PGCRC Executive Director's Report 10-8-19

Program Updates

Community Programs:

Summer is always an extremely busy time with many centers requesting onsite training for their entire centers. We have all-trainers-on-deck, with some days running three concurrent trainings in the community. Evaluations continue to reflect extreme satisfaction with workshop content and presentation.

Our partnership with PGCPS continues to thrive. We are seeing significant improvements in child care center programs that have received specialized training in the Social Emotional Foundations for Early Learning, and then follow-up coaching. This was part of our strategic plan, and it is clear that the coaching piece is truly what moves the needle quality in early childhood.

Our Directors Institute will be held on October 23 at Newton White Mansion. PGCPS is paying for our keynote, who will be presenting on adult resilience.

Dr. Goldson, CEO of PGCPS, will be attending our December 4th Directors' Holiday Luncheon.

Family Support Center:

Family Support Center programming is going well. In particular, we have the strongest staff in the child development room that we have ever had. The biggest strength of the program continues to be the partnerships in the community, demonstrated by the robust advisory board.

The program is seeing some impact from both stated and implied polices toward immigrants at the national level. Specifically, families are not willing to access some of the supports available to them because they do not want to be on the record as having received any public support.

We received a $50,000 grant to purchase a new vehicle and are ready to make a purchase. The 2005 bus has a trade-in value of a mere $3,500!

Healthy Families:

Healthy Families has just received notice that it has achieved re-accreditation by Healthy Families America! This is an incredibly arduous process that took nearly two years – but proves that we are adhering to the evidence-based model. Healthy Families is fully staffed.

With significant extra and restricted funding for Healthy Families, 13 staff (including Jennifer) traveled to Milwaukee in September for the Prevent Child Abuse America conference. PCAA is the parent organization for Healthy Families America. The trip increased everyone's knowledge and skills, and provided a venue for excellent team bonding.

Program Expansions

Family Connects:

We are at the start of implementing a second evidence-based home visiting model developed at Duke University. This came about following meetings with Dr. George Askew, Deputy Chief of Health and Education to the County Executive and Councilmember Jolene Ivey, who secured the funding. This model combines engagement and alignment of community service providers with short-term home visiting by registered nurses, beginning in the first month after birth. Family Connects will have a target of serving 500 families with newborns per year, following the prescribed program implementation. Key elements:

- Targeted area is inner beltway between FEDEX Field and the District line, north to Route 50 and south to Route 4.
- Expanding by 4 staff
    - Clinical Nursing Supervisor
    - Community Alignment Specialist
    - Nurse Home Visitor
    - Program Services Coordinator
- Contracting with Duke to support implementation
- Dr. Askew in the County Executive's office is discussing further expansion with MSDE.

PreK Expansion – Proposed:

The Commission on Innovation and Excellent in Education, commonly referred to as the Kirwan Commission, released its interim report that recognizes that access to quality early childhood education is critical to children's future success in school. In addition to recommended expansion of the Judy Center and Family Support Center Networks, Maryland has a goal of access to PreK for all families. PGCPS has received the first wave of funding to expand PreK according to Kirwan Commission recommendations.

To achieve Universal PreK in Prince George's, there are challenges, of which the most basic is available space in schools. Therefore, achievement of Universal PreK can only occur in

partnership with community-based programs, i.e. child care, an assumption articulated on page 33 of the report.

However, there are barriers to significant numbers of child care centers' readiness to partner with PGCPS, primarily achieving quality standards necessary to host a public school PreK.

At the request of the Executive Director for Curriculum and Instruction for PGCPS, PGCRC submitted a proposal to address the barriers to create an infrastructure where many community-based child care programs not only are qualified to house a public school PreK, but will have increased quality for ALL children in their care, improving overall school readiness. The plan is currently being reviewed by PGCPS leadership, and could result in significant growth for PGCRC. The plan, as submitted, would fund the following additional staff:

- Deputy Director
- Four full-time coaches
- Early Childhood Mental Health Consultant
- Diversity, Equity and Inclusion Specialist
- Administrative support, particularly in the HR and Bookkeeping functions

Facilities

Largo

The above expansions necessitate additional space. For Family Connects, we could 'make do' at least until the program expands further, which is the intention. However, it would be better if we could obtain more space now.

If PGCPS funds even half of what we proposed, we will definitely need additional space in Largo. We have a proposal from our management company to add a next door office space to our current lease at about $2,200 month, or $26,400/year.

Adelphi

Directors feel that we would like to move forward with hiring a consultant in order to navigate the journey to a new building. We met with Councilmember Dannielle Glaros, who was very enthusiastic about helping us. Tasks that we need support for at this point include:

- Determining what our needs (dreams) are for new space, and distilling that into a short document for distribution to stakeholders who can assist our search
- Include input from staff
- Create 'change management' plan

- Secure new space
- Develop plan and for move

It is still unclear as to whether we are included in the renovations at Cool Spring slated for 2021. And even if we are, we will still need to move during renovations. If we are, we would have to move twice…

Staff Update:

This is the first time we have ever reported that "We are fully staffed!" two board meetings in a row.

