

U.S. Department of Health and Human Services
Health Resources and Services Administration

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's
Webinar
*"Integrating Home Visiting Systems Within
Early Childhood Comprehensive Systems"***

August 21, 2012

3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Panelists:

Debora Hansen

Dianna Frick

Sheryl Peavey

Eric Bellamy

Rosemary L. Wilson

Operator: Good day and welcome to the ZERO TO THREE Integrating Home Visiting Systems Within Early Childhood Comprehensive Systems Webinar.

As reminded today's Webinar is being recorded. At this time I'd like to turn the Webinar over to Ms. Susan Stewart. Please go ahead.

Susan Stewart: Welcome everyone to the Webinar. I do apologize for the delays. We had a few little technical difficulties but I think we have those ironed out.

Slide please. My name is Susan Stewart and I am a Distance Learning Consultant for the Maternal, Infant and Early Childhood Home Visiting Technical Assistance Coordinating Center or the TACC. And the TACC is hosting this Webinar and it is funded - the TACC is funded by HRSA and operates from ZERO TO THREE in partnership with Chapin Hall, AMCHP and WRMA.

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The TACC is funded to provide many levels of technical assistance support to MIECHV grantees including Webinars like this one. Support from the TACC can be accessed through the HRSA project officers.

Lena, will you please advance the slide? And one more please. Lena, one more please. Oops, can you go back to the Webinar goals please? Thank you very much.

So as a result of our time together today, you're going to be learning about how the ECCS or Early Childhood Comprehensive Systems and the MIECHV grants complement one another in building statewide early childhood systems of care.

In addition you will learn about how outcomes for children and families can be strengthened when implementing plans of both systems in a connected way and some of the conditions that contribute to successful coordination of the work. You will also learn some specific ways that states have endeavored to integrate the two systems.

Next slide please. Before I introduce our presenters we have a - and receive a welcome from our funder, we need to put a few ducks in a row. Slide please.

Your phones will stay muted throughout the duration of the Webinar. But for your best listening sound quality, we encourage you to call in using the telephone line instead of listening in on your computer speakers.

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Slide please. And one more please. Great, thank you. Since we have a very, very full Webinar and we had a little bit of a late start, we're going to hold your questions until the question and answer time in the last portion of the call.

To help us track your questions, we ask that you enter your questions into the questions box, to be sure to click the Send button as you see in the screen number 2, or hit the Return or Enter button on your keyboard so that everyone can see your question when you post it.

Next slide please. And the last bit of getting our ducks in a row is that you should have received a PowerPoint slide set for today's Webinar through the email if you registered by this morning. If you registered a little bit later today, then you will receive the PowerPoints a little bit later in the day, also via email.

But we'll also be sending out copies of the PowerPoint slides after the Webinar to all of the Webinar registrants and they will also be posted through our Web site.

Throughout the Webinar you're going to see some contact information for each of the presenters and some helpful links that they are sharing with us that you might want to explore later on. All of these details are in the PowerPoint slides that you will have received or will receive soon.

Next page please. Now I'd like to introduce you to our presenters for today. First we'll hear from Debora Hansen and Dianna Frick who are representing the work being done in Montana.

And Debora Hansen has a Bachelor's in Special Education and Elementary Education and a Master's in Education in Curriculum Instruction. She worked in early childhood professions since 1987 as a child care director. And then in May 2011, she started working for the State in the Early

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Childhood Services Bureau. And she is the ECCS coordinator and also the Best Beginnings Advisory Council Coordinator.

Dianna Frick first became interested in the field of public health as Peace Corps volunteer in West Africa. After Peace Corps, she earned her Master of Public Health from the University of North Carolina at Chapel Hill. And in 2004 she moved to Montana as a Public Health Prevention Specialist with the Centers for Disease Control and Prevention.

Since 2007, she's been the Lead Maternal and Child Health Epidemiologist at the Montana Department of Public Education - pardon me, Montana Department of Public Health and Human Services. Currently she is coordinating the Maternal, Infant and Early Childhood Home Visiting Infrastructure Development Project.

Our next speaker is from Maine and that's Sheryl Peavey. And she is the Child Wellness Liaison for the Office of Health Equity at the Maine Department of Health and Human Services. She currently directs the state's Early Childhood Comprehensive Systems project, the state's Maternal, Infant and Early Childhood Home Visiting Project, and administers its evidence-based home visiting program called Maine Families.

Ms. Peavey manages several federal grants including the State Advisory Council funding for the Maine Children's Growth Council, the Early Childhood Comprehensive Systems grant and Project LAUNCH which also known as Community Caring Collaborative.

She also coordinates the Start - pardon me, the state partnership with the Maine Child Abuse and Neglect Prevention Council and her career has been very diverse but always focused on the well-being of children and their families. She has worked with national corporations, government and

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military agencies and local coalitions to implement family-friendly business practices and quality child care benefits.

Her work history includes high-quality employer-sponsored child care partnerships, child and family research projects, policy development and analysis, community facilitation and program evaluation. She is an elected member of her local town's Budget Committee and volunteers time for her children's after school and recreation programs.

Finally, Eric Bellamy and Rosemary Wilson will speak to the collaborations that are happening in South Carolina.

Eric Bellamy has worked with the Children's Trust of South Carolina for two years after several years of human services, youth development and health education experience. With a passion for children and adolescent health services, he has worked on such initiatives as adolescent pregnancy prevention, Hurricane Katrina and Rita relief projects and infrastructure-building for children's mental health and substance abuse services.

He serves as the Maternal, Infant and Early Childhood Home Visiting Coordinator and oversees all operations of the project's initiative. He is a native of Bridgeport, Connecticut and holds a Bachelor's of Science degree in Health Promotion from Coastal Carolina University.

And finally Rosemary Wilson is currently the Early Childhood Comprehensive Systems Grant Coordinator working in the Maternal and Child Health Bureau, Women and Children's Services Division of the South Carolina Department of Health and Environmental Control.

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Prior to starting this job in 2006, she held positions in the Agency including Part C District System Manager, community outreach coordination, Care Coordination Manager for children with special healthcare needs and as a social worker for children's rehabilitative services and home health.

