

Child and Family Health

Overall Goal

Promote and support increased access to and the delivery of high quality, evidence-based health (dental, physical, mental/behavioral health) services for families with young children.

OBJECTIVE 1

Advocate for increasing the number of health providers in the state, particularly in underserved urban and rural communities, with special attention paid to obstetrics, pediatrics, dentistry, and children’s mental health.

Vision

ECAC joins many other entities at the state, regional and local level that are acutely aware of the urgent need to build the workforce across health professions, including mental health, dental health, medical providers, and even, perhaps especially, health professionals dedicated to prevention and support for developmentally appropriate learning and development opportunities (such as good nutrition, social-emotional learning, physical activity) and early intervention. Through partnership all Nevada initiatives and stakeholders can successfully educate, raise awareness and bring a sensible and coherent response—a call to action—through policy, funding, and workforce development strategies for the health and well-being of our youngest children.

Strategy

- Partner with the public and private schools/programs that train health professionals (e.g. medical schools, nursing programs, psychology, social work) in the state to increase recruitment and retention of students to practice in the state.
 - Advocate for using students (e.g. through internships) to provide health care services in the rural and underserved areas
 - Advocate for sites that can offer internships or qualify for loan forgiveness programs
- Advocate for and provide better training to health professionals to work effectively with families with young children.
- Partner with the key agencies and organizations that have health workforce development and expansion as a part of their mission to insure there is a focus on young children and their families.

Benefits

If we increase the number of health providers in rural and urban areas designated as health professional shortage areas (HPSA), we increase access to health care. Access improves

outcomes. Access creates more fluid and regular opportunities to benefit from health screening, prevention and care.

Time Frame

Within six months, groundwork (outreach to develop formal partnerships) should start immediately; a lot of this work was done in the past and has dropped off, so immediately is important. 6 months-1 year: work with partners to identify, assess, and adapt training programs in early learning and development for inclusion in training programs for health care professionals.

Coordinating Agency

Nevada State Primary Care Office

Strategy Implementation Partners

Office of Workforce Development, Medical Schools, Office of Primary Care, Practitioners Associations and Licensing Boards, School-Based Health Centers, Medicaid, Primary Care Association.

Funds Needed

If there's going to be training encouraged by¹ ECAC there will need to be funds to cover travel, materials for dissemination at trainings and promotion of training opportunities. For individual agencies that train or provide health services there will need to be an increase in federal funds to support their expansion.

ECAC Role

Participate and present to various agencies and provide an early childhood perspective (AHEC, NAAC, Licensing Boards, etc.). Organize learning and training opportunities for health care providers on providing services to young children and families. Work with health groups serving school-age populations to expand services to all members of the family, including young children. Identify and partner with agencies to secure additional funding for recruitment and training of health care providers.

OBJECTIVE 2

Support the effective deployment of well-trained community health workers across the state to connect families with young children with insurers (e.g., Connecting Kids to Coverage), physicians and other health care professionals (dental, mental/behavioral/WIC/MCOs/FQHCs) and other community support services.

¹ The ECAC role would be more advocacy and “word spreading”, perhaps even for use of Bright Futures among pediatric health care providers. The state EPSDT program uses Bright Futures as its periodicity schedule, but there are no resources for implementing Bright Futures. That may be a role for MCH funds.

Vision

The Community Health Worker initiative in Nevada has been evolving and growing in strength and quality for the past several years. Both the state's Division of Public and Behavioral Health's Community Health Worker Program and Nevada's System of Higher Education CHW Training program currently offer the training via in-person, on-line and hybrid approaches. Over 300 individuals have been trained as Community Health Workers over the past few years, and are currently working through health centers and FQHCs/MCOs, community coalitions, and in non-profit organizations. Their roles can vary greatly, but the core competencies are inherent to their work in diverse settings.² With the foundational training now approved as a standardized approach, additional specializations for CHWs working in diverse settings can be designed and offered. Over time, a new specialization in early childhood learning and development can serve as a core training and career pathway for CHWs to engage with families with children prenatal through 8 years.

Strategy

Promote the sustainability of standardized CHW training already approved through our state and higher education system in order to increase and enhance the CHW professional role.

- Assist in development of an early childhood module as a CHW specialization to work with families with young children 0-8 years that can be offered through the NV-CHW Association.
- Connect with NV-CHW Association, which has a HRSA grant, to place a cadre of CHW interns with early childhood programs, such as home visiting, Head Start, Early Head Start and others.
- Advocate for CHW services becoming Medicaid reimbursable and coordinate with existing efforts underway through the pilot study among Nye CCC, HCC and the Medicaid office.
- Advocate to employers of CHWS to have them partner with families to help reduce no-show rates for Medicaid dental appointments (see Objective 3 below) and follow-up with families scheduled for other mental/behavioral/medical health appointments.
- Promote and facilitate efforts to deploy CHWs to work as agents for implementing family engagement strategies in the community (Born Learning) through libraries and other places where families gather (community centers, after school programs, food pantries, etc.) and to work in concert with existing early childhood programs, referring families to them as a primary resource along with linking families to health insurance, primary care and other community supports.

