U.S. Department of Health and Human Services
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Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Technical Assistance Coordinating Center's

Webinar
"**Better Results for Children and Families Through Systems Integration**"
January 21, 2014
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Presentations by:

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Deborah Allen, *Director, Child, Adolescent and Family Health, Boston Public Health Commission*
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Operator: Please stand by. We're about to begin.

Good day and welcome to the MIECHV TACC "Better Results for Children and Families Through Systems Integration" Conference Call. Today's conference is being recorded.

At this time, I would like to turn the conference over to Miss Kim Bradley. Please go ahead.

Kim Bradley: Thank you. Welcome everyone to the Maternal Infant Early Childhood Home Visiting Technical Assistance Coordinating Center Webinar: "Better Results for Children and Families Through Systems Integration."

We are glad that you've joined us today for what we are viewing as a kickoff to a series of webinars that will explore early childhood systems integration. Today we will be focusing much attention on examples of local communities implementing home visiting systems, early childhood

systems and even multi-sector systems of care. Needless to say, we have a very exciting and informative hour planned today.

I would like to welcome our presenters and panelists for today's Webinar, Dr. David Willis, Director of the Division of Home Visiting and Early Childhood Systems for the Health Resources and Service Administration's Bureau of Maternal Child Health, Amy Fine, Senior Fellow with the Center for the Study of Social Policy and we have three panelists representing three local level systems of care: Dr. Deborah Allen, Director of Child Adolescents and Family Health with the Boston Public Health Commission, Tana Ebbole, Chief Executive Officer with the Children Services Council of Palm Beach County, located in Florida and Kiko Malin, Family Health Services Division Director with Alameda County Public Health Department in California.

We can - you can read their full bios in the email that was sent to all registrants earlier today. Thank you again, Dr. Willis, Amy, Deborah, Tana and Kiko for being on the webinar today.

Today's webinar is brought to you by the Material Infant Early Childhood Home Visiting Technical Assistance Coordinating Center, otherwise known as the MIECHV TACC. The TACC is funded by HRSA and staffed through ZERO TO THREE and subcontracted partners Chapin Hall, The Association of Maternal and Child Health Programs and Walter R. McDonald & Associates.

The TACC provides different levels of support to MIECHV grantees using ZERO TO THREE and other partner staff, along with numerous expert consultants and in coordination with other TA providers.

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My name is Kim Bradley. I am a TACC TA Specialist with ZERO TO THREE. I will be moderating the Webinar today and Christy Stanton, who is also a TACC TA Specialist, will be manning the question box and assisting during the Q&A portion of today's Webinar.

We have three objectives today. The first being to learn about the impact and opportunities systems integration and collaboration can have on early childhood, discuss concrete steps communities are taking to move towards systems integration in an effort to enhance services to high need families and explore challenges grantees are experiencing related to systems integration.

The agenda today will cover the review of our GoToWebinar platform, a welcome and opening remarks from Dr. Willis, a presentation by Amy Fine on systems integration and then we'll move to a Q&A session with our panelists and presents and finally, a brief wrap-up.

Just a few reminders about our new platform, GoToWebinar -- first, listening through your computer is no longer available so in order to participate, you must dial in to the webinar. The number is located on your control panel. Also, the new method of sharing is posting questions and questions will remain private until the organizer has posted a response.

In order to post a question, please see the control panel which is located to the right of your screen. At the bottom of the panel is an open text field. You should see it above the words GoToWebinar. Type your questions in this section labeled "enter a question for staff," see number one on your screen.

Next, click the send button as shown there on number two. At the top left of your panel is an orange arrow. You can click the arrow to hide or show your panel throughout the presentation and please feel free to post questions or comments at any time during the webinar today.

Again, I'd like to welcome Dr. Willis, Director of the Division of Home Visiting and Early Childhood Systems for HRSA's Maternal Child Health Bureau. Thank you, Dr. Willis, for joining us today. I'm going to turn it over to you.

David Willis: Fabulous, hello everybody. Thank you, Kim, for that kind introduction and for helping us organize today's exciting event.

I can't tell you how excited I am that we - first of all, with the number of you that are attending to listen to this webinar, that really focuses specifically on the integration work that is so essential for all of our home visiting activities. As you know, I began with HRSA in the Maternal Child Health Bureau with this Division of Home Visiting Early Childhood Systems about 15 to 18 months ago and I came here because of the huge opportunity that home visiting can have with systems and communities to make dramatic differences.

So many of you are aware of the early childhood comprehensive system programs that we've had for a number of decades - for a decade that has helped set the foundations upon which now the expansion but for many states already was a home visiting system has now been really building out to states we noted, notable differences from children over time.

You know, we really are witnessing an unprecedented opportunity with early childhood presents with its successes of our work with home visiting in the way that it's organizing communities at the local level as well as at the state level.

You know, we all know that building health and education readiness for the next generation requires that we embrace a - the one find of early planning and child development and you all know that our work across systems with our ECCS colleagues and others as well as our home visiting is all about utilizing the relational work of building capacity for the next generation. But it's the systems integration work that really will determine the kind of outcomes we can see as a result of our home visiting and I say to say many people it is only binding the connections to communities that the strength of our Home Visiting Programs can be built.

Can I have the next slide please?

