



BBF Child Outcomes Accountability Team

January 28, 2020 | 9:00-10:30 am

Join Zoom Meeting: <https://us02web.zoom.us/j/85664773532>

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The BBF Child Outcomes Accountability Team works to improve integration and coordination of early childhood public and private partners committed to the health and well-being of children and their families. The group will inform strategies and monitor progress to ensure that children are healthy, thriving and developmentally on track from the prenatal period to third grade by promoting and monitoring outcomes in the following domains: physical health, development and educational outcomes, mental health outcomes, and basic needs outcomes. Goal 1 also promotes the importance of prevention and early identification across the same domains.

Desired Outcomes

- Review importance of screening for social determinants of health and child development and current efforts in Vermont
- Build a vision of successful universal screening initiatives
- Identify opportunities to expand alignment and integration across settings to increase universal screening

In attendance: Beth Truzansky, Amanda Biggs, Lauren Smith, Scott Johnson, Amy Bolger, Beverly Smith, Danielle Howes, Sheila Duranleau, Julie Cadwallader-Staub, Becca Webb, Linda January, Elizabeth Gilman, Katy Davis, Amy Johnson, Charlotte Safran, Janet Kilburn, Pam McCarthy, Kate Rogers

The meeting recording is posted [here](#).

Time	Agenda Item	Notes
9:00 - 9:15	<p>Welcome and Opening Reflection</p> <p>Watch "The Miracle of Morning" by Amanda Gorman</p> <p>Please make introductions, share a reflection or write your name/affiliation in the chat bar</p>	
9:15 - 9:30	<p>Social Determinants of Health: Identifying need through screening and supporting families get what they need</p>	<p>Notes:</p> <p>Lauren Smith presented on the various screenings we use in early childhood and</p>

<ul style="list-style-type: none"> ● Comprehensive screening- what is it? <ul style="list-style-type: none"> ○ Developmental ○ Social Determinants (food, housing) ● Data walk: who is getting screened and by whom, efforts to build a more seamless system ● Vermont’s promising practices to expand screening across settings and help families access services they need: ASQ Online, Food Insecurity Screening pilot project ● Where do we want to go in the future? Discussion on opportunities and needs 	<p>connected this focus to VECAP Goal 1 - “All Children Have a Healthy Start” watch the recording for the full presentation here.</p> <p>*Developmental Screening is called out in VECAP Goal 1 in several places, as well as mental health screenings and social emotional screenings</p> <p>Comprehensive screening includes the many screening tools our state currently utilizes, which all ultimately help build resilience in parent/caregivers and young children. Parent engagement is key to the levels of change.</p> <p>Connections/Questions Raised in the Discussion</p> <ul style="list-style-type: none"> ● Question if there is a fee for UDS online? There is not available free for providers but need to get set up in the system. *Contact Lauren to set this up. ● Comment “It would be great for FSD workers to access ASQ results for children involved in child welfare” Lauren confirmed this is something they have been working on. ● Question about launching the ASQ online tool and usage - It launched last winter as a pilot before COVID, and there has been a big jump/spike in usage over the summer and early Fall (Aug, Sept, Oct). Additional opportunity coming up to expand QI work and include more early care partners/programs. ● Elizabeth shared current ASQ data that reflects the spike: ASQ-3/ASQ:SE data from HMG- screens to date= 2,476. Sharp increase in screens this summer/fall= July 248 screens, August 359 screens, Sept. 401 screens, October 361 screens ● Bev talked about adding Food insecurity screening (ie: the Two question Hunger Vital Signs) to a
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		<p>current pilot in 7 programs at 8 different early care and education sites (serving 449 families). Important note: To reduce stigma - these questions were asked of every family universally. 35% of families indicated having some food insecurity.</p> <ul style="list-style-type: none"> ● Question: Alignment with Keith Robinson’s work at UVM MC? Lauren is part of the action team and Pediatric Pop Health Coalition- such a great opportunity for UVM MC and our community. ● Question about providers being trained? Yes, there were PD opportunities and resources shared from HFVT. ● If we are using HMG/211 for referral, needs to ensure the database is accurate and keep updated (one participant reported this has not always been the case for FGI) Programs are dynamic. Reach out to elizabeth@unitedwaysvt.org. ● Becca - there is a gap in knowledge between public and private programs in terms of understanding “screening” - ie: what does that mean and how do they implement?
<p>9:30 - 10:00</p>	<p>Discussion Draft Vision-characteristics of successful screening A draft was shared and the following vision accounts for these revisions: Draft Vision-characteristics of successful screening Providers and practitioners working with children and families increasingly recognize their role in identifying and addressing a family’s social and behavioral health needs (food, housing, adult mental health etc.) in addition to</p>	<p>Scott called for more inclusive language and alignment in draft vision.</p> <p>Linda shared her thoughts on the amount of data they collect and capacity to do it all with limited time, staff, and resources. Ie: USD Registry is really hard to work in right now. When parents take ASQ with areas of concerns to doctors, they are often dismissed - which undermines the work the teacher did. Called for more info about HMG and desire to repair that relationship in Addison.</p>