Rosemary has also worked as a hospital social worker in Washington state and in Georgia. Her early career included working in psychiatric hospital with children and adolescents and in an alternative school setting with the same population. Rosemary has a B.S. in Mental Health from Georgia State University and earned her MSW from the University of Wash - of Georgia, pardon me.

And now I'd like to introduce you to Dena Green - next slide please – who is a Senior Public Health Analyst for the Early Childhood Comprehensive Systems Program in the Program, Planning and Coordination branch of the Division of Home Visiting and Early Childhood systems which resides at the Maternal and Children's - Child Health Bureau of the Health and Resources and Services Administration.

And Dena will set the stage for our presenters by emphasizing the importance of collaboration and coordination between home visiting and Early Childhood Comprehensive Systems. Go ahead Dena.

Dena Green: Thank you very much Susan. First of all welcome everyone. And there are several reasons why you folks that are implementing the home visiting program need to hear this presentation. We have the conditions that your project officer is also the project officer for the Early Childhood Comprehensive Systems program.

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And you also have the - to know that this Early Childhood Comprehensive Systems program has been around since 2002. And they have done a lot of the work that you will not have to do in terms of trying to implement your program so I'm really happy to be able to talk to you and for those of you that are not familiar with us, to give you some background and hopefully motivate you if you have not done so already to meet your ECCS coordinator in your respective states.

What you see on the screen here is our legislation. This is the legislation that allows us to have an ECCS program. If you look at it closely, you see Title V, Section 501 of the Social Security Act. And for those of you that are familiar with Title V and the Block Grant, you know that the Block Grant funds, the delivery of health services to mothers and children.

Well, the ECCS funds that are provided to the Community Integrated Services System program is intended to integrate and build the infrastructure to support those services. So in other words, the Block Grants provide the delivery of services and CECCS funds - C-E-C-C-S, in other words - are used to build the infrastructure to support those services for mothers and children.

There are 52 ECCS grantees, 47 states that include - the 47 states, the District of Columbia, Puerto Rico, Guam, Palau and the Commonwealth of Northern Mariana Islands. There is no ECCS program in Pennsylvania, Mississippi and South Dakota nor in the Virgin Isles for those on the phone that may be from the - those states, just for you to know.

Okay, since you started this program, you probably heard a lot of stuff about an early childhood system that home visiting had to be implemented within a comprehensive system of care. So we've been asked, just like you've asked, like well, what is meant by an early childhood system?

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So in this particular diagram, you have a very simple definition that we've been able to use and work with. It's easy to understand and easy to remember. When we talk about an early childhood system, at least for ECCS, we're talking about the agencies, services and persons involved in providing resources, care and information to families with children ages 0 to 5.

And I'll let you know that some of our states have gone up to the age of 8 so they work with children that are 0 to 8. And of course the Internet - interactions among the agencies, services and persons involved. So this is what our early childhood system definition is.

Get my next slide here. (Is it on the state), okay. This diagram is a diagram where we try to depict exactly what some of the resources or services would be in the early childhood system. And of course this is not an exhaustive list and probably you could think of some others.

However if you look over on the right-hand side, you see that there's a home visiting program. So prior to the MIECHV program, we at ECCS did recognize the importance of having home visiting as a part of the early childhood system. So again, that's another reason why we're glad that you're here and we're glad that this new program has been funded so that it can help to enhance our existing early childhood system that we've been working on for the past few years.

When our ECCS grantees was funded, we had one big requirement of them and that was that they had to develop an Early Childhood Comprehensive Systems plan. And when we looked at the plan, we told them well, this plan should be a blueprint for all of the actions that you needed to take to accomplish each one of your goals and objectives.

And before you do this plan, you'd have to do an external and external - internal and external environmental scan. For those of you that have done needs assessment with your home visiting

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program, I'm sure you understand what this internal and external environmental scans of all your state's needs and resources was.

Well, each one of these ECCS grantees had to go through that same process. They had to identify who were the important people that should be partners with them, what roles this organization would play in the development of their plan and how they would continue to develop goals and objectives around the activities or the actions that they planned to take.

This diagram is a diagram of what we call our five critical components. And if you look on the right side, you see a little flower graphic here that we've used that has helped us in terms of explaining how our systems components, which are the titles you see in the green part of the graphic. And when you look inside of the daisy, you actually see the program components.

Well, when we started ECCS we knew that there were lots of issues that needed to be addressed if we were going to build this system. However, we identified these five critical components, medical homes and healthcare - that's access to medical homes and healthcare - early care and education, social and emotional development and mental health, family support services and parenting education.

Now over time, we certainly feel that probably we've done a lot of work in some of these areas more than others. And in the beginning some of our states decided to focus on one or two program components. And some of them decided to focus on all of them. What we wanted them at minimum to work on these program components within their plan and within their activities.

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Then as the grantees decided what their critical components were, which we also call our program areas, we knew that if they were to build a system, they also needed systems elements which were the issues that needed to be addressed in order to facilitate sustainability.

In other words, if you're going to do an access to medical home or a program around early care and education, there were some other issues in terms of how you would work with your partners to make a system that would be sustained over time. That - so we also decided that besides the program components, we needed what was called our systems elements for each one of those program components.

And these seven system elements are governance, financing, communication, family leadership development, provider/practitioner support, standards, monitoring and accountability. I would say that some states have done a better job than others. Some have done a great job but some are still working on developing their system elements.

But each one of the program components, as I mentioned earlier, also needed systems elements that would increase sustainability of their program.

Next in early childhood state team, in order to do their work, the ECCS grantees had to form what we call cross-agency and cross-program collaboration work groups. And these work groups were set up based on our five program components. In most states, these work groups have now morphed into what is - what we refer to as the early childhood state team.

Today these state teams meet regularly to collaboratively consider and make decisions about the state's early childhood needs and resources. And some states use their state team as a forum to

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jointly plan and implement early childhood activity. And some of them also develop applications in response to funding announcements.

So this group started as a small work group when each program component. And then later on, it's become the hub for early childhood decisions in various states.

Okay. Again, as I was just talking about the state teams, I'm talking about collaborations. I'm talking about partnerships. And collaborations and partnerships has been a great part of our work. And this graph is an early representation of some of the collaborations with other early childhood initiatives that ECCS has started and begun, strengthen over time.

You have to build initiatives to - you have CSEFEL, Strengthening Families and Project LAUNCH which is a SAMHSA program.

