



Collaborative Models With A Focus Upon Pediatric Practice and Child Health

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In addition to the work being undertaken by the Child and Family Policy Center (CFPC) and the BUILD Initiative to develop a Collaborative Innovative Network (COIN) related specifically to primary health care, young children, and health equity, there are a number of other learning collaborative and learning communities/networks/ designed to improve child health through innovation and diffusion activities with practitioner leaders in the field.

Several of these are described briefly on the following pages. CFPC and BUILD will be working to keep abreast of the important work being undertaken within these networks and learning communities – and will seek synergy across these efforts as we develop the Health Equity and Young Children COIN.

Collaborative Innovation Network (CoIN) on Young Child Health

WHAT: The BUILD Initiative and the Child and Family Policy Center Collaborative Innovation Network (CoIN) on Young Child Health will enlist champions whose work focuses on expanding the role of both the primary health care provider and broader health care field in addressing the social determinants of health. Participating practitioners will create the CoIN work plan. The work plan will include strategies for follow-up activities that the participants will develop jointly to expand the knowledge base on effective practice that begins with the health care provider as a first responder when addressing the social determinants of health. The CoIN will build upon the *Health Equity and Young Children* framework for focusing upon primary health care roles in address social as well as bio-medical determinants of health in the early years and *The Healthy Child Story Book* in describing exemplary programs and practice elements which deserve to be further developed and diffused.

WHO: The Child and Family Policy Center is engaging in outreach efforts to identify health practitioner and policy and system champions. Among current contacts and programs that have agreed to participate in this work are: (1) Practitioner champions -- Paul Dworkin, Help Me Grow; Robert Sege, Project DULCE; Darcy Lowell, Child FIRST; Elisa Nicholas, Children's Clinic; Helen DuPlessis, Magnolia Place; Howard Dubowitz, Safe Environment for Every Kid (SEEK); Deborah Allen, Early Childhood Mental Health Model; and Rahil D. Briggs, Urban Hospital Foundation; and (2) Policy and systems champions -- Ed Schor, Lucille Packard Foundation; Amy Fine, Center for the Study of Social Policy; Charlie Homer, National Institute for Child Health Quality; David Willis, HRSA; Neal Halfon, Child Health Systems Transformation Initiative; Judith Shaw, National Improvement Partnership Network.

WHEN: Commencing Fall, 2015

FUNDER: Robert Wood Johnson Foundation

FOR MORE INFORMATION: Child and Family Policy Center www.cfpciowa.org, Angelica Cardenas-Chaisson acardenas@cfpciowa.org, and Mary Nelle Trefz at mnt@cfpciowa.org .

Home Visiting Collaborative Improvement and Innovation Network

WHAT: The Home Visiting Collaborative Improvement and Innovation Network (HV CoIIN) is a time-limited learning activity (18–24 months) that brings together a select group of Maternal and Infant Early Childhood Home Visiting (MIECHV) grantees and teams from local home visiting service agencies, with support from the Maternal and Child Health Bureau, to seek improvement in specific topic areas that are of concern to home visiting. Topics chosen for improvement include (1) developmental promotion, early detection and access to services (2) initiation and duration of breastfeeding and (3) alleviation of maternal depression. A fourth topic, is an area for innovation.

The overall aim of the HV CoIIN is to achieve breakthrough improvement in process and outcome measures associated with these topics. It also seeks to develop means to spread the initial learning and improvement more widely within participating organizations and to other MIECHV grantees and local implementing agencies.

WHO: The HV CoIIN has engaged 35 teams from 30 local implementing agencies across one not-for-profit, one tribal and ten state grantees of the federal home visiting program.

The planning staff and faculty together with program sites and experts developed a charter, a key driver diagram and a change package for each improvement topic. Staff and faculty provide technical assistance to sites testing and implementing the changes in learning sessions, monthly calls, among other support activities.

WHEN: Initiated in September, 2013 through a three-year cooperative agreement between the Maternal and Child Health Bureau and the Education Development Center, Inc. (EDC).

FUNDER: The Maternal and Child Health Bureau's (MCHB) Division of Home Visiting and Early Childhood Systems.

