SD ECCS
SD Early Childhood Comprehensive Systems Collaborative

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SDAHO Webinar
12/06/2022

1. Overview of HRSA's ECS Portfolio, the ECCS Program, and healthcare's role.
2. How ensuring a strong start for children is related to the prevention of childhood adversity and requires a comprehensive approach.
3. Overview of one key partner in SD ECCS.
4. Year 1 overview of SD ECCS activities, findings to date, and next steps.
5. How to learn more. Questions?

Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three Program
(HRSA-21-078)

Division of Home Visiting and Early Childhood Systems
Maternal and Child Health Bureau

Strengthen economic supports to families
- Strengthening household financial security
- Family-friendly work policies

Change social norms to support parents and positive parenting
- Public engagement and enhancement campaigns
- Legislative approaches to reduce corporal punishment

Provide quality care and education early in life
- Preschool enrichment with family engagement
- Improved quality of child care through licensing and accreditation

Enhance parenting skills to promote healthy child development
- Early childhood home visitation
- Parenting skill and family relationship approaches

Intervene to lessen harms and prevent future risk
- Enhanced primary care
- Behavioral parent training programs
- Treatment to lessen harms of abuse and neglect exposure
- Treatment to prevent problem behavior and later involvement in violence

CPCM
KNOW | RESPOND | PREVENT
CENTER FOR THE PREVENTION OF CHILD MALTREATMENT

Bright Start Home Visiting Program

DOH Investment in Partnerships

STRATEGICPLAN
2020 – 2025

Vision Every South Dakotan
Healthy and Strong

Mission Working together to promote, protect, and improve health

Guiding Principles

Serve with integrity and respect

Focus on evidence-based prevention and outcomes

Support data-driven innovation

Achieve health equity in all communities

Demonstrate proactive leadership and strengthen partnerships

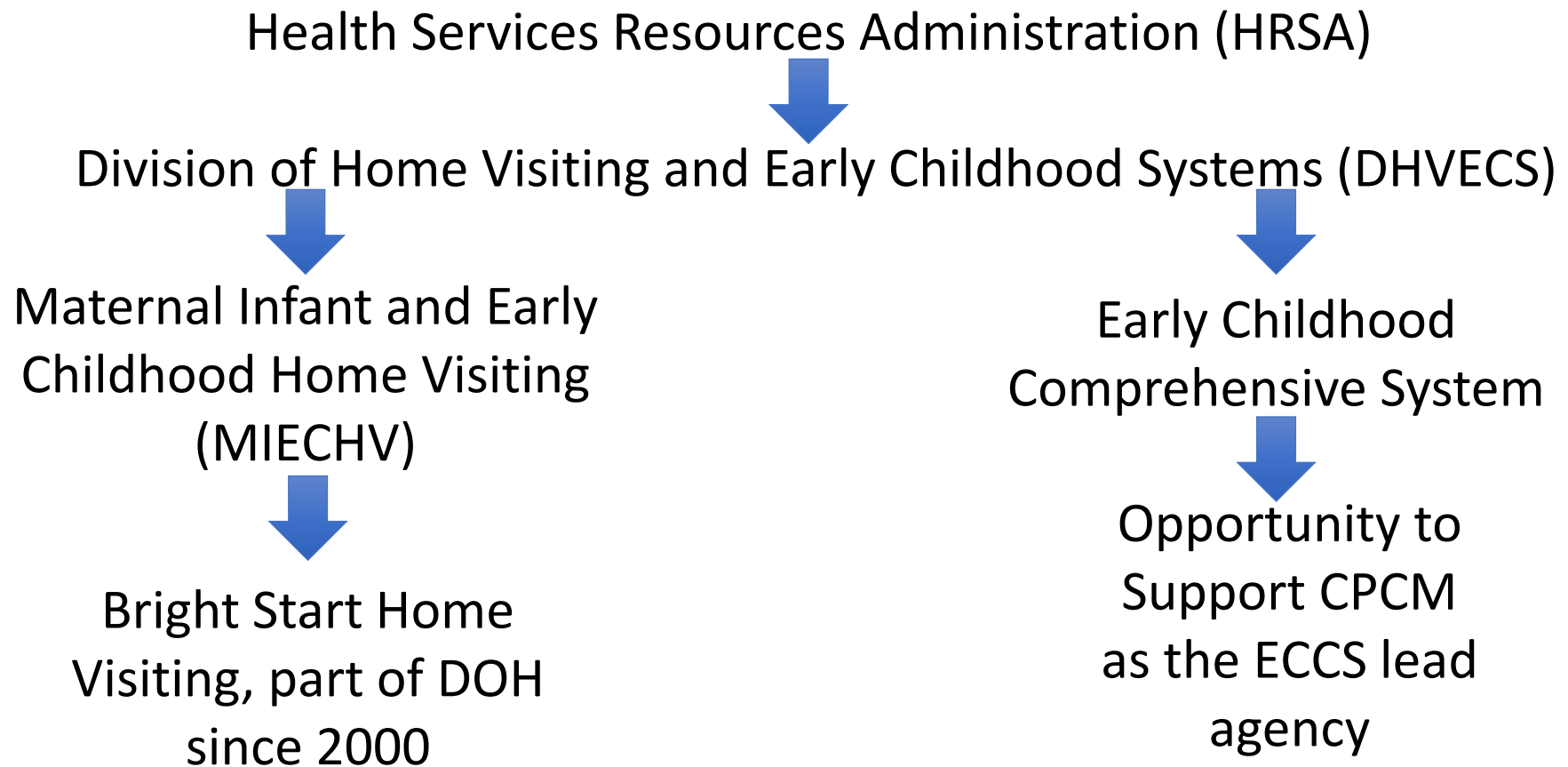**Exhibit** transparency and accountability