Benefits

The value in CHWs is that they are trusted allies in the communities. They are able (skill and training) to connect with families and are the individuals to whom families are willing to turn for many forms of support. Increasing the engagement of families with physicians and other health care providers (health home) will also support the retention of health care providers as they will

² Organization skills, documentation skills, social determinants of health assessment skills, service coordination skills

have a solid base of clients/patients. Patient-centered care has been shown to provide greater professional satisfaction for providers, promoting retention.

Time Frame

- Immediately: Contact coordinating agencies; develop core partnerships over first 6 months.
- Year One: Build additional partnerships and establish collaborative plans. Develop ECLD Health Module in partnership with Coordinating Agencies.

Coordinating Agencies

Statewide Chronic Disease Program, DPBH (childhood obesity and CHW Program Coordinator with existing partners) and NV-CHW Association.

Strategy Implementation Partners

Local and state level WIC, NV-CHW Association, School-based Health Centers, Nevada Home Visiting, Community Coalitions that have CHWs embedded in their structure, Health Departments, Health Centers/FQHCs/MCOs and schools employing CHWs as part of their Safe School Professionals workforce.

Funds Needed

Funds to develop, pilot, and obtain trainers for the ECLD specialized health module; curriculum and materials purchases for health entities participating in Born Learning.

ECAC Role

Encourage schools to utilize and train staff in a Community Health Worker role in their school-based/linked health centers to engage in screenings and well child checks before they arrive at schools. Raise awareness for school, community providers and families around the importance of early childhood (birth through third grade) health screens and well baby checks (using NHVN and SBHC).

Build collaboration with partners that have CHWs to ensure they get standardized training from the CHW Association trainers. Educate and work in partnership with NV-CHW Association to develop a CHW module for early childhood health.

OBJECTIVE 3:

Raise awareness of mobile health and health fair opportunities and assist in the coordination and expansion of these services.

Vision

Currently the Nevada Institute for Children's Health and Policy maintains a centralized database for mobile health and health fair opportunities. The utility and accuracy of this centralized clearinghouse can be enhanced by coordinating with the various local and regional entities that utilize these services as access points for their community members, to insure they share scheduling and information dissemination with NICHIP. These services represent not only opportunities for families with young children to gain access to other health services in their

local area, but are often the only means for families in many of our rural and underserved communities to receive health care services. As community-based health partners, coalitions and other organizations serving families with young children learn more about the value added in accessing existing information and mobile health services they will begin to leverage existing resources (e.g., funding, CHWs to provide family outreach and follow-up) and coordinate with others in their region to actively schedule these on a regular basis (RAM; Mobile Crisis Mental Health; UNR's Mobile Medical Services; NHC/CHA's dental vans)

Strategy

- Raise awareness of when (on-line Google calendar through the NICRP- <http://snecac.com/calendar>) mobile services are scheduled in each area.
- Promote events with community partners through various media channels so they connect their clients to these services.
- Bridge independent efforts of local and regional partners involved in scheduling mobile health services to the Coordinating Agency's Google calendar.

Benefits

Maximizes and creates sustainability for mobile health services when families access these and they are fully scheduled; increases access points for families with young children for more frequent/regular health care.

Time Frame

- Year One: Collect and disseminate information for the upcoming year and into 2019.

Coordinating Agency³

Nevada Institute for Children's Research and Policy

Strategy Implementation Partners

Library and Community Centers need to get community to come (using their Facebook Pages); Home Visiting Programs; Southern Nevada Health District, Nevada Health Centers, Mobile Crisis Mental Health, FQHCs- CHA's mobile units; COW Buses; Community Coalitions.

Funds Needed

If ECAC will use public media (TV, Radio) perhaps just funds to print fliers and posters.

ECAC Role

ECAC will do an inventory of what's available and what the gaps are and whether it's possible to fill the gaps (work with PCO; Children's Behavioral Health). By working with the Coordinating Agency, ECAC can provide a link and information on their own website to other early childhood programs and community coalitions about mobile health services and encourage them to list their local and regional events in this centralized database. Truckee Meadows Healthy Communities is using a model to assess and fill in gaps for Health Fairs. Sharon Zadra, their

³ Depends on whether a Health Professional/Agency is represented on ECAC to steward all of these objectives (see Objective #5). Southern Nevada Health district and Washoe County Health District; Community Health Services are regional.

coordinator could provide some insight into the steps to make this happen (89502). Rural and Las Vegas community coalitions are gathering this information for their regions as well and ECAC can tap them for their strategies for information dissemination and scheduling of mobile health services.