You know, we all are focused on building brain and forging futures. That is this Early Brain Childhood Development Focus. It's through this work that we're focusing on promoting early childhood foundations of life's course health because we all know now that the foundations of lifelong capacities are established so very early, prenatally, postnatally, perinatally and certainly in the first 1000 days. It is through this work that we're building the capacities of human learning, social-emotional functioning, social well-being, the engagement and worth ethic and working with others and all the social-emotional functions happen so very early.

And in many ways, our work is about promoting kindergartner readiness, promoting relational health and social-emotional functioning and focused intently to mitigate the toxic stress effects that we know can disrupt developmental trajectories and not allow children to achieve the outcomes that we would wish.

But the foundation of our work is strengthening the systems and supports around the unique and specific needs that families have beyond just what we can do in our day-by-day work with being

in families' homes. It is about how we are aware of the systems and supports around families and as they trade knowledge, challenges or as they acknowledge needs, we can be responsive to know what systems and availabilities are present to make a difference.

Can I have the next slide please?

It's so very exciting, isn't it, about our home visiting program that began 2010 through the Affordable Care Act and being a part of the Social Security Act of Title V. You know, we're in year four moving towards year five of our investment and as you all are aware, we are now in all 50 states, D.C. and 5 territories that have both formula grants as well as competitive grants.

We have, as you know, our tribal teams with us have 3% tribal set aside. We have 25 tribal grants in 14 states. We have over 540 local community - local implementing agencies across states in more than 700 communities with services and programs.

We've had a dramatic expansion of our services and our programs over the last five years committed towards improving the life span and the life capacity so - again, the children as well as the self-sufficiency and strengths of families.

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And we know our goals are clearly articulated. And we have a space, home visiting, is targeted to improve prenatal, maternal and newborn health, child development, parenting skills, an array of academic achievement and the strengths of families. But one of our major also goals is to strengthen and improve the referrals and provisions with community resources and the support of therapists and that's been - that's a striking gratification to witness as I had the opportunity to

travel across the country meeting with grantees and with regions learning how the systems integrations and processes are happening very much at the local level, very organic, very individually determined by the people, the commitments, the opportunities and the leadership. I'm so proud of our home visiting programs and that kind of effort.

Next slide please.

And we really are increasingly strong by the sum of all of our parts working together. The impacts across systems with multiple stakeholders in efforts together towards raising the capacity of all children in a local community towards improved outcomes. That it becomes broader than just home Visiting as an agenda. It is with our Early Childhood Systems and collaborators that are in our agenda and vision can be met but even broader with a broader community realizing that we need to make dramatic shifts of this country's young children and populations.

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It is through the collaborations that have actually brought that our hopes and goals can be achieved, not only through the foundational work of our early set of comprehensive systems that are in every state that have been doing the work for a good long time. People are well experienced with multiple connecting points and goals that have been ever more targeted towards mitigating toxic stress or improving child care quality or developmental screening. But we have other uniquely and important collaborators that are likewise in the same space.

The Help Me Grow initiatives in multiple states are likewise working on building these threads of connections to resources and supports and an accessible phone entry and resource bank that can be available for so many people in the community beyond just home visiting including the

health systems and our early childhood care and education system to know the access of dual systems.

We also have SAMSHA's effort around LAUNCH, which is organized around the mental health needs and the support to local communities. I am aware of how partnerships that are being built with child welfare and looking at how we can support the most vulnerable families with intentional efforts.

There are states that are emerging to look at the relationship between home visiting and Part C, IDEA activities and I hope you're aware that we have now about 30 states that have building bridges grantees in child health, American Academy of Pediatrics that are directly linked with early childhood systems trying to build connecting points at the local level between home visitors and the medical homes. Stay tuned to the leadership of your chapter in terms of then the work to collaborate systems across health and development.

We also have the Race to the Top Early Learning Challenge states as well as those that are working with, you know, health lines work and the TECCS Systems transforming another type of community systems and others.

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And there - all of these efforts are building on but increasing ways of process of collective impact that is focused on activities of - at a collaborative table of multiple stakeholders that are focused on a common agenda, local communities starting to focus upon a share measurement strategy that demonstrate improvements in child health and development and family capacities, all of which is multiple stakeholders in early childhood education systems and collaboratives working to

mutually support each other in their differences and in their similarities around this vision building

a communication process has intent and requiring to have a backbone organization that

organizes and maintains this work over time.

Next slide please.

So it's all about these first 1000 days of work. It's about building brands and forging their futures.

It's about focus on the earliest relationship patterns and building their sturdiness intently. In this

way, we can break generation transmission of abuse, AIDS transmissions and toxic stress

mitigation but it's by partnerships.

It's about a culture of quality, measurement and accountability that is so much embedded to all

this work. These become population approaches and become the ways in which we drive

innovations forward and in this way, we realize the proven wise sustainable investments for

young children in young traumatic outcomes.

I'm very excited about the work we're going to be hearing from my colleagues today, especially

the team that's been amassed and I want to thank TACC for bringing us all together and I'm

eager for you to hear from our colleagues that are really focused on ways in which they can

operationally move, early childhood systems to improve outcomes in the local communities and

more easily so. Thank you very much.

Kim Bradley: Thank you, Dr. Willis, for your welcome and providing a great frame for our discussion

today.

