



CHDI Transforming Pediatric Primary Care
Webinar 2:

Cross Sector Collaborations

July 18, 2019 | 2 pm – 3 pm

Presentations by:

Paul Dworkin, MD, Connecticut Children's Medical Center

Dennis Kuo, MD, MHS, Help Me Grow Western New York

Kirsten Klatka, MSW, National Institute for Children's Health
Quality

Eve Wilder, MPH, MA Department of Public Health

Amy Izen, MS, CCC-SLP, MGH Chelsea HealthCare Center



Background and Introduction:

- With funding from Children's Fund of Connecticut and Connecticut Health Foundation, the Child Health and Development Institute engaged the Center for Health Law and Economics / Health Law and Policy at Commonwealth Medicine, UMass Medical School to help us develop an agenda for pediatric primary care that would increase its contribution to:
 - Population health
 - Health equity
 - Integration of health with other services that children and families use

Commonwealth Medicine / UMass Medical School, Health Law & Policy

- Reviewed literature and existing innovations that address transformation of pediatric primary care
- Facilitated a study group consisting of stakeholders in Connecticut
- Developed recommendations for payment reform that would support transformation of pediatric primary care
- Prepared a final report: *Transforming Pediatrics to Support Population Health: Recommendations for Practice Changes and How to Pay for Them*

<https://www.chdi.org/publications/reports/other/transforming-pediatrics-support-population-health/>

Pediatric Primary Care Payment Reform Study Group Recommendations to be addressed today**

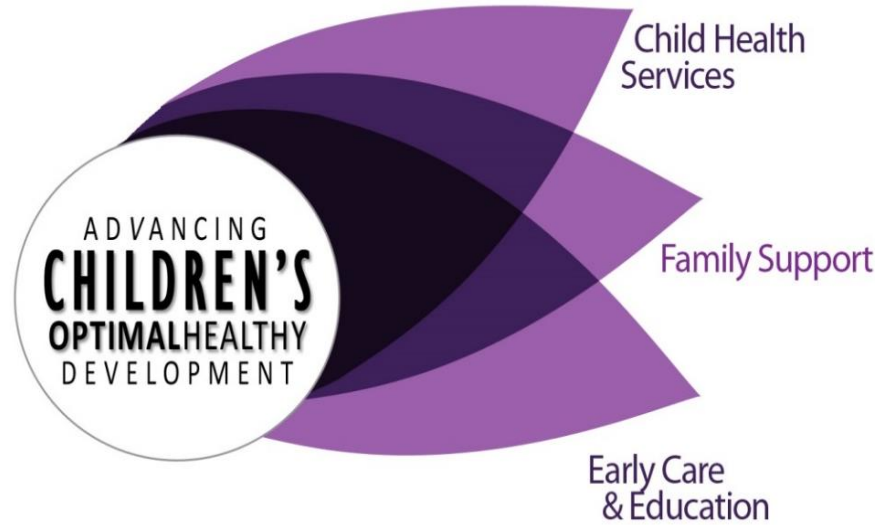
- **Payment methods need to take into account that numerous sectors' serve children and their families**
 - **Cross-sector collaborations** allow for efficiency in service delivery, shared financing and accountability
 - Collaborations can be financed through blending or braiding funding
 - Examples of sectors serving children include educational services, community partners, social services, medical services
- **The benefits of improved pediatric primary care are considered a public good;** they accrue across the lifespan, to many spheres of social policy, and to the state's economy in general.