DOH Investment in Partnerships
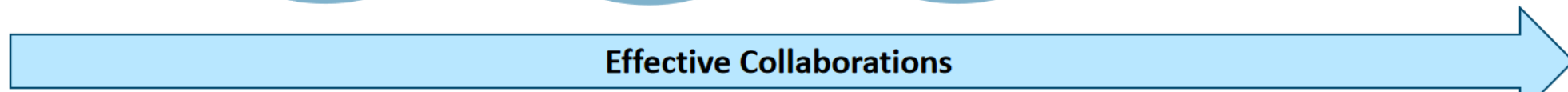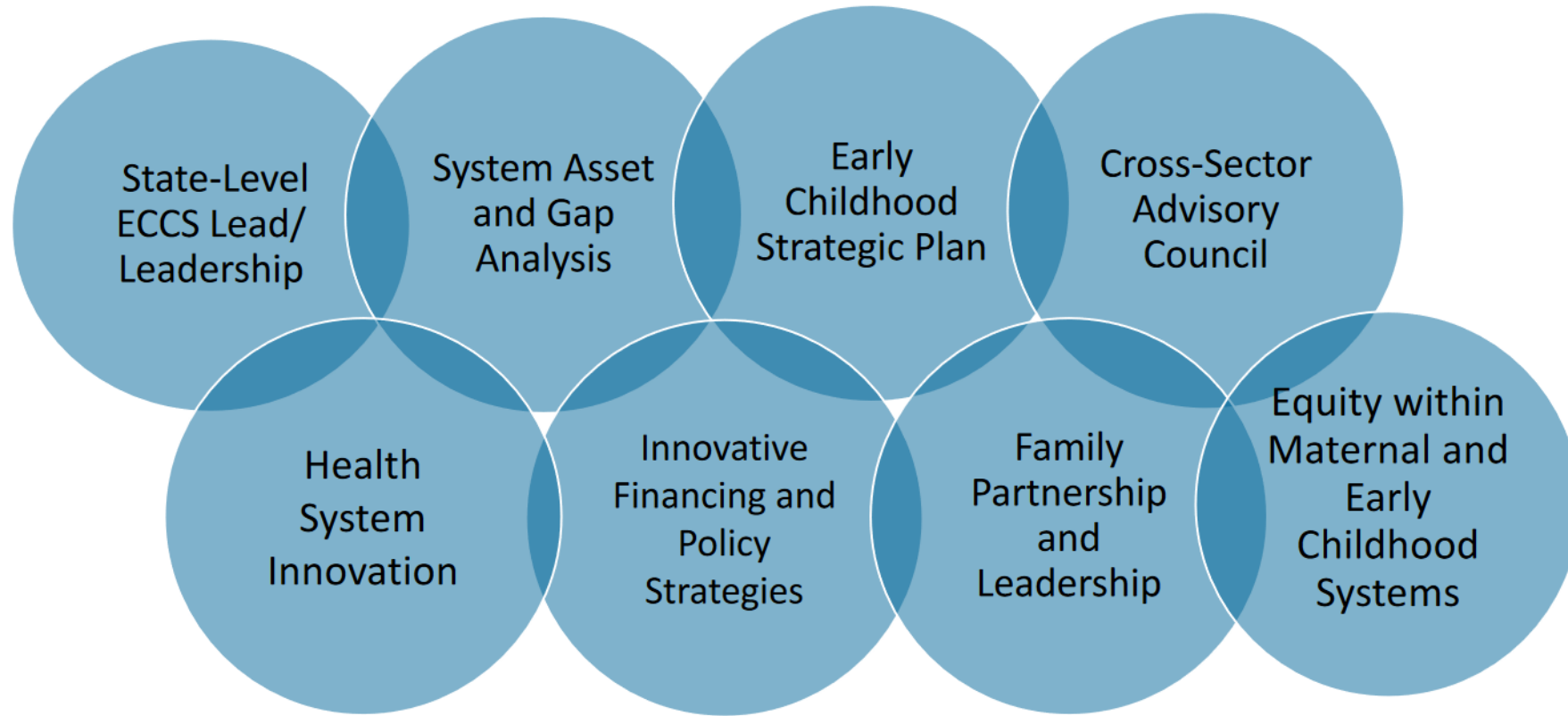
▸ **GOAL 1**
Enhance the accessibility, quality, and effective use of health resources.