OBJECTIVE 4

Promote programs with fidelity and high quality that will produce positive health outcomes for parents, infants, and children (e.g., Well-Child Visit/Bright Future; NHV Home-Visiting models (Parents as Teachers, HIPPY, Nurse-Family Partnership, Early Head Start).

Vision

There are well-established benefits of continuity of care—particularly when high quality, evidence-based programs and practices are implemented. These reduce fragmented care. Once it has been determined which providers are practicing the standard of care (e.g., NCQA-patient-centered medical home), which are Board certified and which offer evidence-based programs, and this information is made available to families, they will be the first and most requested source of support and services. If ECAC encourages strategic partners like WIC and the Primary Care Association’s members through their direct line staff (WIC; CHWs; etc.) to refer patients to the high quality programs across the continuum of health care, including nutritional services, Nevada’s health indicators for families would undoubtedly rise and this level of high quality care would become the norm.

Strategy

- Work closely with all strategy partners that touch high numbers of families across the state (like WIC) to insure they are including their EBPs and referring families to high quality programs in the state’s 2-1-1 system;
- ECAC will communicate with the Director’s Office of DHHS and 2-1-1 to strengthen usability and accuracy of information as a centralized Information & Referral source.

Benefits

This strategy will increase family access to the high quality programs and produce positive family and child health outcomes. (Evidence demonstrates that poor quality programs do more damage than help.) Offering high quality/evidence-based programs and practices also helps with recruitment and retention of program staff and increases the commitment of high quality personnel—whether they are community health workers or specialists. There is a stronger commitment to sustainability when programs are invested in evidence-based practices and require adequate client loads.

Time Frame

- Year One: Build partnerships to identify and promote evidence-based practices.
- Years Two and Three: Engage partners in promoting evidence-based practices.

Coordinating Agency

Statewide Maternal and Child Health Coalition/ Immunization Coalition⁴

Strategy Implementation Partners

State and Local WIC Offices; Nevada Primary Care Association; State Offices of PCO, MCH, Medicaid. Southern Nevada Health District; Washoe County Health District and Rural Community Health and Home Visiting Programs.

Funds Needed

Conference costs: transportation; facility etc.; leverage existing conferences—like Nevada Health Conference/Public Health—Immunize puts it on through funding from Maternal and Child Health. Tag on to reduce costs.

ECAC Role

The ECAC can facilitate efforts let providers know about high quality programs and encourage them to refer their clients to these programs. This will involve helping convene networking of all providers (as per a conference style to learn about the range of services and EBPs); facilitating that networking during regular ECAC meetings—making sure whomever is the health rep on the council has the knowledge and information to share with the more education-focused providers and similarly exchange their knowledge with the health providers. It can also include increasing ECAC members' knowledge and including information on EBPs on the website as well as insuring this information is uploaded to the Nevada 2-1-1 system.

OBJECTIVE 5

Expand ECAC to include representation from the health field.

Vision

Current legislation allows the Governor to add members, but he/she may choose not to. To ensure that ECAC has flexibility in adding needed members, the legislation on ECAC membership will likely need to be changed. Accomplishing this in 2019 will allow ECAC to stay responsive and inclusive to the various agencies, professions and stakeholders that collectively are working to impact the health and well-being of families and their young children.

Strategy

- Work through the ECAC member networks to approach Governor Sandoval to determine feasibility of appointing individual(s) who represent the health professions (pediatrics, pediatric dentistry, child psychiatry) prior to his term ending in December 2018.
- Work with Governor's Office and ECAC Members to change legislation in 2019 to allow for a variety of additional members to be appointed, as the times and need dictates, including but not limited to the broad spectrum of health professionals and fields.

⁴ When we think about how the membership of ECAC is defined, most of the membership is structured in a way that it can be a conduit for information. If we recommend representation from the health field that could serve in that same capacity (See Objective #5).

Benefits

There will be a representative with direct knowledge and connections to the range of health providers in the state—regionally, locally, and the various types of health services. Greater efficiency in having a known person working directly with networks and coalitions to gather and disseminate information, exchange it with non-health care providers, and assist in coordinating and leveraging ECAC’s strategy with existing health events and services.

Time Frame

- Accomplish this objective in Year One

Coordinating Agency

ECAC or the Department of Education-Office of Early Learning and Development.

Strategy Implementation Partners

Department of Health and Human Services; Nevada Primary Care Association. Health Districts.

Funds Needed

No fiscal impact

ECAC Role

Coordinate with Governor’s office and DHHS for nomination and appointment and to participate in any committee work required to change legislation and/or language on ECAC appointments in 2019.