Ahead of our Health Insurance renewal, I sent a survey related to employee satisfaction with our benefit, and am pleased to report the following:

- 13 of 14 are happy or extremely happy with the network of doctors/hospitals (1 was neutral)
- When asked how much individuals spend out-of-pocket for health care costs (co-pays, prescriptions, etc), staff indicated the following:
    - 10 people spent LESS THAN $500
    - 2 people spent between $500-$1,000
    - 2 people spent between $1,500 and $2,000
    - None spent more than $2,000.

  For reference, the average out-of-pocket costs were $3,200 per person in the US
- Only one person feels that they cannot get their prescriptions at manageable cost.

Jodi Regner, Director of Community Programs, will be retiring within about six months (we are still discussing). We have a plan for transition, and will make slight staffing role changes that will strengthen the program overall. Currently, all Community Program staff are conducting desk audits to increase staff efficiency and to inform upcoming transitions related to Jodi's retirement as well as in light of possible major expansion.

Directors had a lovely and productive retreat at the National Harbor in July. We discussed leadership, communication, and challenges. We identified what we need most to be more effective in our work, and these include some staffing/consultant roles that we currently don't have:

- Quality Assurance Specialist – someone focused on data collection/reporting in all programs
- Volunteer Coordinator
- Deputy or at least assistant for the ED

Public Policy

Our advocacy work is paying off and played some role in the push for community based PreK in child care programs. Through our grass roots work, we have made the following inroads:

- Working to develop a plan for family child care to be included in PreK expansion
- Due to our Joining Voices group speaking up, MSDE hosted a roundtable at PGCRC to get input for their strategic plan for early childhood
- Our team is strategizing in October for how to best provide written comments to MSDE related to their goals
- PGCRC is recognized more and more as the go-to for what is going on in the child care community
- Yenny is continuing to schedule meetings with councilmembers

FAMILY CONNECTS CORE MODEL COMPONENTS

The Family Connects model has a number of components that are critical features for communities to replicate the model. The core components are listed and described below as those critical for implementation to be distinguished from those activities that may be selected as auxiliary to the program and specific to the setting. These components are necessary for replicating the model as an evidence-based program derived from the evaluation studies of Durham Connects, the Family Connects model in Durham, North Carolina. Other program components may be included in dissemination locations as important options, auxiliary resources, and/or those that address specific local needs. FCI team members are able to work with communities to ensure that such requested components are in alignment with the evidence-base.

The Community-Wide Approach

The Family Connects program is community-based with community ownership, and it is seen as part of the continuum of care for newborns and their parents in the community.

The Family Connects program is designed for universal community coverage; all families with newborns in a catchment area are eligible, whether region, state, city, or neighborhoods.

In order to achieve program certification, a community reach of at least 60 to 70 percent of the *a priori* identified population is essential. This aligns with community reach and the community level outcomes as demonstrated in the two program randomized controlled trials and for which the program is approved for MIECHV funding.

Community Alignment

A Community Advisory Board (CAB) that includes consumers and community resources/stakeholders is required to align resources relevant to families with newborns. The CAB may be a part of an existing group for community services' coordination or developed specifically for the Family Connects local program.

Available community resources are compiled in a web based format and / or printed directory (the Agency Finder) and updated regularly. Regular review should allow identification of gaps in community services as well as new community services that address family needs.

A direct link between Family Connects and the local Department of Social Services is essential to facilitate the family's ease of access to and knowledge about eligible services, such and Medicaid and SNAP benefits (food stamps). Through community alignment activities programs must demonstrate regular and active participation of this key stakeholder.

Through the CAB and associated workgroups, Family Connects programs identify gaps in needed community services for families, document them, and to work to address these gaps with community stakeholders

In addition to the clinical follow up, a brief contact by phone or mailed survey is made regarding client satisfaction and successful linkage to referrals at one month after the family's case is closed. These data are essential to program operations and community alignment decision-making.

Nurse Home Visits

The initial Family Connects home visit is scheduled as close to birth as possible. Scheduling at the birth hospital is one method used to accomplish universal service delivery. Other options may be explored for local differences in hospitals and communities.

The initial home visit (referred to as the Integrated home visit; IHV) occurs at approximately 3 weeks after birth/after the infant comes home to the family. The IHV generally requires 1 ½ to 2 hours and may be followed by 1 to 2 follow-up visits/telephone calls to complete the assessments, allow for more direct supportive guidance, and ensure linkages to local services and resources. The primary goal of follow up is to support the connections to community resources.