At this time, I'd like to again welcome Amy Fine, Senior Fellow with the Center for the Study of Social Policy. Amy has worked with many states and local communities as they have planned and moved towards integrated early childhood systems of care. Welcome, Amy, and I'm going to turn it over to you.

Amy Fine: Thanks very much Kim. I'm delighted to be here.

Let's start with our first slide. I'm delighted to be here to discuss building comprehensive integrated early childhood systems at the community level.

Let's - next slide please.

And I always like to start with acknowledgements to my friends and colleagues. I've stolen their ideas in slides freely. The mistakes are mine and the great ideas are theirs.

I want to give a special thanks to my colleagues at EC-LINC, the Early Childhood Learning and Innovation Network for Communities, which is a new initiative that's jointly sponsored by the Center for the Study of Social Policy and the Children Services Council of Palm Beach County.

Next slide.

We're going to cover three topics today in a very short period of time so in the interest of moving along, let's go to the next slide and get started.

The first topic I want to talk about is moving from individual programs to early childhood systems and I think that starting question is, "What do we actually mean by an early childhood system?"

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Let me say from the get-go that if you're not 100% sure about the definition of a comprehensive integrated multi-sector early childhood system at the local level, you should rest assured that you are not alone.

There really is no one agreed-upon definition in the field but I think it's useful to start with just the definition of a system and, of course, there are several definitions in the dictionary but I pulled out three that I think are particularly relevant to our work around early childhood systems. So the first definition of a system is, "a group of interacting interrelated or interdependent elements forming a complex whole." The key points here are complexity, lots of moving parts and as Dr. Willis pointed out, the whole is greater than the sum of the parts.

The next definition is - for a system is, "a functionally related group of elements," and the operative word here is function so the point here is that the elements come together to do something, to accomplish something you could not - we could not accomplish with one element at a time.

The final definition I want to point to is my all-time favorite, which is a system is, "a condition of harmonious orderly interaction," and for any of us who've ever worked with a system or tried to start a system or interacted with a system, I think you'll agree this is an aspirational definition but I think it's one we should really keep in mind as we move forward.

So let's go to the next slide.

Now I want to go back to the question of, "what is a community-based integrated early childhood system at the local level and how does it differ from other efforts focused on early childhood?" I

think that this graphic is really helpful. I like it a lot. It was - and it actually explained the range of early childhood work that's going on in communities across the country.

Rachel Schumacher developed it based on findings from 119 communities that responded to a survey that had Early Childhood LINC conducted last summer, which was part of our initial mapping of Early Childhood Systems initiatives across the country. So these were all communities that responded saying they wanted to be part of a broader network to work on comprehensive early childhood initiatives at the local level.

And here's what she found. There were five big categories that responded and fell into. The first in that center circle is a child and family program, an individual program such as individual home visiting program that serves both children and their families.

The next level up is a multi-service agency and that would be an agency that administers more than one program or service for children and families that may or may not be connected or made more coordinated for the families but it's under the same administrative umbrella.

The next ring up is a community hub and the defining feature here is that a community hub has colocation of services and supports for children and families to make it easier for those families to actually access the services and support so this is basically a one-stop shop. The pieces may or may not be coordinated for the families but they're all in one place, which is fabulous.

The next level up, the green ring, is coalitions councils coordinated community services and here we're getting closer to alignment across services and supports. The definition that we've used is, "multiple community agencies across several sectors that convene to share information to plan to develop a limited set of shared goals and/or advocate for children and families." So you see the

pieces coming together but not quite as aligned or as intentional as Community-Based Integrated Early Childhood Systems, this last ring.

And here's the definition that Rachel's put together based on our responses from our communities, "a comprehensive cross sector system of support, services and opportunities that operate under a shared set of principles and goals," so the principles and goals are driving the operation. Some key functions are joined and, for example, would be budgeting, financing, intake case management and/or data collection and analysis.

And finally, the system analyzes impact longitudinally at the population level so the focus is on the impact for the population, not just on the individual programs and looking at that impact over time. Again, these are working definitions so we would love to get your feedback either during the Q&A or email to me or Rachel. Our contact information is at the end of this slide deck.

Let's go to the next slide.

For a related question or topic that I think we need to cover here is given this concept of what an Early Childhood System is, what actually makes Comprehensive Early Childhood Systems at the local level effective? And from my work both with EC-LINC and some other work that I've been doing over the last six, eight years on early childhood systems and type-based initiatives, I think there are four big building blocks.

The first is a focus on population and on place and again, the focus on population is making sure that we're focusing on the impact for the children and the families that we're trying to serve rather than on the impact for our program. And I added a place here because we actually - all of us know over the last eight, ten years has really been a growing awareness of how important the

environment is in which kids and families live, learn, work and play and can very much impact the development of children and their families so this focus on population and place is a really important building block.

The second is - second key building block is shared goals and results and I want to put the emphasis here on results. Most of the really fabulous early childhood comprehensive systems initiatives that I know about use results to drive change and have a very robust data set that issues to follow those results and to continue to use the data to drive change.