▸ **GOAL 2**
Provide services to improve public health.

▸ **GOAL 3**
Plan, prepare, and respond to public health threats.

▸ **GOAL 4**
Maximize partnerships to address underlying factors that determine overall health.

▸ **GOAL 5**
Strengthen and support a qualified workforce.

Home Visiting as part of an Early Childhood System

Health Services Resources Administration (HRSA)

Division of Home Visiting and Early Childhood Systems (DHVECS)

Maternal Infant and Early Childhood Home Visiting (MIECHV)

Bright Start Home Visiting, part of DOH since 2000

Early Childhood Comprehensive System

Opportunity to Support CPCM as the ECCS lead agency

Program Expectations and Activities

State-Level ECCS Lead/ Leadership

System Asset and Gap Analysis

Early Childhood Strategic Plan

Cross-Sector Advisory Council

Health System Innovation

Innovative Financing and Policy Strategies

Family Partnership and Leadership

Equity within Maternal and Early Childhood Systems

Effective Collaborations

HRSA
Maternal & Child Health

Health System Integration and Innovation

- Focus efforts to increase the capacity of health systems to carry out best practices and innovations that promote early developmental health and family well-being.

- Prioritize scaleable strategies and build the infrastructure to support, spread, and sustain best practices that align with state system and population needs.

- Establish ongoing communication and strengthen partnerships with health providers, health professionals, health financing, and system leaders and organizations.

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Maternal & Child Health
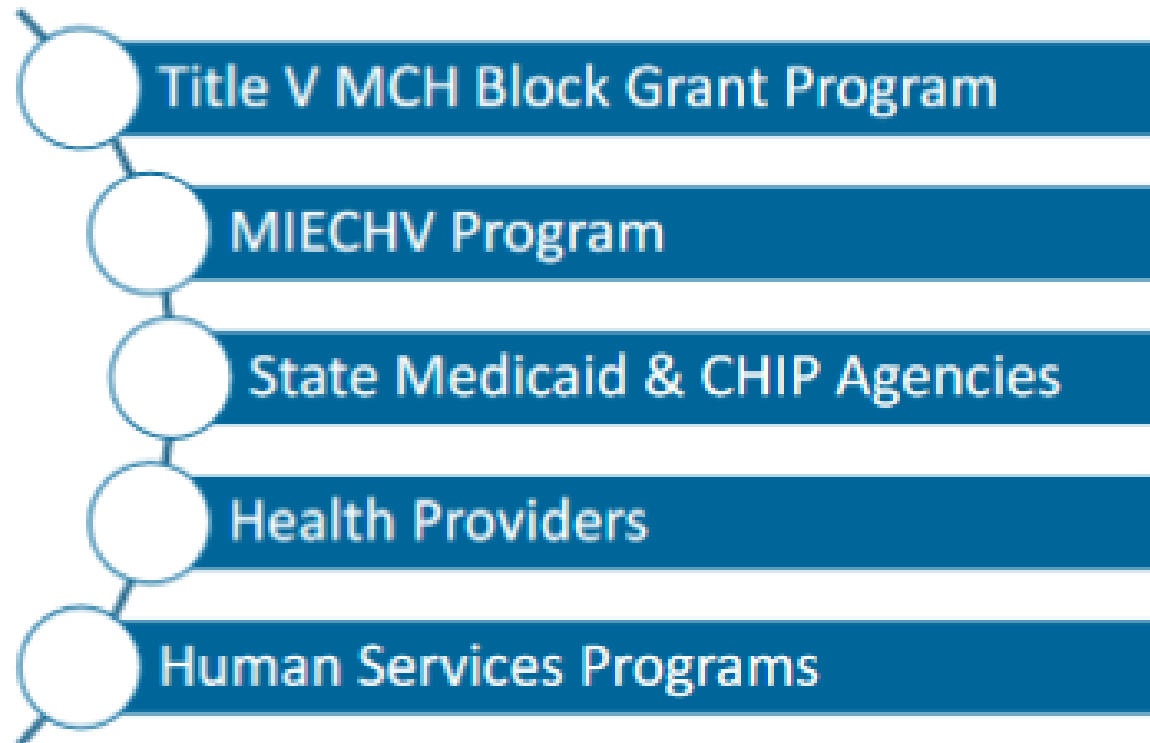
Family Partnership and Leadership