Family Connects home visitors are Registered Nurses, providing health and psychosocial assessments of newborn, mother, and family.

The collaboration of a pediatrician or family medicine physician is needed for input and verification of the infant assessment and to be available for nurse questions about infants' and families' health needs.

The collaboration of a psychologist or clinical social worker is needed for input and verification of the maternal mental health assessment and to be available for nurse questions about infants' and families' mental health needs.

Nurse visitors are trained in the family friendly high inference approach for assessing family needs and risk factors in 12 factors that reflect child and family health, caring for the infant, household safety and stability, and parental well-being. Rating and responding accordingly to family needs is documented by the Family Support Matrix, the home visit tool developed by Family Connects.

Nurse visitors are trained to provide systematic education in response to parent queries and nurse observations in areas of possible difficulties in adapting to the newborn (e.g., breastfeeding, support for "baby blues" and others).

Anticipatory and supportive guidance is spelled out in the home visit protocol and provided by home visitors at all visits (e.g., back to sleep, the benefits of tummy time).

Family and nurse plan together for individualized connections to and recommendations for community resources and services.

The clinical team has weekly team meetings (case conference) for peer review of families seen during the preceding week.

Systematic quality assurance includes: protocol adherence, accurate assessment of family risks and needs, inter-rater reliability in rating the *Family Support Matrix* at a high >75% adherence and reliability level >.60 Kappa Cohen statistic.

Documentation of the home visit(s) and contacts with families and community services related to family needs in an electronic medical record is essential.

Implementation and Data Monitoring

The dissemination of the Family Connects model requires training and monitoring by the Family Connects International (FCI) Office in Durham, North Carolina. The initial training and start up is spelled out by FCI prior to the training contract and usually requires 12 to 18 months, after which yearly on and off site monitoring is used to verify continued implementation of model requirements

Family Connects sites will document program implementation using the Family Connects International database used for the site's formative evaluation as well as certification of implementation of the model by the FCI

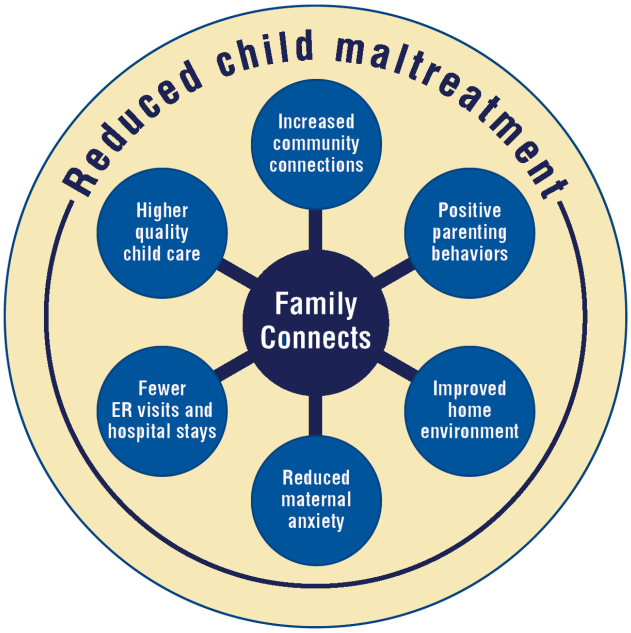
Family Connects: An overview of the evidence

The earliest months of human life are foundational for later development — including social, emotional, and brain development — with the physical and mental health of the parents playing a critical role. Too many families of newborn infants have unmet needs that keep them from achieving successful outcomes for their children, and most communities are not organized in ways that identify and serve these families effectively.

Family Connects International offers an evidence-based model that combines engagement and alignment of community service providers with short-term nurse home visiting beginning in the first month after birth. Family Connects is designed to be delivered to all families with newborns, voluntarily and free-of-charge.

Our aim is to create systems change at the population level — advancing the well-being of all infants and their families by ensuring they have a medical home and are provided with physical- and mental-health screenings, comprehensive assessments, and connections to community resources that support their individual family needs and preferences in the critical first months following birth.

An ongoing, randomized controlled trial of Family Connects published in Pediatrics and the American Journal of Public Health shows the model has positive affects for families in a number of key areas:



- **Mothers were 28% less likely to report possible clinical anxiety.**
- **Mothers reported significantly more positive parenting behaviors, like hugging, comforting and reading to their infants.**
- **Mothers expressed increased sensitivity to, and acceptance of, their infants.**
- **Home environments were improved — safety is improved and the number of learning materials increased.**
- **Community connections increased by 15%.**
- **Families used higher quality child care.**
- **Child maltreatment is reduced.**

Duke FAMILY CONNECTS INTERNATIONAL

Connecting every child to a healthy future

www.familyconnects.org | familyconnects@duke.edu | 919-681-8504

Impact on Child Emergency Medical Care

Infants had 50% fewer emergency room visits and hospital overnight stays in the first year of life. Fewer emergencies reduces the cost of health care. The study showed that:

At 6-months of age:

• Every $1 spent on the program resulted in a $3.02 savings on emergency care for infants at age six months.
- Calculated per infant emergency medical costs using published rates = $423 per ER visit and $3,722 per hospital night
- Average cost of emergency care for infants in control group = $165 per ER visit and $2456 in overnight costs
- Average emergency medical costs for participating infants = $165 per ER visit and $372 in overnight costs
- Program costs for Family Connects participants = $500-700

At 24-months of age:

• Every $1 spent in program costs resulted in $3.17 in savings through reductions in total child emergency medical costs billed through age 24 months.
- Calculated per infant emergency medical care costs using hospital billing records.
- Total child emergency medical care billing costs reduced by $2,217 per child between birth and 24 months
- Average program costs for Family Connects participants remains the same = $500-700

Supporting literature

Goodman, W.B., Dodge, K.A., O'Donnell, K.J., Murphy, R.A. (In review). Randomized controlled trial of *Durham Connects*: Effects on child emergency medical care.

Goodman, W.B., Bai, Y., Murphy, R.A., O'Donnell, K., & Dodge, K.A. (In prep). Impacts of universal postnatal home visiting on child maltreatment and emergency medical care through age 5 years.

Goodman, W.B., O'Donnell, K., Murphy, R.A., Dodge, K.A. (2018). Moving beyond program to population impact: Toward a universal early childhood system of care. Journal of Family Theory & Review, DOI:10.1111/jftr.12302.

Dodge, K.A. (2018). Toward population impact from early childhood psychological interventions. American Psychologist, 73 (9), 1117-1129.

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Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. Zero to Three, 33, 17-23.

Family Connects International is a program of the Center for Child and Family Policy and Sanford School of Public Policy at Duke University

Revised Jan. 25, 2019

Logic Model 2019 - 2022: PGCRC-PGCPS Partnership to Expand Access to PreK

Inputs: Resources for Implementation	Project Activities	Outputs: Numbers Served/Products	Short-Term Outcomes	Long-Term Outcomes
377 child care centers with the capacity to serve 22,876 children 777 family child care providers with the capacity to serve 6,097 children **PGCRC Expertise** • Trains 1,900 individuals each year • Provides technical assistance and coaching to an estimated 100 programs each year • Maintains Early Childhood Mental Health Consultation project to support children exhibiting challenging behaviors **Dedicated Staff** • Deputy/Coordinator • Four FTE Coaches • One Early Childhood Mental Health Consultant • Diversity, Equity and Inclusion Specialist • Administrative Support **Partnership with PGCPS** • Record of serving as bridge between PGCPS and child care community • Longstanding partnership	• Create messaging for programs - Benefits to programs - Commitment required • Create rubric to identify qualifying programs • MOU with all participating programs to ensure accountability • Coordinating Council - Meets monthly and includes participating Directors, PGCRC Staff, PGCPS designated liaison(s) • Program Improvement Plan development to carry programs to accreditation • Support for EXCELS and credentialing • Intensive coaching that includes: - Curriculum Implementation - Lesson Planning - Improvements to the environment - Individualized professional development plans • Early Childhood Mental Health Consultation • Resources to provide materials needed for program improvement • Parent Councils to promote engagement • Equity lens employed throughout planning, implementation • Collect data to ensure targets are being met and to inform course corrections	• 20 child care programs receive intensive support • Estimated 120 early childhood professionals receive support to increase knowledge and improve skills - 20 directors - 60 teachers - 40 assistants • 10 Coordinating Council meetings each year • 800 hours of training, including joint opportunities with PGCPS teachers • 100% of children exhibiting challenging behavior will receive support by Early Childhood Mental Health staff - If indicated, children will be referred for further assessment - Child care staff will receive support to meet that child's needs • 40 parent council meetings – quarterly at each center • 1,200 children accessing higher quality early child care programs	• Increased access to public school PreK - By Fall 2021: Minimum 10 child care programs qualifying for public school Prek, serving up to 200 4-year-olds - By Fall 2022: Minimum 20 child care programs qualifying for public school Prek, serving up to 400 4-year-olds, with an additional 20 in progress • 90% of programs move up in EXCELS by at least one level, resulting in significant improvement in quality of a minimum of 20 child care programs, positively impacting an estimated 800 children ages 0-3 • 100% of children with suspected delays and/or special needs are referred for services, resulting in early intervention	• Increased quality of child care • Increased skills and qualifications of child care providers • Infrastructure that will seamlessly grow the number of community-based preK programs • Universal access to public school PreK • Move the needle toward increasing equity, reducing racial disparity in kindergarten readiness • Increased collaboration between child care and public schools