*** (2 of 6 total recommendations)*

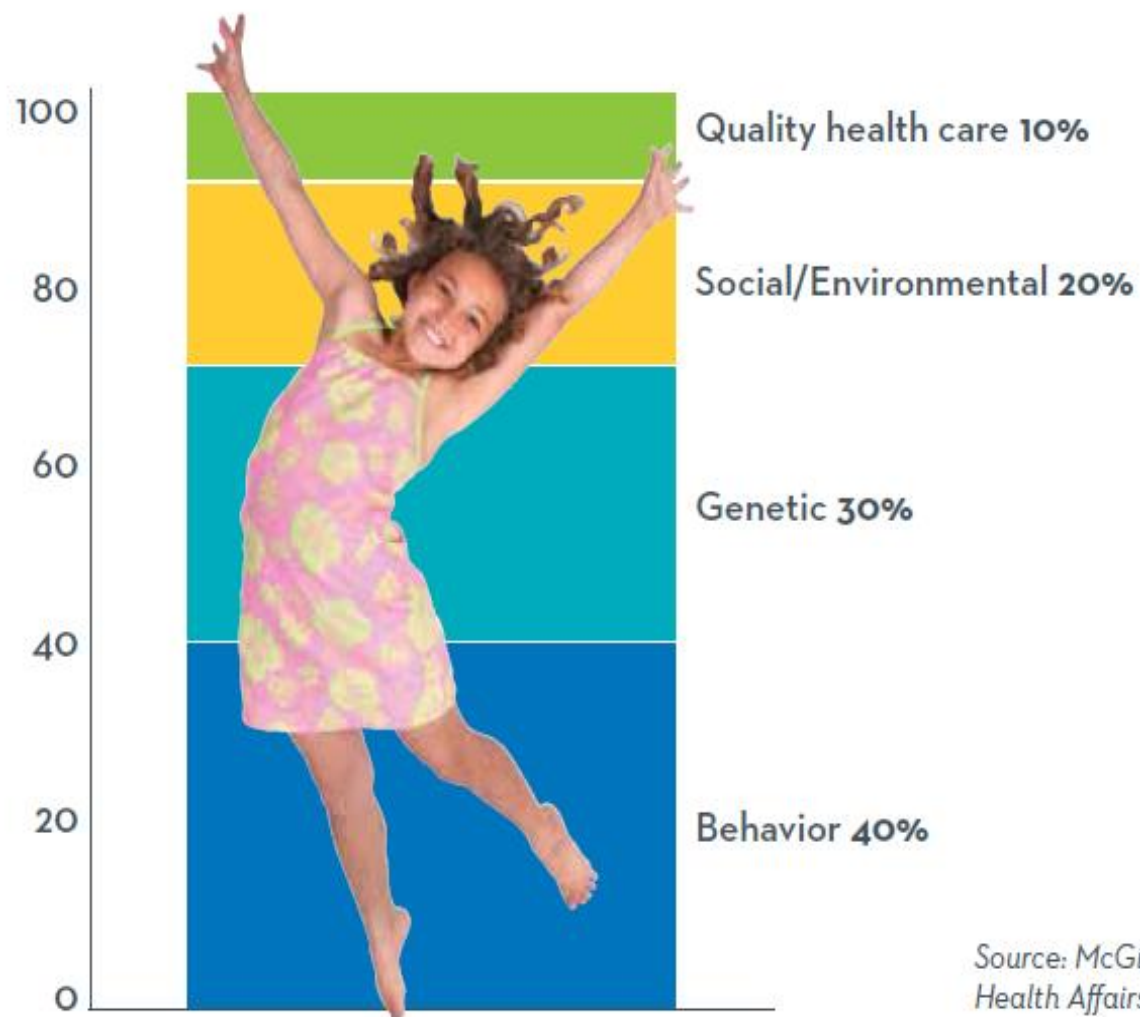
Child Health Services



Our Model

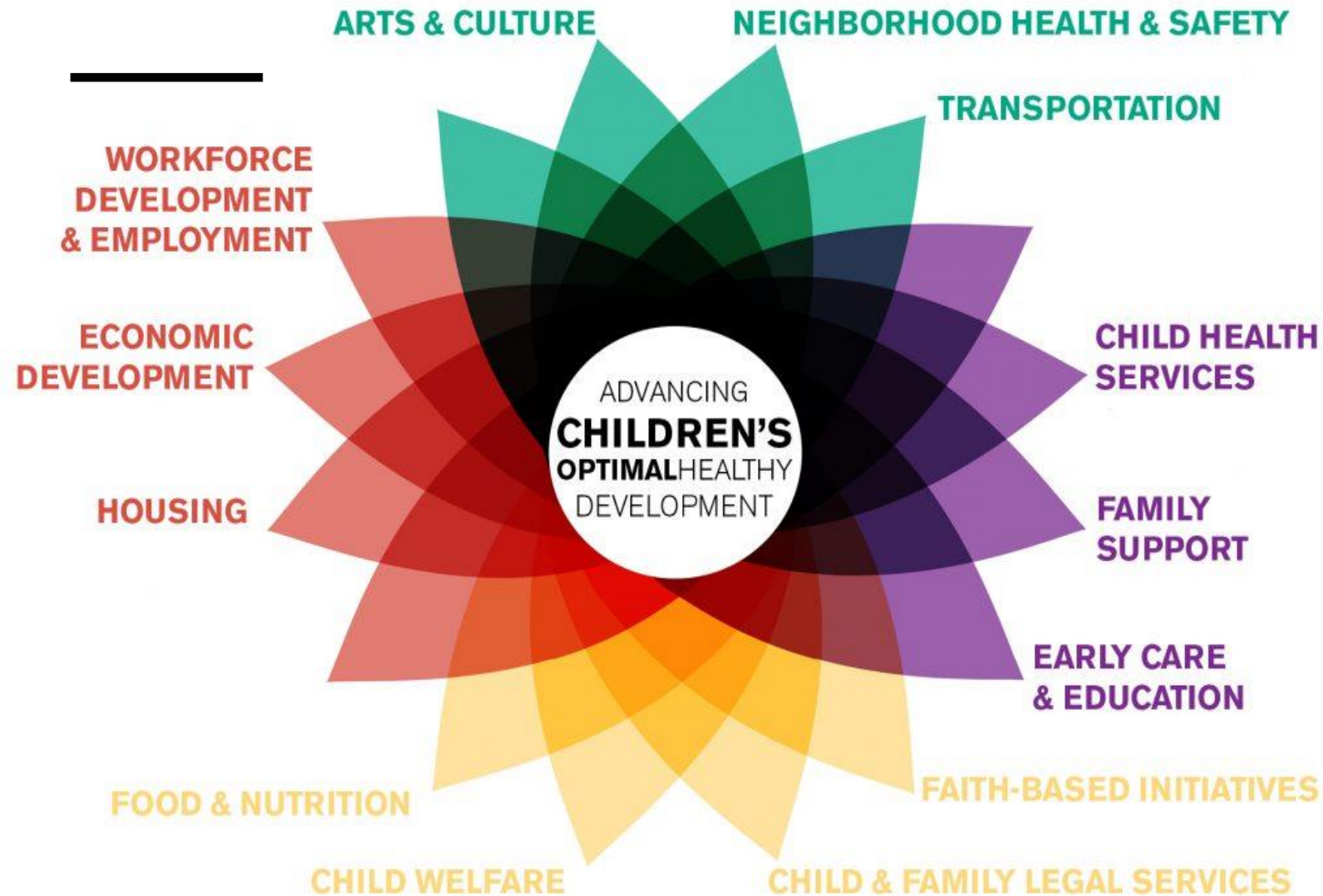


DETERMINANTS OF HEALTH



Source: McGinnis, J.M. et al.
Health Affairs 2002;21(2):78-93

Our Model



Cross Sector Collaborations

Dennis Z. Kuo, MD, MHS

Associate Professor, University at Buffalo

Leadership Team, Help Me Grow Western New York

July 18, 2019



Cross Sector Collaborations

- No single individual, organization, or sector can change the course of health
- Improving population health requires shared investments, mutually beneficial policies, and innovative partnerships
- What drives collaboration
 - Number and quality of partnerships
 - Investment in collaboration
 - Policies that support collaboration

<https://www.rwjf.org/en/cultureofhealth/taking-action/fostering-cross-sector-collaboration.html>