If I were to update this chart, I would say that we would add the MIECHV program as a collaboration. We'd add Race to the Top and particularly Help Me Grow because many of our states - I think there are at least 16 of them Help Me Grow sites right now that our ECCS grantees are involved in.

This next slide just shows you the relationship between the Early Childhood Advisory Councils and ECCS. And again, this chart was done in 2010. But if you look at it carefully you can see that more than half of our ECCS grantees are members of the Early Childhood Advisory Councils.

And that's my last slide. If you have any questions, we'll answer questions at the end of the presentation. I'm now going to turn you over to one of our state examples of how states have done an excellent job of integrating home visiting into ECCS. Debora.

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Debra Hansen: Thank you Dena. And I just want to say what an honor that Dianna and I feel to be able to present to you. So I'm hoping that other states will get some good insight and realize that collaborations and good partnerships can actually happen, so good things do happen.

Well, as the Early Childhood Comprehensive Systems Coordinator, I am tasked to focus on systems building across many sectors to support efforts to create a comprehensive system. And this presentation will give you a snapshot of a partnership built upon a concept that is now being promoted and supported in Montana.

The state of Montana received an Early Learning Council grant that was to establish an Early Childhood Advisory Council. Well, Montana already did have an Early Childhood Council but the only focus was just on child care. So it was the intent of Montana to expand the focus, to look more at the system.

Montana wanted to address giving children and families the best beginning as possible. Therefore, the concept of Best Beginnings came about and the Council - the State Advisory Council became known as Best Beginnings Advisory Council.

From the Early Learning Council grant, there was an opportunity for Montana to make funding available to communities who already had developed school readiness teams or coalitions. We wrote a Request for Proposal out of a competitive process and we were able to award seven local communities or coalitions that are now called Best Beginnings Community Coalitions.

The intent of these local community coalitions and the Best Beginnings Advisory Council is to have a governance structure that supports a comprehensive coordinated early childhood system.

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Dianna Frick: And how we ended up - this is Dianna Frick - how we ended up combining some of the Best Beginnings work through ECCS with the MIECHV infrastructure development funding that we have was we had identified some potential changes that we wanted to make to some state-funded public health home visiting program sites that we had.

These were sites that were doing some home visiting for early childhood and it wasn't necessarily using an evidence-based home visiting model. So we were looking at trying to move in that direction.

We'd had a lot of interest in this state in evidence-based home visiting and we had some sites that were already implementing it. And so we were interested in trying to move towards a more comprehensive approach to evidence-based home visiting.

We had done some work in the past looking at what would be involved in making such a transition and what it would look like on state level. And we'd run into some issues related to funding and availability of funding and then just the readiness of communities in terms of their ability to plan how to implement evidence-based home visiting in their community and even how to identify the most appropriate home visiting program for their community.

When we initially looked at - when we put out our first RFP or Request for Proposal for the MIECHV service delivery funding, we received a response of - fewer responses than we'd actually hoped that we would have.

And so when we questioned some of the communities about why we didn't have as many responses, we heard some of the same consistent comments that we'd heard earlier about them

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not having had really had time to plan, not feeling like they had some of the partnerships that they wanted in the community to make them feel ready to do some evidence-based home visiting in their community.

We knew that there were a lot of communities that were already developing partnerships or already had strong partnerships in community councils around the state. But we also knew that there were a lot of communities who didn't have these but really wanted to develop them, just didn't have the time or the support or really have any sense necessarily of how to start this process.

So our motivations for applying for some of the development funding that was available through MIECHV were all of these reasons. And then we had a partnership already with the Early Childhood Services Bureau which is where Debbie Hansen is located where - and where the Early Childhood Comprehensive Systems grant is coordinated through.

So we had heard already about what they were doing and the approach they were taking with some of the local communities they supported. And we thought it was a really good combination with what we knew were the needs of the communities we wanted to work with.

So when we applied for the grant for the development funding, the intent was to provide some broad community-based support for evidence-based home visiting but emphasize that that evidence-based home visiting is a part of a larger system of early childhood services and programs so it really is a part of that Early Childhood Comprehensive System in a community.

We wanted to support and expand the number of Best Beginnings Community Councils. So from those original seven that Deb mentioned that were funded with some of the existing funding, we

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were actually able to expand those to - I think we have about 24 additional communities that we were able to add to that number.

And what we are - as we're describing this, the MIECHV development funding and even the funding that Deb mentioned for those first Best Beginnings Councils, we're describing it as short-term funding because the intent is to create a long-term community infrastructure. But we want to emphasize that the development funding itself is just short-term funded opportunity for doing some that work where - but we really see the intent as being something long-term.

And a large part of the focus of the infrastructure development and the Best Beginnings approach overall is on developing community connections, having conversations about what early childhood systems look like in the community, where communities want them to go, what kinds of relationships and partnerships already exist. Where do they need to be strengthened and emphasized more? So this is a large part of the focus of all of what the communities are doing.

Debora Hansen: So - and we have some shared principles also. And as you can see by reading these principal objectives here, they also relate to the Early Childhood Comprehensive Systems critical components.

So with - between the Best Beginnings Advisory Council which is the state advisory council and our local community councils, these principal objectives are the framework that these entities work under in order to create their comprehensive coordinated early childhood system.

Dianna Frick: So as Deb - as Debbie mentioned, we have these shared principles that we had a lot of discussions as we were initially starting to plan how the ECCS, the Best Beginnings and the MIECHV, what we're calling the Infrastructure Development Project would work together. We

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talked about these shared principles and of course they - we felt like they worked best for - worked well for MIECHV as well.

And a large part of what was important was developing and agreeing on these shared principles and then making sure that we had the agreement and the support of key leadership in the organizations as we started moving forward.

So we wanted to make sure that they were aware and supportive of the concept of the project because this definitely is more conceptual than a lot of our service delivery projects and that they had the support for us to do this in a way that really met the needs of the communities as well. And so I think that was a really essential first step for us.

We did and we've been communicating to the communities about the Best Beginnings as the philosophy. So the philosophy underlying this whole approach is that we want the Best Beginnings for all of the children in the community. And then we're emphasizing that MIECHV Infrastructure Development, that funding is just a funding source. It's not really the approach. It's not the philosophy.