Efforts related to family partnership and leadership are embedded throughout the project, and include:

- Support of meaningful and equitable engagement of and partnership with families and community representatives in state-level decision-making;
- Support for a Family Leader position;
- Leveraging and enhancing current family leadership efforts; and
- Sharing access to ECCS program-specific TA or other leadership and professional development opportunities for family leaders .

HRSA
Maternal & Child Health

Partnerships and Cross Sector Advisory Council
Required Partnerships

- Title V MCH Block Grant Program
- MIECHV Program
- State Medicaid & CHIP Agencies
- Health Providers
- Human Services Programs

HRSA Maternal & Child Health

System Asset and Gap Analysis

- Awardees will contribute to or conduct an analysis of current system needs and opportunities.
- Focus on the P-3 population, and highlight:
  - Coordination and integration between the early childhood system and the health sector;
  - Availability and reach of best practices and interventions that promote early developmental health and family well-being; and
  - The use of early childhood data.
- Should coordinate with other state-level needs assessments to leverage efforts and avoid duplication.

HRSA
Maternal & Child Health

System Asset and Gap Analysis | Process

Sort 211 asset list by ECE region and category. —1→ Examine needs assessments and strategic plans —2→ Complete Infant and Toddler in the Policy Picture —3→ Complete HRSA SAGA guidance questions

4

Validate findings with subject matter experts → Summarize findings, champions, and players for each category —5→ Draft SAGA report —6→ Facilitate ECCS planning meeting

7

Prioritize issues and create action plans

See https://www.sdcpcm.com/eccs/ for recordings and to sign up for updates.

Sage

Healthcare
Key Shared Findings

- Well Child Checkups
- Comprehensive Screening and Connection Programs
- Special Health Care Needs
- Parenting and Life Skills Education
- Distance to Medical Appointments
- Access to Specialty Care
- Healthcare Workforce
- Social Determinants of Health
- Transition Care
- Financial Assistant for families
- Missing school or work
- Awareness of services

Healthcare Focus Group (June 2022)
Key Recommendations

Improve the referral system and communication system between medical providers through the Health Information Exchange (HIE) and with social service agencies through the Community Information Exchange (CIE).

Build a partnership and trust with the parents and caregivers.

Develop a roadmap for parents of how to navigate the medical, dental, and behavioral health systems, especially if their children are on Medicaid or have no insurance.