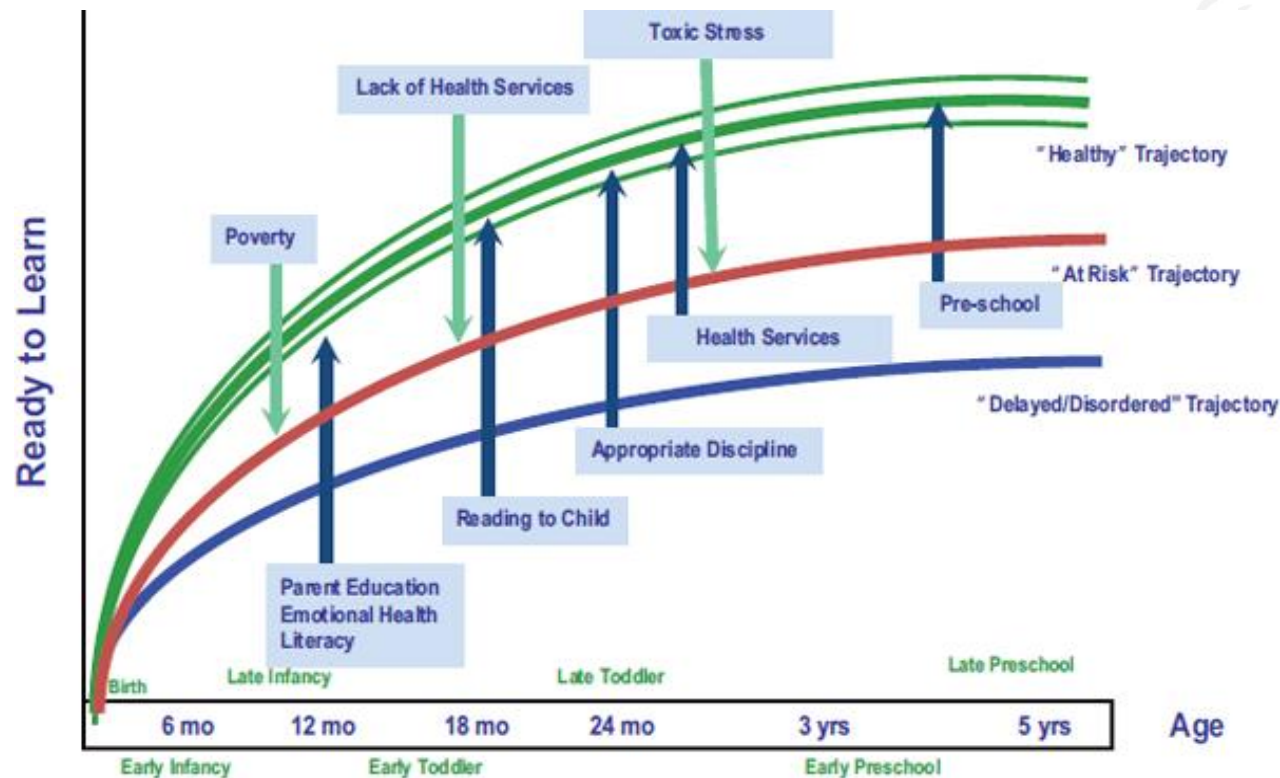
Children's Health

- “The extent to which individual children or groups of children are able or enabled to <a> develop and realize their potential, satisfy their needs, and <c> develop the capacities that allow them to interact successfully with their biological, physical and social environment.”