We have similar applications for the Best Beginnings funding and also for the MIECHV Infrastructure Development funding so that we had really similar criteria we were using to rate applications. And we were looking at really different things from one source of funding to the other. But they were the same across the board.

And we also have very similar requirements. So we tried to keep these consistent between the two funding sources for communities as much as possible. So in the communities, all of them have a Community Coalition, which is essentially the key component of all these activities.

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They're either developing a new Community Coalition or supporting one that might already have been in place.

They have a community coordinator who's at least part-time who is a staff person who's responsible to the coalition. All of the communities are doing community assessments and that includes a community needs assessment as well as a community collaboration assessment which is essentially a tool for them to assess how well those relationships are working and how they're doing with the development of those relationships.

And then we're also using the ZERO TO THREE home visiting community planning tool because we really wanted to provide the communities with a tool that was useful to them in thinking about all of those essential components of identifying an evidence-based model, implementing an evidence-based model and being able to continue to support that high-quality home visiting intervention. So we have those three components of community assessments.

And then a governance structure is a really important part as well. And we've been working with a nationally recognized collaboration expert named Karen Ray on how do you really do community council or community coalition development well?

What governance structure do you need to set up so that the communication between the executive level, the management level, the service delivery level, all those levels of organizations involved in the coalition really work well?

And then an important key piece of this also is that each community is coming up with a plan. And we're not calling this a strategic plan. But this is maybe a simpler plan that just identifies their key priorities for their community coalition and how they plan to move forward in the near future.

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It also includes some important components about the sustainability of the coalition and thinking about how they plan to continue this even if there's no funding available.

Community support is really a key element of all of what we're doing here. So as I mentioned a little bit earlier, all of the activities, both at the state level and at the community level are really based around relationship building. So this is among the state partners within the Best Beginnings Advisory Council.

And at the state level is we're trying to figure out how do we really support communities in developing this coalitions and establishing this framework that will last long-term about Early Childhood Comprehensive Systems?

And then it's also important to develop the relationships between the state and the communities, so between us and the communities so that we're hearing about the issues that come up and the barriers they're encountering.

We can help them get access to data if that's an issue or just help them problem-solve when they need some assistance in just working through some things. And it gives us a much better idea about the reality and what all of the communities are experiencing.

And then among the communities, too, we're supporting them so that they're able to link with communities that are either in the same stage of coalition development or the same stage of doing an assessment. But also so that they can hear and talk with communities who may be much farther along than they are and get some good input from those communities about how

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they approach some of the activities that they're doing or how they addressed going about some of their assessment activities.

And then a key component is, of course, within the communities we really want to support them in developing those - their own relationships with those early childhood partners who are much closer to them geographically and within their particular community.

I mentioned earlier that our collaboration expert who we've been working with is Karen Ray. And this has been really an important component to us as well is to have somebody who we can call on as we have questions about how we at the state support good collaboration at the community level and what it means to be talking about systems change - which is really what collaboration is all about - in communities that may be just starting to develop a coalition.

What it means to talk about systems change in communities that have had a coalition that functions for a long time but that may be wanting to go in a different direction. We have this full spectrum of coalition development in communities around the state, some that are in - all different stages of development and assessment and relationship building and formality.

And so we've really tried to keep that in mind as we've developed some of the guidance for those communities. We've tried to pull in some the expertise from people like Karen Ray, make sure that we are - have a good sense of where communities are in the state.

And then a really important part of this has been flexibility, that we're able to be flexible with the communities. So for instance, if they're having issues with just getting some key partners involved in the coalition, we can talk with them about what their plan is for getting those key partners involved and how that might affect some of their assessment work and some of the due dates of

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things and what their plan is as they have to change their plans based on the realities in their communities.

So that's been a really important component. And I think that's another reason why having the support and buy-in of leadership in our organization overall but also within the two bureaus that Deb and I are located in - because we're in two different parts of the Health Department.

That's been really important because flexibility is a really crucial part of our making sure that that Early Childhood Comprehensive Systems, consideration in those discussions at the community levels really meet the community lead - needs and they're not just based on what the state expects and kind of that state expectation.

Some of the challenges that we've run into, the biggest that we've run into really frequently is how does this work in a practical way? So in terms of the logistics of this working in a community, how do you do this? How do you start a coalition or a council or whatever a community is calling it and bring those partners together?

How do you get them over some of the difficult history that they might have had in their communities? If you have fraction - fractionalization that's happened between certain interest groups or you have some history between groups in the community and some distrust of some leadership or distrust of some organizations, how do you actually get beyond that and how do you make - still have an effective coalition in their community even with some of these issues?

For the community assessments, what does that look like, especially given that we haven't provided the communities a very definite role for - or a definite list of how you do a community

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assessment? You do A, B, C, D. We've provided some guidance. We have some tools for them. We've done some trainings. We've done some conference calls.

So we've tried to provide a lot of resources to them about how to do this but we wanted them to shape this themselves in a way that was really meaningful to them so that this wasn't something that was kind of just a state-required thing. It was something that had more meaning to that coalition.

We've also had to talk a lot about roles. So this includes roles in a community like what role does the community coordinator really play? Who are they responsive to if they're hired by a fiscal agent like the Health Department but their job is really to be responsive to a community coalition that's not just within the Health Department?

What if you have a fiscal agent who wants to be the driver of a coalition? How do you define some of those roles and work out some of those details about who's coordinating what and who does what and how things work as you move forward?

And we've talked with communities a lot about grant requirements versus what is actually demonstrating collaboration. We worked hard when we were developing the requirements, the deliverables for the contracts we have with communities to make sure that they were as responsive to the community needs and that collaboration is possible.

So we wanted to make sure that they were things that would be useful to the community and not just things that checked off a box for us. And we've tried to be communicating with the communities often so that they know that we're not asking you to do this just because this is going to check off a box for us.

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We're asking you to do this because this is going to help your coalition talk about and address this issue right now or you're going to get better commitment from your members if you do this.

So this is really our - this our logo, is the tree because we see a really important part of the home visiting program as being a strong foundation in those early childhood partners in the community. We see that being really important for sustainability and important for having just a well-developed and a strong and a well-supported home visiting program with those really important community relationships.

That they need to do referrals back and forth, to do some program development, to have capacity-building, to have a strong staff and well-trained staff. So we really see that foundation as being a really important part of home visiting and also for early childhood systems in a community that they really need that strong partnership. That's an important and crucial piece.