	<p>efforts for earlier identification of a child’s developmental delays and referral for early intervention. Relationships matter. When done well, families have a relationship with the provider and participate in the process followed by professional guidance and referral to connect with the supports they need. Screening is done with respect and with cultural humility.</p> <p>When screening practices are normalized and universal, less people fall between the cracks, bias is limited and the conversations are destigmatized. Screening is an integrated part of workflow - whether in a medical practice, childcare, school, home or other setting and is routinely administered (3 under 3 for child developmental screening and for social determinants). Providers and practitioners share responsibility and are thoughtfully coordinated, able to share data and use screening and follow up as a tool to support child and family outcomes.</p> <p>What are strategic steps to meet this vision to improve access, equity and impact child and family outcomes?</p> <p>Reflection questions:</p> <ul style="list-style-type: none"> ● What is my role in achieving this vision? ● What’s missing? What would you add to add to this vision? ● What parts of this vision do we need to work on in Vermont? 	<p>Amy talked to CDD team in preparation for this meeting and identify need to bring VDH and CIS work within the system we have set up to provide ASQ trainings (currently funded through soft \$). Opportunity to institutionalize this work through systems like PPD will be important to strive for.</p> <p>Janet spoke to the critical need to help parents understand social emotional skills, what should be expected and the ASQ and ASQ SE screening tool pulls parents into the conversation and helps to guide and support parents.</p> <p>Amy B suggested added language in so that the vision calls out the focus and need for parent engagement. “Consider explicitly including language about family engagement and broaden the focus to embrace the fuller scope of folks who work with children and families.”</p> <p>Kate R suggested compiling where federal rules call out screenings to help make the case for funding and supports since it reaches so many programs under many federal guidelines and umbrellas</p> <p>“Health care and early childhood partners share responsibility and are thoughtfully coordinated, able to share data and use screening and follow up as a tool to support child and family outcomes.” what are steps to address this through policy?</p>
<p>10:1 5 -</p>	<p>Announcements</p>	<p>We did not have time for announcements</p>

10:30		
10:30	Adjourn	<p>Reflection on the meeting</p> <p>“Thank you for a most informative meeting. I am so impressed with the progress that’s been made over the last few years” Julie C-S</p> <p>“I appreciate being part of this group. Fabulous content shared and work being done.” -Danielle Howes</p> <p>“Very exciting work” -Sheila</p> <p>“So exciting to hear of the progress that’s been made, and all the work we can approach collaboratively going forward.” -Pam McCarthy</p> <p>“Thank you for the thought and time you put into the beautiful slides and conversation today – huge success from my point of view. Highlights for me were the incredible partner engagement, the connections folks made like Sheila D. wanting child welfare workers to use registry to see dev and SE screening results (something we have wanted to happen for several years now), Linda January’s offer to build fractured Addison-HMG relationship, Scott’s input to a really cool vision (thanks for developing Beth), and sharing highlights of ECE food insecurity pilot (nice summary and sharing connection to AECM work Bev!).” -Janet K</p>

Follow up notes:

- Strategy on relationship repair and relationship building
- Deeper dive allowed for digestion of information
- How to move discussion and strategy to action
- Invite Keith Robinson/population health
- Use data on barriers to inform future conversations/meetings
- Strategies
 - Information sharing-blog?
 - Professional development
 - Operationalizing who is doing screening and how warm handoff happens
 - navigation on where UDS is happening (Child Find)

Quick Links

[About the Child Outcomes Accountability Team](#) and archived meeting materials
[2020 Vermont Early Childhood Action Plan](#)

Upcoming Meeting Dates and Topics

February 25: Promising Medical Practices: Breena, Keith Robinson, Wendy Davis

- High performing medical homes
- Indicators, Description of effort and lessons, discussion question
- Advance reading/video?

March 25: Substance Use Disorder

April 22: Food Security

