direct knowledge of the conditions of their children's physical environments, their diets, the communities in which they're living, and other important factors that influence their children's health and well-being. This acknowledgment of families as experts demands that the systems that strive to be responsive to these unique family needs must become "family-centered" and shift to accommodate increased parental engagement and decision-making power.

Family-centered systems of care "build partnerships between providers and families to create broad arrays of services and supports that are organized into a coordinated network; are culturally responsive; and are developed to meet the needs of children, youth, and their families."[1] A **family-centered community health system** is the organization of people,

institutions, and resources in a specific geographic area that can deliver health care and other health-influencing services in ways that acknowledge and appropriately respond to the unique needs of the families being served. Systems of care that strive to be family-centered will do their best work when equity is at the core of their operations. Working to achieve equitable outcomes acknowledges the unequal starting places that different populations experience based on historic and structural racism and the need for targeted responses to address issues caused by unequal access and barriers to successful outcomes.

The fundamental elements for advancing **family-centered community health systems** for young families exist today. Each of the elements for building this early childhood system (described later in this agenda) has been in development over the past decade, but they have often remained isolated from one another, even though all are essential to each other to realize improved impacts. Now is the time to bring the elements together in an approach that is conceptually coherent and that allows these systems to be implemented, tested, and developed with community and family leaders.

Center for the Study of Social Policy
Ideas into Action

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1575 Eye Street, NW #500, Washington, DC 20005
202.371.1565 | Info@CSSP.org | www.CSSP.org

CSSP's Early Relational Health Team

Stephanie Doyle   stephanie.doyle@cssp.org

Azi Ermias   azieb.ermias@cssp.org

Patsy Hampton   patsy.hampton@cssp.org

Cailin O'Connor   cailin.oconnor@cssp.org

David W. Willis   david.willis@cssp.org

"This moment in time is the portal to a new future."

David Brooks

Director, Weaves Project

Aspen Institute