Another key part of the project is addressing the tangles. So we encourage them - and we've had to do this as well at the state level - to really look at addressing the tangles and the issues in a community and not just leaping over stuff or pretending an issue isn't there. But you have to actually try to untangle this and work on that history and those challenging things.

The core focus of this whole project is really systems change. And it's systems change so that the system is changing to better meet the needs of families and those community priorities and to support those high-quality interventions and programs and services.

So the intent is not to make those high-quality interventions and programs and services and family needs change or only pay attention to the parts that meet the organizational part and look

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the way the organization looks. But the intent is to make the system change so that those high-quality programs and the needs of children and families are the central component that drives what the system looks like instead of the other way around.

Susan Stewart: Great.

Dianna Frick: And there's our contact information. And we'd be happy to talk more about...

Susan Stewart: Thank you so much, Dianna.

Dianna Frick: ...what we've done or share some of our documents. Thank you. We appreciate the opportunity to talk today.

Susan Stewart: Thank you so much Dianna and Debbie. And I really appreciate your emphasis on the important front-end work that really has to be done to ensure that the changes that you make will be sustained over time. So thank you for sharing that information with us.

And now we'd like to have Sheryl Peavey from Maine speak about the work being done to integrate the home visiting and ECCS there in Maine. So if you can advance the slide, you may begin.

Sheryl Peavey: Great, thank you. So I have to say, since I'm the single person talking on behalf of two parts of a system that the reason that we've had success is not because I am one person filling both roles. There is a greater level of prepared history that has happened in Maine that has made it possible for us to build on what had already existed and could be enhanced to be able to coordinate the two pieces of the system.

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It also does help that for the most part I don't argue with myself often. So when it comes to having difficult decisions at the end of the day, it's really me and that makes it a little bit easier.

But the truth of the matter is really at the core of this is ECCS. And Dena and other folks at HRSA have heard me say this before but ECCS is a small amount of funding that makes an incredibly big impact.

And it does so probably more than any other federal program because it looks across multiple disciplines and multiple needs and is able to think of things in a way that takes apart some of the politics and pieces apart the funding and the program and allows us to really get to the heart of issues.

And that's where we started truly in our ECCS work back in 2004 with the first ECCS grant as the Children's Cabinet Task Force on Early Childhood. That very first state plan, Invest Early in Maine, looked at HRSA's five components that Dena had talked about and included home visiting as really one of those.

And of each of those components, we had subcommittees or accountability teams that were focused on addressing the kinds of issues that needed to be worked through in order to make the system coordinated and sustainable.

That task force became what is now our Maine Children's Growth Council. So we have our state Early Childhood Advisory Council is our ECCS body. And that is a legislative body that has now official membership. It's in statute. And it has committees and accountability teams that focus on really completing and implementing and refining on a constant basis the work of its committees.

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Can you advance the slide please? And one more. When we talk about home visiting, though, we've got a history at looking at home visiting as truly a combination of home-based services and what we now see in the federal legislation as what is defined as evidence-based home visiting. So we have quite an array of services that really fed into the work of the Children's Growth Council.

Next slide please. At the moment, our home visiting program that we have is Maine Families and it is a statewide program.

It has standards of practice that cover everything from how prepared people are prior to actually meeting with families to how we coordinate with each other, how we're collecting data and how we are making sure that our work is family-centered and respectful of families in a way that responds to their needs and doesn't allow us to drive what's happening.

So we have an in-state Touch Points training team. We have the standards of practice that are used as quality assurance. We have had an ongoing evaluation prior to even ECCS coming around. And we at one point were just a single funding stream using our tobacco settlement monies. And that went through national and home-grown models that we had here in the state.

But with the tobacco settlement funds, we were able to broaden more than just a few pilots to becoming a statewide network. Next slide please.

With the current federal funding adding into what we have invested as a state, we now have a very solid, branded network in all 16 counties in Maine which is a primarily rural geography

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although, you know, southern Maine is sometimes known as a suburb of Boston. Sorry to my colleagues in York and Cumberland County, not that that's a bad thing.

But it's - it is - provides us with some unique challenges. And a lot of those challenges are faced around how do we coordinate our services that we have with other community providers, particularly when they may be far and few between?

At the heart of all of this, though, is looking at home visiting as a core public health delivery system. But as we know in the federal legislation, we have to think about home visiting as not just direct service but that we're building on the Early Childhood Comprehensive Systems' principles of coordination.

Next slide please. So how - what were some of the conditions that really brought this about? We had some realignment within the Department and some of you have - may have experienced those kinds of things in state government.

But in the course of moving things around, the Early Childhood Comprehensive Systems program and home visiting were moved into the Office of Child and Family Services, out of our Public Health office which created a unique opportunity to be able to start to bridge some of the public health work with some of the child protective services work in a way that hadn't existed earlier.

The fact that I continue to not only manage the ECCS project but having brought to state government my role as a home visiting evaluator prior to coming into state government, I was asked to take over the administration of the program when it moved into the new Office of Child and Family Services.

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So that it seemed like a very natural fit to keep home visiting in the front as an important part of the early childhood system which then, again, made it a natural extension of the work of the Children's Growth Council, our ECCS body.

Next slide please. In thinking through how we look at ECCS, home visiting, our home visiting expansion grant applications thought about the ways that it could not only tap into what existed for infrastructure components within the early childhood system but also saw opportunities to be able to enhance the system and raise the bar, an opportunity for the whole early childhood realm.

For instance, professional development and training, there are certainly training opportunities that are not just specific to home visiting that can be shared across systems. We have in Maine a professional development registry for early care and education known as Maine Roads to Quality.

We had as a result of our ECCS work, brought in a track specific to home visiting known as the Family Education and Support Professional which then we were able elaborate on and become and build into the home visiting credential.

What this does is also provides us with an electronic record of training participation, post-secondary education documentation and an easy way to help assure compliance from the state perspective of reviewing these standards of practice along with performance-based measures for each of our contracted agencies.

In addition to professional development, we have a good model for data collection and analysis. We are able to use our Web-based data system to bridge more than just home visiting but also support our partners in the home-based option with early Head Start because our data system collects the kind of information that can be shared across systems.