The third big building block that I think is really essential is a - the service system piece and that's aligning and enhancing services and supports. Two points I want to make about it - it needs to be aligned both within and across sectors so both vertical and horizontal and for those of you who just heard me present before, my usual rant is really, really important to include both universal and targeted services. You have to have both and they need to be linked and the reason is that if we're trying to bend the curve for populations, we really need to change the number to decrease the number of children and families coming down the pipeline that have high-end needs.

So you do that through universal promotion, prevention, early identification and early, early intervention and at the same time, you still have to have those high-end treatment and intervention programs that serve kids and families. So that combination is really important.

The last big building block that I really want - that I want to focus on is that also very, very essential is going beyond services, going beyond service systems and that is the exemplary early childhood systems that I know about, really have a focus on systems change and capacity building. One of the things I've learned from my colleagues at the EC Link is the value - the importance of valuing the role of families as first teachers, as care coordinators, as long-term

guardians for their children and the way that we value that is really to help build the capacity of families and the communities they live in to increase the opportunities to lead and succeed.

So that focus that goes beyond the services themselves to a new way of doing things and building capacity is really important and under share is where I would put addressing social determinacy and including the build environment.

So let's go to the next slide.

Now I want to drill down a little bit more on what it means to move from individual programs to integrated systems with a bigger focus on Home Visiting and so here is a diagram that's similar to the graphics you saw earlier but I simplified it and made it home visiting centric. So here I had just four big categories and I want to talk about each of these configurations.

Individual Home Visiting Programs, the next ring up is the Home Visiting System, third is the linkage between Home Visiting and other services and supports, other systems and finally, a Community-Based Integrated Early Childhood System. The one point I want to make on this slide is that it's not a linear - necessarily a linear progression.

You don't have to go from an individual program through each of these layers to get to a Community-Based Integrated Early Childhood System. You could very conceivably be an individual program that becomes part of a broader Early Childhood System but these four configurations I think are useful in thinking about how do we move to a systems approach.

But let's go to the next slide.

And this is the same diagram kind of in cross section and here I want to make the point that moving from program to systems is more than just scaling up to a larger program or larger systems. It actually reflects changing - a changing perspective from what's needed if we are to effect insisting a change for young children and families so, for example, if you're just starting out with an individual home visiting program, here are the questions you might be focusing on. I know these are probably a little bit small on your screen but let me read them to you.

If you're an individual program, you're going to focus on how do I get my program up and running, how do I fill my slots and how do I maintain quality and reach benchmarks? And I don't have time at this presentation to actually ask for a show of hands even electronically but I would bet my bottom dollar that 99.9% of you who are doing home visiting programs were focused on these questions in the first two years at MIECHV. In fact, I would guess that many of you were obsessed with these questions in the first two of getting your programs up and running and that's totally appropriate.

We really have to get our own houses in order before we move forward so those are the questions at an individual program level. At some point, though, you're going to run into a - either getting people that you're going to have to turn away families, you're going to have to turn away because they don't fit your criteria or not having the right families come to your program and are not getting the families that you need that will really fit your program.

And so at that point, you might start asking the following questions, "How do we link families to the right programs to get the best results at the individual and population level? How do we identify all the families in need and how do we improve results across the population?" And that's when you start thinking of putting together a Home Visiting System so those are the questions

you might be engaged with if you're putting together a Home Visiting System that brings together different home visiting programs.

At some point, whether you're an individual program or a home visiting system, you might - you're going to run into a wall essentially and that is in getting the service and supports that go beyond our usual service and supports so getting the access to service and support to other systems such as housing or job opportunities or education opportunities or affordable child care. So at that point, you start asking the question, "How do we connect our families to other services and sectors and services?" So how do I get those slots for my families?

And then at some point you might turn those questions around and ask the question, "How do we better connect with and work with other service systems to better support our families?" And when you start thinking along those lines, that's when you start developing systems that link with other service systems and that's a really important piece.

Finally, at some point, you make get to the point where you think, "Well should I be doing this as a one-off? Should I be doing this one sector at a time or is there a better way to do this to actually connect our families?" And that's when you start asking questions like, "How do we integrate across systems to improve results for the families in our communities? How do we develop shared values, strategies and results and what new systems and infrastructure do we need?" And those really are the questions that get you to developing an integrated multi-sector system for early childhood.

So I'm hopeful that that's helpful and let's now then move to the next slide.

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In this section, I want to actually give you some concrete examples of what's going on across the country in moving from MIECHV to early childhood systems. Let me say that from the get-go that we're really, really lucky to have three principles and - from three of the initiatives that I'm going to mention right now as our panelists for the Q&A and that's Kiko Malin from the Alameda County - from Alameda County Public Health, a MIECHV grantee, Deborah Allen from Boston Health Commission, also a MIECHV grantee and Tana Ebbole from the Children Services Council of Palm Beach County, which is a Comprehensive Integrated Early Childhood System.

Let's got to the next slide.

And again, I'm going to do a very short version. I wish we had more time but this is an example of an Alameda County Public Health, helps us provide an example of a home visiting system of Care and this is work that was done in collaboration with Alameda County's First Five, which is an Early Childhood Comprehensive Systems initiative that's sponsored through a tobacco tax in California. So what they did is they put together ten home Visiting programs into an Integrated Home Visiting System, which has common intake, common training - joint training sessions.

