

## Health Equity and Young Children Exemplary Programs

### Child First

**Child First** is a two-generation, home-based, psychotherapeutic intervention that works with very vulnerable young children, prenatal through age 5 years, and their families, most of whom have experienced significant trauma and adversity (including poverty, domestic violence, maternal depression, substance abuse, and homelessness). The goal is to decrease serious mental health concerns in child and parent, child developmental and learning problems, and abuse and neglect. Child First began in Bridgeport, Connecticut in 2001. Teams of mental health clinicians and care coordinators provide home visits that respond holistically to the family, including psychotherapy to foster a responsive, nurturing caregiver-child relationship to heal the effects of trauma and adversity, connection to comprehensive services and supports, and scaffolding of executive functioning skills. Child First has shown strong research results. A randomized clinical trial found statistically significant improvement in young child mental health, language development, and maternal mental health; reduced involvement in child protective services; and connection to comprehensive community services and supports. Evaluation through six years of replication has continued to show these strong outcomes. Child First is one of the HRSA designated, national, evidence-based Maternal, Infant, and Early Childhood Home Visiting (MIECHV) models. Child First has established a National Program Office to support replication through state affiliates that include a clinical director as well as home visiting teams.

**HEYC Convening Participant:** *Darcy Lowell, Connecticut National Office*

### The Children's Clinic (TCC)

**TCC** was founded in 1939 in the greater Long Beach Community in California, to provide access to health care for all children. Particularly since 1990, TCC has expanded to twelve community centers, several in elementary and middle schools, that provide a comprehensive approach to healthy child development throughout the community, with a mission "to provide innovative, integrative, and quality health care that will contribute to a healthy community, focusing on those in need and working with patients and the community as partners in their overall wellbeing." TCC has reduced disparities in health through offering a medical home that goes well beyond medical care and responds to legal and social concerns and partners with children

and their families. TCC's includes a multi-disciplinary team of physicians, nurse practitioners, mental health professionals, medical legal partnership (MLP) and health educators to provide preventive, acute and chronic care for children and adults; prenatal care; care management; behavioral health screenings and counseling; health education and outreach; eligibility screening and enrollment; interpretation and translation; and referrals to community resources. Most recently, TCC implemented the Everychild Bright Beginnings Initiative to screen pregnant mothers and parents of young children for protective factors and exposure to childhood adversity and toxic stress and to provide interventions and referrals for those most at risk. TCC became the first organization in Los Angeles County to be certified by the National Council for Behavior Health as a trauma informed organization.

**HEYC Convening Participant:** *Elisa Nicholson and Jina Lawler, Long Beach, California*

### **Florida Maternal, Infant and Early Childhood Home Visiting Initiative – Early Childhood Comprehensive Services (ECCS)**

FL Maternal, Infant and Early Childhood Home Visiting Initiative – ECCS is involved in the development of early childhood system of care to promote developmental screening, linkage to services with a particular focus on building a continuum of care starting at birth (home visiting) through kindergarten entry (early learning & child care).

**HEYC Convening Participant:** *Carol Brady, Florida Site*

### **First 5 San Diego's Healthy Development Services (HDS)**

HDS operates through a number of pediatric health care settings and community sites in San Diego County to provide developmental check-ups for children birth-to-five and to follow up, where concerns are identified, through parent coaching, classes, workshops, and therapy. HDS further works with a wide range of community providers and organizations to ensure parents and other caregivers have the help and support to address developmental and behavior child health concerns. HDS has shown individualized gains, after even brief interventions, in either behavioral or development areas of concern for most of the children served. Qualitative findings have shown an increase in parent-child interactions among participants in the program. Moreover, HDS has shown impact in improving the communication and collaboration between practitioners and parents and with community providers. In 2015, HDS received the prestigious designation as a Bright Idea from the Government Innovators Network, a program of the John F. Kennedy School of Government at Harvard University.

**HEYC Convening Participant:** *Lily Valmidiano and Nathan McFarland, AAP-San Diego, California*

## **Healthy Steps for Young Children (Healthy Steps)**

**Healthy Steps** originated in 1996, with partnerships formed with 24 pediatric and family practice sites across the country in 1997. The goal of Healthy Steps was to design and test a new approach to primary care for young children that would focus upon supporting parents in nurturing their child's development. Healthy Steps specialists who were nurses, nurse practitioners, child development specialists, and social workers, were integrated into the primary practice to respond to the family's needs for information and support about their child's healthy development. The 2003 national evaluation of more than 4,500 children served by 15 of the original Healthy Steps sites showed impressive gains in improving family participation in well-child visits, in securing child immunizations, in increasing positive motherchild activities, increasing the sensitivity of parents to their children's cues for attention, and in reducing the use of harsh disciplinary practices – all related to the safety, stability, and nurturing in the home environment recognized as foundational to healthy child development. Through a national resource center, Healthy Steps continues to be replicated and adapted and further evaluated for its impacts. One recent research article on a Healthy Steps site, Montefiore in New York City, showed very positive impacts by age five not only on parent-child interactions and child social, emotional, and cognitive development, but on body weight and reduction in obesity (bmi>.95)."