HV CoIIN Management Team and Faculty:

Project Sponsor: David Willis, Division of Home Visiting and Early Childhood Systems

Project Officer: Carlos Cano, Division of Home Visiting and Early Childhood Systems

Project Director: Mary Mackrain, Education Development Center.

Improvement Advisor: Mary Catherine Arbour, Brigham and Women's Hospital

Faculty Chairs: Paul Dworkin, Help Me Grow; Darius Tandon, Northwestern University; Joanne Martin, Goodwill Industries; Jon Korfmacher, Erikson Institute

COIN Consultant: Peter Gloor, MIT

External Evaluator: Deborah Perry, Georgetown University

FOR MORE INFORMATION: HV CoIIN's website: <http://hv-coiin.edc.org/about> or mmackrain@edc.org

Collaborative Improvement and Innovation Network (COIN) to Reduce Infant Mortality

WHAT: A multiyear national movement engaging federal, state and local leaders, public and private agencies, professionals and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes. The Infant Mortality COIN is designed to produce large scale social change by reducing infant mortality and health disparities across the country. The current national COIN focus has identified six strategy areas. Six national Learning Networks formed in early 2015 around the six identified strategies:

- Improve safe sleep practices
- Reduce smoking before, during and/or after pregnancy
- Pre/Interconception Care: Promote optimal women's health before, after and in between pregnancies, during postpartum visits and adolescent well visits
- Social Determinants of Health: Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes
- Prevention of Preterm and Early Term Births
- Risk-appropriate Perinatal Care: Increase the delivery of higher risk infants and mothers at appropriate level facility

WHO: Multifaceted groups of stakeholders from many disciplines and agencies and within and across state boundaries. In 2012, the COIN began as a regionally based initiative in 13 states from the southern and southwestern U.S., with six other Midwestern states joining the effort in 2013. In 2014, the COIN was expanded to the remaining 31 states and eight. National Institute for Children's Health Quality (NICHQ) and Maternal and Child Health Bureau (MCHB), as the backbone organizations, along with supports from partners including Association for Maternal and Child Health Programs (AMCHP), Association of State and Territorial Health Officials (ASTHO) and the March of Dimes, will coordinate the Learning Networks and provide the data reporting infrastructure for shared measures, an online community platform and expert technical assistance needed to promote continuous communication and mutually reinforcing activities within and across states.

WHEN: September 2012 to December 2013 (first regionally focused phase); September 2013 to September 2016 (current nationally focused phase)

FUNDER: The project is funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Service Administration (HRSA) in the Department of Health and Human Services.

FOR MORE INFORMATION:

Health Resource and Human Admin., Maternal and Child Health

<http://mchb.hrsa.gov/infantmortality/coiin/>

National Institute for Children's Health Quality (NICHQ) <http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality>

Moving Health Care Upstream (MHCU)'s Learning System: Innovation Network (CoINs)

WHAT: Moving Health Care Upstream is an initiative aimed at improving child population health outcomes by supporting efforts of the health care system to address the upstream determinants of child health through more effective linkages with partners in the broader health system, defined as the health care, public health and other health supporting sectors (e.g., education, child welfare, social services, community development, etc.) that contribute to a child's healthy development. The initiative's roadmap is guided by a driver diagram that shows a set of changes that could transform the health care system into a health system that optimizes health outcomes for children in the context of their families and communities.

One of the important interconnected networks that drive the MHCU engine is **an Innovation Network (CoINs)** that is made up of small groups of individuals who agree to take an innovative health system design idea linked to one of the MHCU drivers and develop it into an operational prototype that can be tested in a variety of health system settings. MCHU provides CoIN participants with technical support, coaching and facilitation to guide the testing of innovations in their organizations and systems. This group will work intensely to learn 'what works' and share more broadly with the field. They will also help to identify policy barriers that may hamper wider adoption of these innovative strategies. Sites will be arrayed in clusters for testing and prototyping population health system innovations, with expert support given to guide the testing of innovation and tools. Currently, MHCU is implementing the Risk Stratification and Contingency Planning CoIN. MHCU is led by a team of collaborators from UCLA and Nemours. The work is supported by an advisory board with experience in tackling innovation, improvement, and systems redesign.