They work together on best practices. For instance, they have a reflective practice - convening reflective practice groups, they have a shared connected database, they've got a pilot for financial coaching and they've also added mental health staff. So imagine yourself as an individual Home Visiting Program that's part of this system. It certainly gives a lot of advantages to those of us who are Home Visitors but also great advantages to the families that were being served because they're connected to programs that are enriched by this set of activities and by the sharing of data and they are very likely to be connected more easily and more efficiently to the right program at the right time for their needs.

So the one other thing I wanted to say about what's going on in Alameda County is that they're thinking of their next steps. First is to sustain and institutionalize and sustain their Home Visiting System, which is really important. We all know about sustainability but the - and the second piece is they're actually already starting to think about, "Well how do we go through a broader system?" So they're thinking about how to nest their services within a broader system, support for families so they can address social determinacy and health.

Let's go to the next slide.

So here I want to talk about an example of home visiting linking with another sector. In this case, it's housing. Both of these examples were - really the impetus for both of these examples and both of these efforts was - came from the Home Visitors themselves who in both cases said, you know, "What - we're really having trouble finding housing for the families that we're working with."

So the first example is the Boston Public Health Commission, healthy start in housing initiative and they are a MIECHV grantee and basically what the health department did in response to the home visitors really is pointing out the great needs out there is the Health Department worked with the Boston Housing Authority to designate 75 Housing Authority units for pregnant women who are medically at risk and homeless or near homeless. And the deal is that the Health Department provides case management over a three-year period for the families and the Housing Authority designates these units. It's a win-win for both. The Housing Authority gets much more stable residents and, of course, the case management can work much better because we have stability in housing so this is a great example to me of Home Visiting working to change policy and to integrate across systems.

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On the other side of this page you'll see this slide. You'll see the California Home Visiting Program. This is a state-level effort again responding to the Home Visitors citing the need for housing.

At the state level, the California Home Visiting Programs Work Group said, you know, "We can help to work on some of these policy issues. We can't expect the individual home visitors, each one at a time to figure out what's out there and what are the resources that are needed for housing. Let's give a hand here."

So they reached out to partners in the housing sector, explained to them and gave them kind of an update on what MIECHV does and explained the issues. They gathered resources from the Housing partners and then shared those resources with the local sites and as a result, several of the sites have added Housing representatives to the Community Advisory Boards, putting in the infrastructure for a linkage with the other system - with another system and the California Home Visiting Program is currently about to release a brief on Housing and Home Visiting. It's currently in review.

There will be additional steps. I don't know exactly what they will be but this is a great example of them putting in the infrastructure with another sector to build systems across sectors.

Let's go to the next slide.

So on this one I want to talk a little bit about a comprehensive and integrated early childhood system. It is going to be very, very short-tripped. I'm sorry to be so brief about it but I really wanted to point out kind of how these pieces come together for a broader Early Childhood

Systems Care, which I think is quite exemplary and that's the Children Services Council of Palm Beach County.

So here on this slide I've listed the four big building blocks that we talked about earlier. The Children Services Council in Palm Beach County is funded through a tax - millage tax on property and with the specific purpose of improving the lives and outcomes for children in the county so it's county-wide. It's a placed focus and the population focus they've chosen is prenatal through age eight. These are earliest years.

They have shared goals and lots of important results. Here are some of their big picture goals -- children are healthy safe and strong -- again, big picture goals. There's lots and lots of data that's backing these up and they really, really do use their data to drive change.

On the aligned service and supports, I've listed only two big - two of their big initiatives. The Healthy Beginnings Network, which I will describe in a minute, and then they also have access to quality, early care and education so they're very much involved in early care and education and subsidies for early care and education and scholarships to quality child care.

Finally, there's a piece on - fabulous piece on capacity building and communication change. They have something called, "The Bridges Initiative," which is ten neighborhoods across the county where they work closely with community, family and provider partners to really build capacity in those communities and have a fabulous way of looking at long-term sustainability of that capacity building.

So let's go to the next slide.

I just want to show you an example now to see an EC-LINC Program. Again, this may be a little hard to read but when you print it out it'll be larger. This is an example of their Healthy Beginnings Targeted Individual Child and Family Interventions so what they have is a universal risk factor screening for pregnant women, for newborns and for young children and that's followed by a centralized intake that links families to a range of needed services and supports including home visiting. So they're really connecting the right services to meet - families to the right services to meet their needs and undergirding it all is a fabulous data system -- the Healthy Beginnings data system which is an integrated client information system that captures data on the families served by Healthy Beginnings System.

And you'll see at the very, very bottom there's a little green pentagon there that is the Child Care Early Care and Education piece and so again, that's connected.

But picture yourself as a home visiting program within this broader system and imagine the array of services and supports that are available to you and to your families to help move things forward.

So let's go the next slide.

In the last couple of minutes I've been asked to talk about challenges, opportunities and next steps.

Next slide please.

And very briefly, I talked - in talking with both over the years and particularly asking those that I interviewed for this presentation, there are kind of three sets of challenges for the families and the

programs that are serving them through home visiting. When you ask folks who are on the big picture and - of having developed early childhood systems, they talk about they're seeing challenges at the front end and the back end.

The front end is making sure that there is universal screenings, early identification and linkage to services and supports that we actually are finding all those families in need and intervening early.