Increase awareness of services (geographic, telemedicine) to parents and providers.
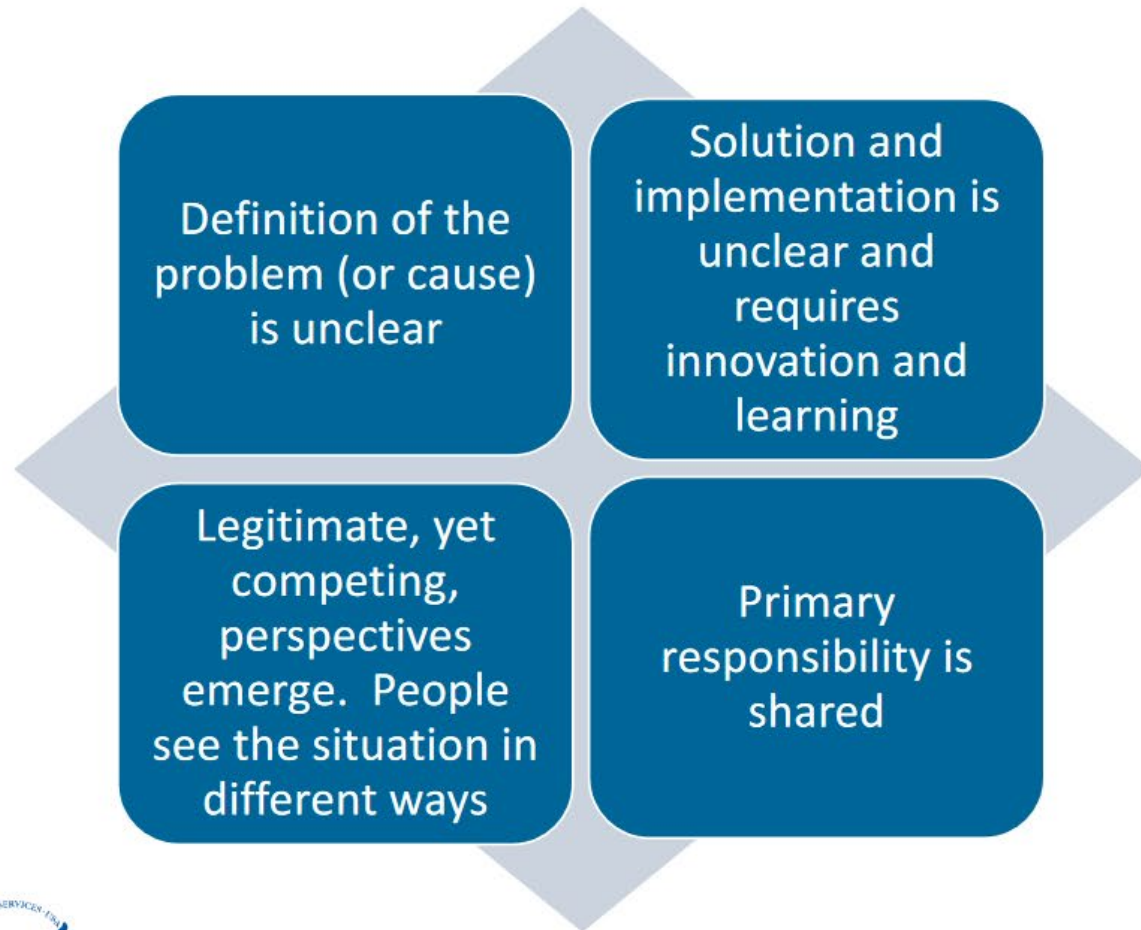
Strategic Planning Sessions (October 2022)
Top Identified Objectives

- *Improve the referral system and communication system between medical providers through the Health Information Exchange (HIE) and with social service agencies through the Community Information Exchange (CIE).*

- *Develop a roadmap for parents of how to navigate the medical, dental, and behavioral health systems, especially if their children are on Medicaid or have no insurance.*

- *Increase preventive oral health care for children; Decrease oral health disparities.*

- *Build an infrastructure for a training framework. Analyze baseline data to identify what training is occurring, what training is needed, and how to measure the success of the training (needs assessment).*

- *Increase options for respite care and childcare for children with disabilities or other significant needs.*

Next Steps

- Build stronger connections with health systems, explore opportunities to align research and pilot projects.
- The full System Asset and Gap Analysis Report will be distributed by the end of 2022.
- The report on results of the survey to families will also be distributed by the end of 2022.
- The ECCS Advisory, Family Leadership Group, and key partners will review and adopt the ECCS Strategic Plan (draft) in Jan-Feb 2023. A platform for public input will also be established.
- An implementation plan will be approved by the ECCS Advisory – targeting end of Q1 2023.
- Sign up at sdcpcm.com/eccs to receive updates.