WHO: Communities, Community Health Centers, and Community Health Systems across the U.S.

WHEN: Began in 2014

FUNDER: The Kresge Foundation

FOR MORE INFORMATION: Mischka Garel at UCLA (mgarel@mednet.ucla.edu) and Denise Davis at Nemours (denise.davis@nemours.org) or visit <http://www.healthychild.ucla.edu/ourwork/mhcu/> (official website for MHCU coming soon)

Pediatric Integrative Care Collaborative: Learning Collaborative

WHAT: The Pediatric Integrative Care Collaborative (PICC) project is part of the Center for Mental Health Services in Pediatric Primary Care housed at Johns Hopkins' Bloomberg School of Public Health. The goal of PICC is to raise the standard of care and improve access to services for traumatized and chronically stressed children, their families, and communities through integrated care. The Center supported a Breakthrough Series Collaborative (BSC). At the end of the BSC a Training and Resource Toolkit were created regarding BSC's findings.

The next step is the Learning Collaborative (LC) that will engage several 'early-adopter' partnerships to implement and test components of the Training and Resource Toolkit with the populations they serve, before revising it and releasing it through National Child Traumatic Stress Network (NCTSN). These teams will identify approaches that may be effective and practical in their environment. Through participation in the collaborative, the teams are supported through critical implementation steps while concurrently discussing their experiences with other teams. Typically, the topic of an LC is an evidence-based or evidence-informed practice. The topics include the promising integrated care practices emerging and how teams can implement them using the Plan-Do-Study-Act (PDSA) evidence within PICC.

WHO: 10 teams of pediatric primary care and mental health partners from across the country.

WHEN: The first LC began in December 2014. The LC participants meet in person, for three two-day Learning Sessions (LS) over a period of 9 to 12 months. During the time between the LSs, Action Periods occur, which involve teams meeting individually, implementing innovations, testing them with metrics for change, and sharing challenges and solutions within monthly conference calls across the LC participants. Faculty assist teams with consultation. An intranet is also used to support teaching, promote collaboration, and share resources during Action Periods. The next LC will begin December 2015.

FUNDER: Substance Abuse Mental Health Services Administration (SAMHSA)

FOR MORE INFORMATION: John Hopkins Bloomberg School of Public Health. Center for Mental Health Services in Pediatric Care http://web.jhu.edu/pedmentalhealth/PICC_LC.html

Center for Health Care Strategies (CHCS)'s Medicaid Accountable Care Organization Learning Collaborative

WHAT: A multiyear national movement engaging federal, state and local leaders, public and private agencies, professionals and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes. The CoIIN has identified six strategy areas that it will focus on:

- Improve safe sleep practices
- Reduce smoking before, during and/or after pregnancy
- Pre/Interconception Care: Promote optimal women's health before, after and in between pregnancies, during postpartum visits and adolescent well visits
- Social Determinants of Health: Incorporate evidence-based policies/programs and place-based strategies to improve social determinants of health and equity in birth outcomes
- Prevention of Preterm and Early Term Births
- Risk-appropriate Perinatal Care: Increase the delivery of higher risk infants and mothers at appropriate level facility

Learning networks are developing around each strategy, and every state, jurisdiction and territory has selected up to three learning networks in which to participate. National Institute for Children's Health Quality (NICHQ) provided project teams with technical assistance on how to incorporate quality improvement principles into their work. In the current, nationally focused phase, NICHQ was selected to lead the teams and provide the data infrastructure, online community and continuing expert technical assistance needed to support their efforts. NICHQ is working with several national partners, including AMCHP, ASTHO and the March of Dimes.

WHO: Multifaceted groups of stakeholders from many disciplines and agencies and within and across state boundaries. In 2012, the CoIIN began as a regionally based initiative in 13 states from the southern and southwestern U.S., with six other Midwestern states joining the effort in 2013. In 2014, the CoIIN was expanded to the remaining 31 states and eight territories and refocused on national collaboration versus regional collaboration.