And in the back end, they have concerns about making sure that there is continuity after families graduate from Home Visiting and other targeted intervention so they want to make sure in their communities there are enough services and supports there to keep building that capacity.

And then in the middle -- and this is true for whether you're talking to the larger early childhood home visit -- early childhood systems or individual home visiting programs - there are the ongoing needs of fitting families - connecting families with services and supports that are generally from other sectors, housing -- the usual suspects -- housing, job and education, domestic violence programs, quality affordable child care.

So those are big challenges that are facing us but now let me go to my last slide to the final opportunity for the next step and that is briefly, the MIECHV Programs - I think there's an incredible opportunity here right now. MIECHV Programs are now up and running and they're - really and truly are ready for next steps and so I think this is a great time for you to be thinking about what's going to come next and how can you connect to broader systems of care and how can you build them.

At the same time, as Dr. Willis has pointed out, this broader landscape that's out there is there's a unique opportunity now. We have a window in which we can start to act to build this

infrastructure. There's interest in early childhood. The world has discovered early childhood here in the U.S. at least at Federal, state and local levels for both public and private sectors so I think there's an incredible opportunity now for MIECHV Programs to work to build early childhood systems.

I want to urge you to join, jump-start and help build those integrated comprehensive community-based early childhood systems. You have a really, really important role to play. You really understand the families so I think it's time for us to all work together, roll up our sleeves and get started.

To help you, let's go to the last slide.

Here are some resources of the folks that you're going to be talking to and will be part of our panel and I will also add that Children and Families Commission of Orange County, which is another Early Childhood - Comprehensive Early Childhood Systems initiative out in California.

So I want to thank you very much. Last slide.

Please feel free to contact me. I'd love to continue this dialogue in any way shape or form that's useful to you and now let me turn it back to Kim.

Kim Bradley: Great, thank you so much Amy. A lot of information you just shared, you know, will help us kind of think and really kind of continue this Q&A discussion here and we're lucky to have the three panelists that are from the local communities that you just referenced.

So with that, we are going to move to our Q&A portion of the webinar. I encourage you to post any questions you may have for our three panelists, Dr. Deborah Allen with the Boston Public Health Commission, Tana Ebbole with the Children Services Council of Palm Beach County and Kiko Malin with the Alameda County Public Health Department.

As Amy highlighted in her presentation, they really have a tremendous amount of experience both in planning and implementing Integrated Home Visiting, Early Childhood and Multi-Sector Systems of Care.

We actually did get quite a few questions submitted to us during the registration process so I'm going to start with a few of those. So Kiko, I think I'm going to start with you.

Kiko Malin: Okay.

Kim Bradley: How are you? Great, thank you. Welcome Kiko.

Kiko Malin: Thank you. Thank you for having me.

Kim Bradley: So what enabled you all -- because I know this is kind of relatively recent -- what enabled you all as a community to move from a series of Home Visiting Programs to an Integrated System of Home Visiting services?

Kiko Malin: Well thanks Kimberly.

I think there were really two principal driving factors that have pushed us in this Home Visiting integration process and one was that First Five, as Amy mentioned, which is funded through

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in collaboration with the Administration for Children and Families.

tobacco tax. It's a declining revenue stream because fewer people are smoking which is good for the public's health but not so good for that pot of money that's been dedicated towards early childhood work in California.

So we've been working very closely with our First Five partners over the years and when I say we I mean the Alameda County Public Health Department, which has a number of different home visiting programs. Many of them are funded through First Five in addition to other sources so we've been, you know, hand-in-hand with First Five all along and when knowing that the money was going to be decreasing, we really felt that there was a need to build a system that would be more efficient that would reduce duplication where home visiting programs were coordinated where we could have a centralized intake, all of those kinds of things to make the best use of funds.

The other thing that pushed us was that we knew the MIECHV monies would be made available through the Affordable Care Act soon and we wanted to really understand what the landscape was of home visiting programs in our county in preparation for applying for those monies. So we hired actually an outside research firm to look at all of our - we had about ten programs at that time.

They did a comprehensive review and understood what the commonalities were between the programs, what kind - how their data bases differed, what sorts of outcomes were they collecting, what differing successes did different models have and in preparation for the application so we could kind of say, "This is the landscape and this is how the MIECHV monies will fund a new family partnership program that will enhance these services and fit into these services."

So those things really pushed us to think about how we could instead of having these ten different programs operating on parallel tracks come together into a system with more braded funding streams, common outcomes, common standards across programs and better training for all the staff, the home visitors, both nurses and outreach workers that within - there were within the system in order to result in better quality of care for the community.

Kim Bradley: Thank you Kiko. I think that landscape analysis is so critical to really jump-starting this work, you know, kind of knowing what is in your neighborhood, so to speak, so that you can kind of organize and work together. That's great. Thank you so much for sharing that.

Kiko Malin: Sure.

Kim Bradley: And then Deborah, welcome today. Thank you for joining us.

Deborah Allen: Hi. Thank you.

Kim Bradley: One of the questions that we had was, you know, "What were some of the key elements that helped the integration and partnership occur between the home visiting and housing systems of care?"