**HEYC Convening Participant:** *Anita Krolczyk, Anita Berry, La'Tasha Lee, and Catalina Ariza, Illinois*

## **Help Me Grow (HMG)**

The pilot **HMG** program began in Connecticut in 1997, with a National Center established in 2010 that now serves and supports 25 affiliate states replicating the HMG system model. HMG serves all young children (birth to eight) and their families through early identification and response to children at risk of developmental or behavioral concerns. The HMG model includes four components: (1) child health provider outreach and support to conduct developmental screenings and make referrals to HMG; (2) a central utility and access point (call center) providing telephone care coordination to ensure successful linkage to information and community services; (3) community outreach to serve as a conduit between local programs, the call center, and practitioners and to facilitate networking activities, operating as a community utility in this respect; and (4) data collection that tracks progress and provides for continuous improvement in responding to children and families and tracks progress toward reaching goals. HMG has demonstrated greater effectiveness in family engagement with resources in their community, both specific to their children's developmental concerns and to their overall family well-being; strengthening of protective factors known to impact child optimal development; and some overall reduction in the use of higher cost medical services through earlier and more community-based responses to child and family concerns.

**HEYC Convening Participant:** *Kimberly Martini-Carvell and Von Jessee, National Office*

## **Maricopa Integrated Health System (MIHS)**

**MIHS** is the only public, non-profit teaching hospital and health care system in Arizona, providing primary and specialty health care in Maricopa County (including Phoenix). Almost all MIHS's patients are low income, and virtually all young children are covered under Medicaid, if they have any health coverage. MIHS operates a care coordination/medical home model which uses trained care coordinators to provide services to children birth through age 5 and their families, employing evidence-based clinical guidelines and measuring progress on improving outcomes for children with developmental delays and asthma and on promoting healthy nutrition and weight. MIHS has demonstrated substantial gains, for individual families served and on a population level, in improving family engagement and healthy child development. Key to its operations is the warm handoff from the practitioner to the care coordinator, depending on the child's or family's need for services, and an individualized care plan developed for all families. MIHS has incorporated, through funding from First Things First, five Family Learning Centers as places that support families in providing safe, stable, and nurturing home environments. Family Learning Centers typically provide weekly classes on parenting skills, child development and nutrition. The centers serve as sources of information about child development and parenting skills, and house other activities for children and their families that promote social connections and healthy activities. MIHS incorporates this work into its graduate medical education (GME) training, with long-term expectations for creating the next generation of primary child health practitioners that integrate such an approach into their own practices.

**HEYC Convening Participant:** *Glenda Ramirez, and Julia Kelly; Maricopa County, Arizona*

## **Medical-Legal Partnership (MLP)**

The first **MLP** program was established in 1993 at Boston City Hospital (now Boston Medical Center), the largest safety net hospital in New England. Its success in responding to patient, family and community health-harming social and legal needs has led to substantial adaptation and expansion, with a National Center for Medical-Legal Partnerships established in 2006 to support this work. MLPs now are present in 292 health care institutions in 36 states. MLPs first were initiated in pediatrics, but now exist in a range of primary care and other medical settings. MLPs embed legal professionals into the health care team to identify and respond to the social and legal issues that jeopardize patient and family health and stability and contribute to stress. MLP legal staff is available to address such issues as evictions and utility shutoffs, difficulties securing SSI and other benefits, legal issues affecting employment, and other justice issues that jeopardize health. In partnership with health care providers, MLP legal staff provide individual advocacy for patients and families as well as engage with the larger community to resolve systemic issues and support policy changes aimed at improving community health. The MLP approach also includes training and support for health professionals to help them identify and address the social determinants of health, with the goal of creating an environment for robust

inter-professional collaboration to achieve the best outcomes for patients. In its more than twenty years' experience, MLP has demonstrated its effectiveness in stabilizing families of young children so they can provide a nurturing home, removing environmental risks from the home itself, and supporting young children's engagement in evidence-based programs to improve their health and development.