WHEN: September 2012 to December 2013 (first regionally focused phase); September 2013 to September 2016 (current nationally focused phase)

FUNDER: The project is funded by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Service Administration (HRSA) in the Department of Health and Human Services.

FOR MORE INFORMATION: Health Resource and Human Admin., Maternal and Child Health
<http://mchb.hrsa.gov/infantmortality/coiin/>
National Institute for Children's Health Quality (NICHQ)
<http://www.nichq.org/childrens-health/infant-health/coiin-to-reduce-infant-mortality>

A Better Team for Children's Health Learning Network

WHAT: The National Center for Medical-Legal Partnership convenes Better Team for Child Health, a children's hospital learning network to build an integrated, interprofessional 21st century healthcare team. Participating organizations in the learning network have individually pioneered innovative medical-legal partnerships to integrate legal care into patient healthcare services over the last 10 years. They have seen preliminary improvements in patient health and adherence to medical treatments as well as cost savings for the hospitals. Now they are coming together and building on their individual practices with the aim of helping every children's hospital in the U.S. understand the connection between legal needs and child health and the urgent need for lawyers to join a better team for child health. The learning network will further study the impact of legal care on patient health and develop recommendations that will help every children's hospital in the U.S. understand the connection between legal needs and child health and build smarter interprofessional partnerships that improve the quality of children's healthcare.

WHO: Supported by the Advisory Board Company and Walmart, participants are

Children's Hospitals

Arkansas Children's Hospital
Boston Children's Hospital
Children's Healthcare of Atlanta
Children's National Healthcare System
(Washington, DC)
Cincinnati Children's Hospital Medical
Center
Texas Children's Hospital

Legal Organizations

Atlanta Legal Aid Society
Children's Law Center (Washington, DC)
Georgia State University College of Law
Houston Volunteer Lawyers
Legal Aid of Arkansas
Legal Aid Society of Greater Cincinnati
Medical-Legal Partnership | Boston

WHEN: Ongoing

FUNDER: Walmart General Counsel

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Early Childhood Development Early Learning Network

WHAT: The Early Childhood Learning and Innovation Network for Communities (EC-LINC) at the Center for the Study of Social Policy (CSSP) is a network of nine cities and counties that have come together to:

- Improve results for young children (prenatal-8 years).
- Jointly tackle the greatest challenges faced by young children and families in their communities.
- Accelerate the impact of community-based, integrated early childhood systems.

All nine members of the EC-LINC network have strong track records in improving services and supports for young children, in taking an integrated systems approach (across health, early learning, family support and many other domains) and in showing results. EC-LINC communities come together for joint learning, serve as laboratories to test and refine new approaches and lift up and share knowledge with federal policy makers, national leaders and other communities.

EC-LINC is launching a project to further test and refine Project DULCE (Developmental Understanding and Legal Collaboration for Everyone), a pediatric primary care intervention that provides a family specialist who meets with families of infants from 0-6 months in clinics serving low-income, high-need communities. It includes partnership with Medical Legal Partnership to promote healthy development, support early parenting and proactively address social determinants of health.

Additional work includes a collaboration between CSSP and the National League of Cities (NLC), designed to improve outcomes during the first five years of life for children in 16 Early Learning Communities across the United States, supporting the development of an Early Learning Nation.

WHO: CSSP and nine EC-LINC communities: Alameda County, CA; Boston; Denver; Hartford, CT; Kent County, MI; Lamoille Valley, VT; Orange County, CA; Palm Beach County, FL and Ventura County, CA; Project DULCE will be replicated in Alameda County; Los Angeles County; Orange County; Palm Beach County, FL; and Lamoille Valley, VT

WHEN: EC-LINC began in 2014; “Supporting the Development of an Early Learning Nation” began in May 2015; DULCE replication will begin in late 2015; other funding ongoing

FUNDER: Children’s Services Council of Palm Beach County, FL; Bezos Family Foundation; Anonymous Donor; other foundation support

FOR MORE INFORMATION: <http://www.cssp.org/reform/early-childhood/early-childhood-linc>;
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