Deborah Allen: Well I - the first I think was that it turned out that life course theory, which is very much a driving force of the work of my department as a whole and particularly my bureau, Child Adolescent and Family Health, was of tremendous interest to our what turned out to be great partners at the Housing Authority who were fascinated by the idea that if you prioritized housing for pregnant women and reduced stress for pregnant women you were not only helping the immediate generation you were housing but were potentially helping their children and even their

children's children, which was just sort of a mind-blowing idea for them. Because it certainly is to people needing housing but the impact that we were suggesting it might have was, you know, that sort of difference between being homeless when you give birth and not being homeless when you give birth and how important that was from a health perspective was really a new lens for them. So life course theory was very important.

The other thing is that they traditionally have a lot of difficulty on - I mean they're good folks, at least in Boston. They turned out to be a lot nicer and the, you know, shared our concerns about clients and have historically had a lot of difficulty holding on to residents who are young families because the families get in trouble and their kids make noise. Their kids disobey rules.

They have a relative who, you know, is not - who makes them non-compliant with Housing Authority guidelines because of a query issue and they're young and inexperienced so they get in trouble and they lose their housing and the Housing Authority folks hated that. You know, the turnover, the churning they went through was very destructive to stability of the whole system of Housing and so they were very excited about the idea of in-depth case management that we could offer as a way to support families in housing.

And I have to say that that required us to take a very close look at the quality of our home visiting and our case management and really develop an intensified skill set, be very selective about who did those home visits and very insistent about a very high level of skill because we really want to problem solve. We don't want any of our clients kicked out of the housing and that's a high standard to achieve given the track record.

So it was really this combination of a shared set of values at the highest level in terms of what we all want for clients and recognizing the Housing Authority's incentive and how those could be matched sort of like parts of a puzzle, matched to our own to define some joint goals.

Kim Bradley: Thank you, Deborah, for that response. I know it's like creating that win-win both for the home visiting program but it also sounds as if the housing folks were just as eager. What a great partnership you were able to establish there. Thank you.

And then Tana, welcome.

Tana Ebbole: Thank you.

Kim Bradley: You know, today when we were asking folks to register, one of the questions that we asked them to respond to was around the challenges that they experience related to systems integration and multiple, probably the most popular response was around the turf issues and the programs or agencies that work in silos. So I just was wondering if you could share how you all have addressed these types of challenges in Palm Beach County.

Tana Ebbole: Yes and what I will share right up front is 15 year later, we still have turf issues and nibbling silos that exist and part of the challenge is that it is a continuous effort to keep working through it and that continuous effort for us really began by brining everybody to the table early, early on and framing for the whole community across multiple sectors -- home visiting, education, housing, food, mental health, substance abuse and developmental services and child welfare -- is if we really are going to achieve the kind of child outcome or results that we're looking to achieve in our community of children being born healthy, free from abuse and neglect, ready for school

and on grade level at the end of third grade, that all of us played a role in that and there was no single sector or organization that could achieve this on ourselves.

And so we went through a process working with Lee Shore and Vicky Marchand to develop a what we called a pathways document and this was in conjunction with our community members and in laying this out, we mapped all the elements that were critical to get to those child outcomes so that everybody saw that they had a place and a role in that process. It also meant that from that point forward, we continued to convene all the players on a fairly regular basis to look at what was our progress, where were we using data to look at what was happening to moving to becoming more sophisticated in which when we develop data systems, convening all the system partners that you saw in the chart that Amy showed you plus other partners outside of the CSC system on a regular basis to look at what is happening to the families that we're identifying and bringing forward and participating in that - in the service delivery system.

So what this means is that there has - that there is a tenacious and intentional convening, bringing people together and that that is a function unto itself that is around keeping the work moving, keeping people at the table, re-challenging ourselves to let go of turf to move out of our silos and that is a continuous process. We have, frankly, never gotten to Amy's harmonious state. We have moments of harmony but we have never gotten to the harmonious state so it really is around continuous, consistent, convening, looking at data, problem solving together, looking at where we're missing gaps and having the - our colleague who we're working with be people who identify those problems and help solve those problems.

Kim Bradley: Thank you Tana. I mean that's a - I think we're all trying to strive for Amy's third definition there but I appreciate the list of concrete steps that I think are very valid and realistic for, you

know, many of us regardless of the stage that we're currently at within systems integration. So

thank you.

I'm going to turn - I'm going to check with Christy Stanton who's been manning our question box.

Hi Christy.

Christy Stanton: Hello.

Kim Bradley: Do you have any questions?

Christy Stanton: We do. We've had several submitted and I did apologize to people that if we don't get to

them to today, a reminder that they will be addressed post-webinar but I think we have time for

one question and I will address this to Kiko Malin but perhaps others would like to chime in as

well.

Several of the panelists mentioned engaging mental health entities in integration work and the

question is, "how did you engage mental health entities and agencies specifically in this work as

they are often separate from general early childhood or home visiting efforts?"

Kiko Malin: Well that's a fantastic question and I will say that it's been a long road and that we are just

now becoming successful in having discussions with our behavioral health care services agency

about placing a couple of mental health specialist into our Home Visiting System and to be frank,

the success of these conversations has a lot to do with a change in leadership at Behavioral

Health Care. Somebody with a different perspective is now in charge and is understanding the

need to integrate services across systems even within our own health care services agency so

Behavioral Health Care and Public Health are under the same umbrella of health care services agency but the agendas were extremely siloed and the agendas have been very different.