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We also very clearly saw that because this was bigger than just direct service, coordinating among multiple projects at play seemed to make the most sense. And we looked at our Project LAUNCH effort in one of our counties here in Maine and that effort really had a golden opportunity to look at how nursing and home visiting helped to bridge for families facing multiple challenges. An improved way to engage families, particularly those with children who would be spending time in the NICU, and also facilitate coming home hours away from the regional hospital to a support system that was going to help limit the number of rehospitalizations that many of these children had to face.

So we were able to use our LAUNCH experience and the evaluation data from there to inform how we might enhance our home visiting service which in and of itself has also been able to adopt one of our ECCS projects which is collaboration coaching from our Department of Ed partners.

And we're really looking at how to engage at the local level partners who've known each other for a long time but really needed to have the sit-down, difficult conversations around what it is that each other does so that we can support enhancement of the service and reduce unnecessary tripping over each other as we're trying to support families.

Next slide please. So as I've noted that we have a data system and analysis, accountability and evaluation which coming from a data geek like myself prior to coming into state government really seems to help support and drive the ECCS work. If we can prove that what we're doing makes a difference, it makes it a whole lot easier for us to demonstrate that the money that is being spent is being well spent and we are being good stewards of public funds.

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So what we have - and beyond just the evaluation elements that have come with the new federal funding - we've had an ongoing evaluation which included the standards of practice and - as well as the outcomes for quality assurance. Are we following our evidence-based model with fidelity?

We've really taken advantage of leveraging maternal and child health epidemiologists who are partners with state government. And we've made - taken those opportunities with that data and the information and the evaluation to bring things back to the Children's Growth Council as a venue for public hearings or forums on our findings such as the needs assessment that all of us had to do back in 2010.

Next slide please. Like any project, there are, of course, challenges that get in the way. And one of them is that prevention isn't a priority of the administration. And since we've been in more than one administration since ECCS began, I think that the concern about prevention being a priority anywhere is probably one that you all face.

As it comes down to limited resources, how do you get beyond the concept that we need to continue spending on crisis and really start to focus on limiting those crises? I'm certainly preaching to the choir, I'm sure.

Because of the same person issue with me not only holding the role as the ECCS coordinator but as the home visiting administrator, we did have the challenge of the perception that home visiting was a pet project of me as a staff person to that Children's Growth Council which then accompanied other claims that it was duplicating other home-based services and even questioning whether or not the program itself had an evidence base.

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Next slide please. So how do you change perceptions? Well, one of the ways is that you find common ground for language and you find a consistent message. So in the course of working on our sustainability component of our home visiting project, we're really leveraging the work of the Children's Growth Council Communications Committee which has put together through the framework messaging, ways to promote the value of supporting young children early on in their development.

And that same message holds water whether we're talking about early care and education or home visiting. And having that consistent grounding allows us to keep a message that is going to resonate more with people when they hear the same message being applied to multiple programs within a system.

Next slide please. So how do we respond to some of those challenges? As I just noted, the messaging itself being consistent and out there through banners and so forth that are used by partners across the state, we've been able to increase the awareness of prevention programming and its value added to our state economy, our state work force, et cetera.

I no longer sit as a staff person to the Growth Council. Also we've engaged outside staffing support. And I now sit as a non-voting member according to the state statute representing Title V on the Children's Growth Council.

As we're doing our work - and of course we're entering almost into year two, really getting to the crux of one of the concerns and issues around duplication, we're really starting now to recognize that we have to acknowledge that we're serving different populations and we're making use of these collaboration coaches and that model from our Department of Education partner as a way to help support things not only at the local level but at the state level.

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And of course, as you know, Parents as Teachers which is the evidence-based model we've adopted, is recognized as an evidence-based program. So we've been able to dispel the myth that home visiting in Maine was not evidence-based.

I think at the end of the day, though, it really boils down to our ability to look at multiple ways to use the resources that we have in place already and identify opportunities that we can leverage not only for one program that we believe in but for other parts of the system that also support that singular program.

Next slide please. So I've included the link for our Children's Growth Council, our state's Early Childhood Advisory Council, the Maine Families Home Visiting Program itself, where we publicly list all of our federal home visiting efforts and then, of course, my contact information if you have further questions.

Susan Stewart: Great. Thank you so much, Sheryl, for sharing that information with us. And I really think one of the key components that you talked about was that idea of finding the added value for other programs and having that mindset of looking for opportunities for intersections where those different programs can be integrated. So thank you very much for that.

And I would like, then, to let you know that our next presenters are Eric Bellamy and Rosemary Wilson from South Carolina. And I believe that Rosemary is going to speak to us first.

Rosemary Wilson: Yes, I will. Good afternoon everybody. I just want to say that - I know I'm speaking for Eric here as well. And that is that we feel very honored to be presenting today to all of you. We know very much how much we've learned from our cohorts over the years.

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And today listening to the presenters from Montana and Maine has been very reassuring that I think you're going to hear some of the common themes that we've all struggled with, maybe from a different viewpoint with different words but - and I know that all of you on the call have likely felt those same ways.

Trying to change the slide. Okay, whoops. Back to the daisy, I guess, the logo that we have definitely found helpful to discuss a system because it gives us a visual image and helps us understand what that system word means. It's been very helpful to be able to look at something and, begin, to kind of talk around that.

I like to refer to the circle in the middle as really the sweet spot because I think that's where we're all - what we would all like to see is that all of these systems are working well together and families are getting what they need.

The ECCS grant, I think a lot of the plans or all the plans that were developed can be found at that Web site that I've got underneath the flower which I think would be really helpful for those of you who may not be familiar with your ECCS plans, to take a look back at that, see who has been involved with it in your state.

It - I want to reiterate something that was already talked about and that's the fact that this grant was for planning in the beginning stages when - for you to develop an implementation plan, \$100,000 a year for planning time with \$140,000 being the average, \$140,000 for implementation.

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That just emphasizes to me that the breadth or the wideness that we go in looking at systems but how the money that comes from the MIECHV grant can help us go deeply into an issue or one of the flowers of the - one of the petals of the flower.

So they complement from the fact that we were able to plan - spend some good time planning first and now have already built some understanding at the state level and at the local level for how do we go deep now and what are we going to do with our home visiting?