**HEYC Convening Participant:** *Carrie Chapman; Chicago Site*

### **MYCHILD & PROJECT LAUNCH MA Partnership for Early Childhood Mental Health Integration**

The SAMHSA-funded **MA Partnership for Early Childhood Mental Health Integration** designed and tested a model to address early childhood mental health needs at 7 Boston sites: 5 CHCs, 1 hospital clinic and Boston's Health Care for the Homeless program. Full integration into pediatric primary care settings and deployment of a unique two-person team – an early childhood trained, master's level mental health clinician and a trained “family partner” with lived experience – were key features of the model. Teams were linked to families via a warm hand-off by a pediatrician, based on screening or clinical judgment. Team activities included family case management and support, family, provider and community consultation and education around early childhood mental health needs, and short- and medium-term familycentered, dyadic care for children in need of intervention. Outcomes included reduced maternal stress and depression, improved child social and emotional health and improved provider satisfaction with the process of care. The model is now being replicated in three additional MA cities; an online toolkit offers guidance to other sites interested in replication.

**HEYC Convening Participant:** *Natasha Byars; Boston, Massachusetts*

### **Primary Health Care (PHC)**

**PHC** is a community health center with six primary care sites in Des Moines, Ames, and Marshalltown. Half of PHC's clients, and an even larger share of its young children, are covered under Medicaid; about ten percent are homeless at the time they receive services; and a large share of those with no health coverage are immigrants or refugees. PHC incorporates a team approach within each of its sites that enables primary practitioners to call in either a family support worker or a behavioral health specialist at the time of the office visit to respond to social and mental health concerns. PHC has added substance abuse treatment specialists that rotate around the sites and can be called upon for both consulting and direct patient care. Family support workers, most of whom are bilingual and have roots in the communities they serve, play vital care coordination roles in linking families to culturally and linguistically responsive community resources. These referrals include formal connections with Iowa Legal Aid for specific medical-legal assistance and First Five (a state program modeled after Help Me

Grow) for connections to early childhood developmental services. With funding under a HUD grant, PHC has established a housing initiative that works with area homeless and housing programs to secure safe housing, including its own outreach and medical care services to homeless shelters. PHC incorporates within its office visit Medicaid reimbursement structure a share of the costs for its family support and behavioral health staff and has a PMPM arrangement for enhanced care coordination for clients with more complex medical needs. PHC makes use of its footprint within underserved neighborhoods to be a locus not only for providing medical care but for connecting isolated families with sources of culturally and linguistically responsive support.

**HEYC Convening Participant:** *Bery Engebretsen and Heidi Shreck; Des Moines, Iowa*

### **Developmental Understanding and Legal Collaborations for Everyone (Project DULCE)**

**Project DULCE** supports families for the first six months following the birth of a new infant. Based at the infant's primary care medical home, a DULCE family specialist joins the healthcare team and provides additional support on healthy child development and parenting support by helping parents connect to both formal and informal community resources. The DULCE intervention incorporates a protective factors approach and draws on and incorporates components of the Medical-Legal Partnership model to ensure that families have access to the resources they need. Initially established as a research program at Boston Medical Center, Project DULCE improved parental knowledge of child development, better met family needs for concrete services, and successfully engaged and produced substantial gains in parental resiliency for families determined to be at-risk. The Center for the Study of Social Policy (CSSP) and city and county partners are testing the adoption and adaptation of DULCE in five localities within seven clinical settings across the US, including in three California counties (Alameda, Los Angeles and Orange Counties); Palm Beach County, FL, and Lamoille Valley, VT.

**HEYC Convening Participant:** *Patsy Hampton, National Office and Scott Johnson (Vermont Site)*

### **Safe Environment for Every KID (SEEK)**

**SEEK** model was developed through the University of Maryland School of Medicine to help promote children's health, development and safety and to prevent child abuse and neglect. This is done by enhancing pediatric primary care by identifying and helping address prevalent psychosocial problems such as parental depression. SEEK includes training of health practitioners, routine screening of families during children's checkups, collaboration with a social worker or behavioral health professional, parent handouts and follow-up. Two large randomized, controlled studies - one in an urban clinic serving a very low-income population and one in suburban private practices serving a middle-income population - had very promising

findings. The first showed substantial reductions in reported child abuse and neglect; the second showed significantly less use of harsh disciplinary practices and psychological abuse. In both, SEEK practitioners had greater comfort, perceived competence and improved behavior regarding their roles, and this was sustained for up to 36 months. An economic analysis of the cost of SEEK compared with medical costs associated with child abuse revealed substantial cost savings. Much work has been done to help interested clinicians implement SEEK, such as the online SEEK training videos.

***HEYC Convening Participant:*** *Howard Dubowitz, University of Maryland*