And we now have leadership at the helm of both of those departments now that are more visionary and that's really helped. It's been a trickle down to some degree to allow us to have conversations with Behavioral Health Care about this and the model that we're envisioning is that we would have two specialists placed with us that would be funded through - they would be able to bill Medicaid, which is not something that we can currently do in Public Health. We leverage Title XIX funds through TCM and FFP but we don't bill Medicaid directly for services and having these folks in our system would allow them through the Behavioral Health Care mechanism to draw down medic health funds for the services that they're providing.

So we're extremely excited about this. It's very - it's just beginning so stay tuned. I hope that we will have success with this because I feel that it's really - it's the way forward to really build those bridges among even our own agencies to be able to provide a better service to children and their families in the community.

Kim Bradley: Thank you Kiko.

Christy, are there any other questions from the chat box at this time?

Christy Stanton: Yes, there is another that I will address to perhaps Dr. Allen or Tana Ebbole would like to respond to and this has been mentioned as people were describing the development of their systems but I wonder if you'd like to add more. "How do you deal with the issue of place and neighborhood when the community really doesn't identify that way?"

Tana, do you care to answer that one?

Tana Ebbole: Sure, I'll start.

The - what we've done here in our county -- which we're a very large geographic county with 38 cities in our county plus unincorporated parts of the county -- and what we did is work very hard to identify using the data. Those areas in our county that the outcomes for kids are based on if you look at ACES and look at community indicators, the children who are born and being raised in those communities are set up to fail by virtue of that data and it would be the exception for those that succeed.

And so using that data, we then drilled down further to identify those geographic areas that do consider themselves to be a community or a neighborhood and there is clear pocket that there is self - that there are self-identified within our county that see themselves as a community and actually have an interesting level of identification with those neighborhoods and communities. And so it became important that we took the time to figure that out and that included going door-to-door to every single family and resident in a defined geographic area to get their opinions and thoughts about what was their community, what was their neighborhood.

So that was part of that identification but I also think it becomes important that -- at least from our perspective -- doing that neighborhood place-based work cannot be done without also doing the county-wide work because those neighborhoods and people residing in those neighborhoods are also connected to the larger county-wide support and service delivery system. So the neighborhood work is integrated into larger coordinated county-wide efforts as well so you - but it's really looking at how we create the interplay between the two as well as being respectful as

we identify those neighborhoods and places that we were working in, the residents and what they considered to be their neighborhood.

Kim Bradley: Great, thank you so much Tana and really quick, Deborah, and our - in about minute or less if you can before we wrap up, would you mind sharing kind of your perspective or a local community's perspective around the assistance or support that is helpful coming from the state MIECHV Grantees, for example, that help local communities move towards systems integration?

Deborah Allen: Well I think, you know, at the most obvious level, sort of making sure that state resources are available to our programs. I mean obviously, you know, WIC is an obvious example. The things that where the state is really sort of the manager of the system of care, early intervention is also very large in Massachusetts and very important to our families so assuring that they are thinking about how to integrate with us is really important.

Also that they're asking us what's going on for our clients and whether the systems they manage are, you know, sort of adequately addressing clients' needs. I mean that sense of being a voice for the people we serve and we're not, you know, the people we serve are obviously a voice for themselves as well but respecting our experience is a very helpful part of the relationship.

So, you know, I think there is - and then also, educating us about what they're hearing as working in other parts of the state, their being something of a clearinghouse. It's a very important relationship to us.

Kim Bradley: Great, thank you so much and thank you to all of our presenters and panelists for being on today and really helping to kick off this conversation.

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So as I shared at the start of our webinar today, this is the first in a series of MIECHV TACC webinars that will focus on various aspects of early childhood and multi-sector systems integration.

Our next Webinar is schedule for February 25th and we'll focus on integration with behavioral health, which was great timing for the question that came in also.

An announcement with the registration link will be sent out in the coming days. Additional webinar topics within this series will include Collaboration with Systems Serving Children and Families Experiencing Homelessness and Unstable Housing Arrangements and Systems for those Experiencing Intimate Partner Violence.

Also, VisTa, which is the TA center for the tribal grantees, is hosting a webinar this week on Thursday that focuses on collaboration between state and tribal communities within MIECHV. For more information on that Webinar, please copy and paste the registration link that was just now added to the question - or to the chat box.

Also, the MIECHV TACC webinar -- excuse me -- newsletter will be coming out in February, of course, and we will include a lot more detailed information about the three main components of the Children Services Council of Palm Beach County's Early Childhood System of Care, which both Amy and Tana touched on today.

And as Christy mentioned, we will be including responses for any questions that we weren't able to get to during the Q&A portion today.

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For more information and an archived copy of this Webinar, please visit the MIECHV TACC web site using the link on this slide. The slides were sent to you in advance and we will send them again following this Webinar. It will take a few weeks for that to get uploaded and then, just as a reminder to further improve our TA for the MIECHV Program, we would encourage you to complete the feedback form you will receive via email from Stefan Bishop of Walter R. McDonald and Associates. Either today or tomorrow that will probably come out.

So thank you for attending and have a great day.

Operator: This does conclude today's conference call. We thank you for your participation.