So as we mentioned, ECCS started as planning grants which was, I think, very, very smart to do. It doesn't mean they weren't already planning efforts and strategies so - before. There were many efforts going on in the state before ECCS came along. So again, I think I'm echoing what I heard others say which is building on the strengths that your state has in the work that's gone before.

They were making progress before. Why would we want to start things over? So I think that's one of those universal truths. South Carolina's planning was organized around a leadership team. And the leadership team then went off into the five areas of the petal - of the ECCS petal - to work more - with more detail on each of those areas.

We combined the parenting and the family support petals into one. And in that one group, we really heavily focused during our training period on home visitation.

Do you want a collection of brilliant minds or brilliant collection of minds? When we come together now I think the kind of group that's helpful has been one that, you know, they know of what they speak. They have experience in - for example, in home visitation. And we need people who can help us put the pieces together to find a consensus about what's working, what's not and what's needed to happen in a way that we can move forward as a whole.

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And in the case of home visitation, not as program by program because we have several here but as a whole, what are our programs doing and how are they doing it together? How are they meeting the needs? And then how can we meet their needs through some work on infrastructure?

What?

Rosemary Wilson: I'm trying to go back and not forward. Can someone help me go back? Back one more. And one more, okay. Sorry.

Our key leadership, our ECCS leadership team or what Dena has described as the state team is composed of those that represent the center of the flower, the sweet spot of the flower. They're leaders in their area and in the areas of the various components. So they're very important to have those folks at the table who can think about change, think about solutions and know how to move from ideas into action.

We know that we need to look at the systems or how they work or how they don't. And it's critical to have key partners who can look both within and across their silos of knowledge. It's also important to have partners there with you, setting up issues around articulated needs and engage in problem-solving together.

It's also important that your partners can influence change and know how to move from ideas to actions that address a more comprehensive and coordinated system for parents and their young children.

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This is just a flash of the entities that are represented on our council. Again, I'm sure that you have similar teams that may not be called this but have been involved in the same kind of work. So again, I urge you, ECCS contact home visitation. Home visitation, contact your ECCS folks.

If not - and I like the idea that I think Montana brought up about addressing the tangles. Things are tangled. And if you give folks a neutral setting to explore their ideas and share information and make connections and really grapple with the issues and come up with something that they can work toward together.

Where everyone can pull in a common direction to improve their services and systems because we all know that collaboration is no small feat. It takes work and willingness to listen and listen and listen some more.

Again, these are the areas that we focused in our ECCS planning. And I don't think there's one of those that aren't really what families face when they're raising a child. They need to engage in all of those systems. So it's really critical for us to work on that together instead of in isolation.

This graph just shows briefly how some of our strategies affect - that are affected - or affect home visitation sort of rolled out. Our early care in education folks have long been working on those core competencies, learning standards, guidelines. And we really started to look at that in terms of parenting and family support.

I'm going to look down at the bottom on where we talk about building across sector professional development system in parenting and family support which aligns home visitation, early care and Part C. So those were all in our discussion of strategy before the MIECHV plan came along.

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We also can't leave out medical homes. We have a very strong medical home partnership in working in systems. They were able to get a grant and we have 18 pediatric practices across the state, working on a variety of quality improvement and quality improvement measures.

Interconnected with - interconnectedness with community resources is a key component of medical homes. So it's - and I know the doctors that we work with certainly think of home visitation as an extension for them to work with families.

And we had - actually the person who is on our leadership team wrote the - from the American Academy of Pediatric - policy statement that was written in February of 2009, Dr. Francis Rushen wrote that role of pre-school home visitation programs in improving children's developmental and health outcomes. So that may be a resource if you haven't seen to look at how you might - can work better with medical homes if you're not involved with those.

Our social/emotional work, that crosses all the domains that you see represented there. And Eric's going to speak some - very specifically to you about how we worked on those in home visitations.

This is my final slide. I just really felt like this quote was something that - it's something I think everybody can relate to in systems building and collaboration that you can chip away and chip away and chip away at something and think it's never going to crack and it's not going to budge. And the hundredth and first blow, it will split in two. This is about using a chisel to carve stone.

The last blow isn't what did it. It was all the ones that had gone before. So I urge you not to get discouraged and to look for those partners that may be there you have not met before. And with

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that, Eric is going to go a little bit more specific into some things that MIECHV has done. So I'm turning it over to you, Eric.

Eric Bellamy: Thank you ma'am. I appreciate it. I think I can advance here.

Susan Stewart: And while Eric is advancing his slide, we - it looks like we may run out of time for questions and answers live. So what I'd like for you to do is while Eric is speaking, post your questions in the questions box so that we can be - get back to you on your burning questions. Thanks so much. And Eric, take it away.

Eric Bellamy: Okay, thank you. And I'll try to catch us up a little bit. So as Rosemary said, as we were - we are the Children's Trust and we were designated when legislation for MIEC was brought down in 2010 by the Governor's office to be the state lead for the program.

In 2011, our newly-elected Governor upheld that appointment. And through our program we really look at two aspects of home visiting. One, we, of course, do service provision with our local partners to work in their local communities to do the programs that are out there and to really build a continuum of care with those local programs.

We actually support six models here in South Carolina and - which is a big task. But we knew on the forefront that as we were building this system that it was going to be - we needed a lot more than just our macro level folks. We needed those micro level folks and a lot of those people that were already doing good things with the ECCS.

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And the other part of what we do is we - you know, of course we do infrastructure building through the - through our plan and around work force development, technical assistance, advocacy, for home visiting and early childhood systems.

As an agency, the Children's Trust, we are state lead for child abuse and neglect and intentional injuries. So we have many affiliates that we work with in several different programs under our umbrella. And it's very similar to the structure of ECCS and some of the partners that are already at the table.

So we knew of the natural fit to really have ECCS at the table and not reinvent the wheel on the plans and systems that are already doing good things around early childhood. But we decided that, you know, because of the good rapport we already had with Rosemary and the ECCS partners, you know, it was very beneficial for us to go ahead and bring this to the table and work off the plans that were already put in place prior to the MIEC program.

Many of the plans that - and reports and a lot of the data that came out of the early stages of the ECCS we used during our implementation or our planning for implementation of the program.

So again, it was a team effort and we really looked and we really knew that it was going to be a good marriage between ECCS and the MIEC efforts and really building a comprehensive system because we knew that one would uplift the other and be very supportive of each other.