Adaptive Work

Definition of the problem (or cause) is unclear

Solution and implementation is unclear and requires innovation and learning

Legitimate, yet competing, perspectives emerge. People see the situation in different ways

Primary responsibility is shared

1. COMMON AGENDA

      Working with others to collectively define the problem and create a shared vision to   solve it

2. SHARED MEASUREMENT

      Agreeing to track progress in the same way, which allows for continuous improvement

3. MUTUALLY REINFORING ACTIVITIES

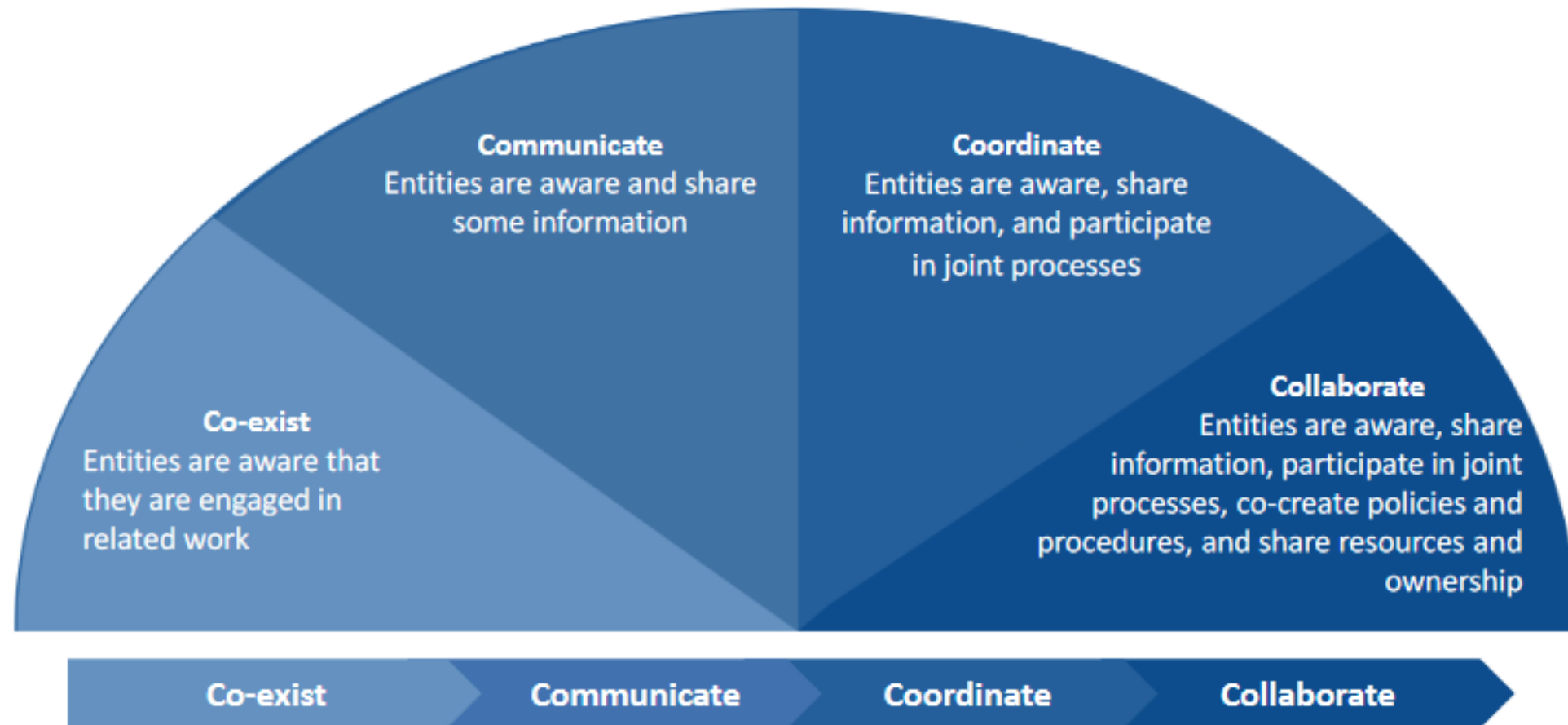   Coordinating collective efforts to maximize the end result

4. CONTINUOUS COMMUNICATION

      Building trust and relationship among all participants

5. STRONG BACKBONE

      Having a team dedicated to orchestrating the work of the group

Kania & Kramer, "Collective Impact," *Stanford Social Innovation Review,* Winder 2011

Collaboration: It's an Intentional Choice

Communicate
Entities are aware and share some information

Coordinate
Entities are aware, share information, and participate in joint processes

Co-exist
Entities are aware that they are engaged in related work

Collaborate
Entities are aware, share information, participate in joint processes, co-create policies and procedures, and share resources and ownership

Co-exist → Communicate → Coordinate → Collaborate

Alternatives for working together, **which one do you choose?**