The program itself - and just a brief overview and Rosemary mentioned it briefly before - is that our umbrella is really our HV coalition. We built our coalition as kind of our steering committee and our advisory on the macro level, on the state level. And we built two different subcommittees from that.

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However we knew - and most of you that - or all of you that work on the MIEC know that, you know, the legislation mandates that you have several key partners at the table.

In addition to those, we wanted to bring some other partners as well, the Governor's office, PACOS which is our Latino advocacy and outreach agency in the state, Family Connection who works with families with children and - with disabilities, our Department of Ed, our March of Dimes, our campaign to prevent teen pregnancy. And many of these folks were already at the table with ECCS. They're on the leadership team there.

So again, it was a natural fit. They were already working on systems building. So it helped us really streamline our approach to how we were going to get this program off the ground and get it rolling.

The two subcommittees that came out of our coalition that currently work on our coalition is our evaluation team which is over data collection and CQI which involves several of our ECCS partners and local folks as well. And that's chaired by our evaluation team.

And our HV team which looks at infrastructure and implementation of programs, they really work on - you know, some of the things that they're tasked with are working on technical assistance needs, work force and professional development needs, recommendations for quality standards and core competencies around not just home visiting but building in the early childhood system and the comprehensive system with that.

So it's all a good CQI process that has all come together and they - and it all flows around each other. And we're proud of the efforts there because - and one of the things that we knew would be

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a natural fit was Rosemary as the ECCS Coordinator, being the Chair of that HV team and that implementation of infrastructure subcommittee.

So the few examples, another example of how we kind of blended two systems - or the two programs is that as we were planning our first home visiting summit - well, actually our second home visiting summit, we recognized that there was - the connection between home visiting and the ECCS strategy to replicate to Help Me Grow initiative in South Carolina.

In 2009, ECCS partnered with the Greenville Children's Hospital to become a Help Me Grow replication site. The goal was to have a Help Me Grow statewide call center to focus on identifying developmental delays early and a referral to community services for folks that were seeking services.

The Help Me Grow replication project is funded by the Kellogg Foundation that is led by the developmental pediatrician, Dr. Paul Dworkin out of the Children's Medical Center in Connecticut. Because of this affiliation, Dr. Dworkin agreed to be the keynote speaker for our 2011 Home Visiting Summit sponsored by the MIEC.

And additionally, a Help Me Grow call center can help screen parents for eligibility to local home visiting programs as well as to support home visiting staff by maintaining a directory of services for families in their local communities. So it's kind of similar to 2-1-1 in local communities. But it really works with developmental needs for families.

And if you're interested in learning more about the Help Me Grow system and the system design, a recording of Dr. Dworkin's keynote here in South Carolina can be seen on the Help Me Grow Web site. And that is the link that you see in the middle of the page there. Additionally you can

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also find out if your state is currently a Help Me Grow replication site, as they are also listed on this slide here.

So again, that was a good example of how the ECS - ECCS plans helped mold some of the things that we were going - that were going on our home visiting initiatives.

A final example that I wanted to share that many of you know that the - this pyramid model here is something that is built around - that the ECCS plans are built around. And when we talk about the flower and social and emotional development, we worked to design - one of the pieces that we were working to design under the MIEC or the MIECHV is our professional development efforts every year as part of building the infrastructure.

One of the things that we did was we split - we blended funding for a Train the Trainer event with ECCS on a training for the Center for Social and Emotional Foundations of Early Learning Practices. The use of the CSEFEL training was identified as a strategy in the ECCS implementation plan.

And in 2010, our Department of Social Services, which is our Block Grant entity, at the time - excuse me - invested in the curriculum that secured an experienced trainer for South Carolina. The first (core) of the trainings were technical assistance providers for child care. In 2011, ECCS funded another (culvert) of trainees from every region - regional office of Department of Mental Health.

We built off of that and in 2012, we were thrilled to join these efforts and co-funded a training for home visitors around - and parenting staff - specific to these initiatives. We seek to build

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knowledge across the system about nurturing and responsive relationships and to use the CSEFEL model and early childhood spectrum as one of our key strategies.

So where are we now? And where are we looking to go?

Susan Stewart: Eric, this is Susan. I see that we are almost at the end of our time. And I was wondering if perhaps we could take the information that you were going to share at the very end and add it to our follow-up email so that folks can get that information?

Eric Bellamy: We can.

Susan Stewart: Would - will that work for you?

Eric Bellamy: That is fine.

Susan Stewart: Okay. I apologize for everyone for the technical things that have made it - shortened our time together, especially apologize to the presenters who had to condense their time. And thank you very much to all of the presenters for taking the time to prepare and to practice and to share your interesting and valuable practical stories with us that can help us move forward in our work.

And if you would please move to slide 70 that has potential next steps on it. Okay, as we mentioned earlier, we will have the questions and answers addressed. I can see that there's been several questions that have popped into our question box. And we will be sharing those answers in our follow-up email.

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And of those things that the presenters talked about there are three things that kind of jumped out at me that are really important for that essential kind of front-end work in order to make these changes happen. And each of them spoke to each of these potential steps about intentionally build personally - personal relationships, demonstrating the "what's in it for us" factor and securing leadership to buy-in and support integration.

If you can turn to the next page - slide please. I want you to take note of the Webinar goals. Scan them. Maybe even jot down some - something about them that you want to either pursue on your own or you have questions about or something that gave you some more information.

The presenter contact information is now in front of you. And we can go back to that slide if you'd like. And then finally you can get the PowerPoint slides and additional information on our Web site. And that will be up after we've had a chance to go through the 508 compliance audit to make sure that all of the materials meet those standards.

So if you would forward to that slide please. There we – oop -- and there you will have that information and the link to that information.

Once again, thank you all, our presenters from Montana, Debbie Hansen and Dianna Frick, from - Sheryl Peavey from Maine, Eric Bellamy and Rosemary Wilson from South Carolina and also to Dena Green for her set - for setting the stage for our time together.

Thank you all for your time attention. And we will be getting back to your questions as soon as we can. Have a great day everyone.

Female: Thank you.

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Operator: Ladies and gentlemen, that does conclude today's conference call - Webinar. Once again,
thank you for your participation.

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