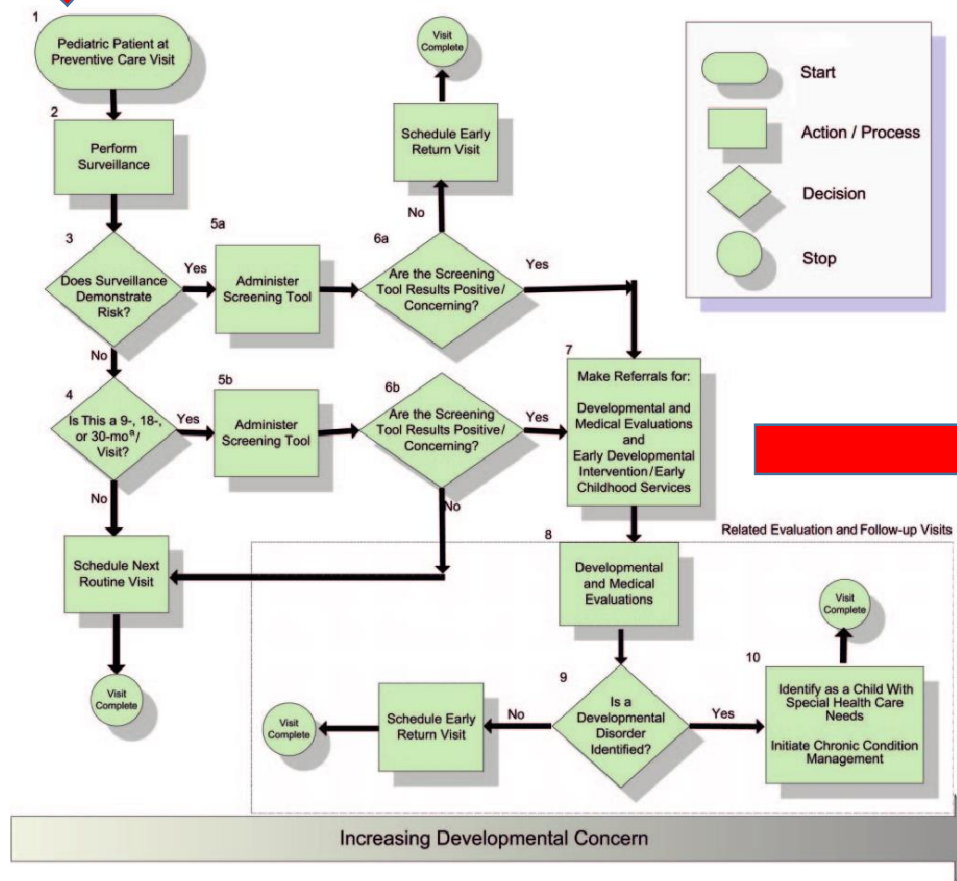
Bright Futures 4th edition

Early Childhood – Opportunity for Long-term Impact



Developmental screening

What goes in?...



...and then what?

AAP Developmental Screening Algorithm, Pediatrics (2006)

First 1,000 Days on Medicaid: Charge

Develop a 10-point plan for how Medicaid can improve health/development of children ages 0 to 3 that is:

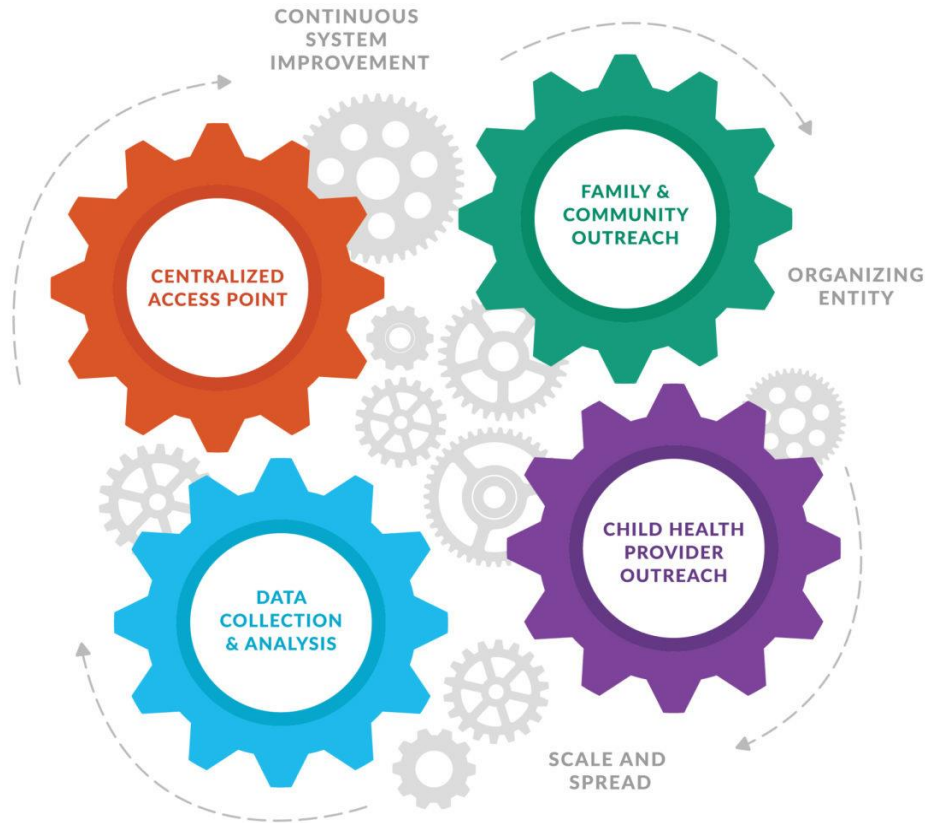
- **Affordable** – Reasonable cost to state Medicaid
- **Cross-sector** – Collaboration beyond health care
- **Feasible** – Able to be implemented in near term through Medicaid levers
- **Evidence-based** – Proposed interventions or approaches are backed by strong evidence
- **High Impact** – Likely to improve outcomes for children, reduce disparities, and encourage systems change





**National, evidence-based model endorsed by
U.S. Health & Human Services Administration & U.S. Department of Education**

SYSTEM MODEL



strengthening families™

A PROTECTIVE FACTORS FRAMEWORK



Some basic numbers for HMGWNY...

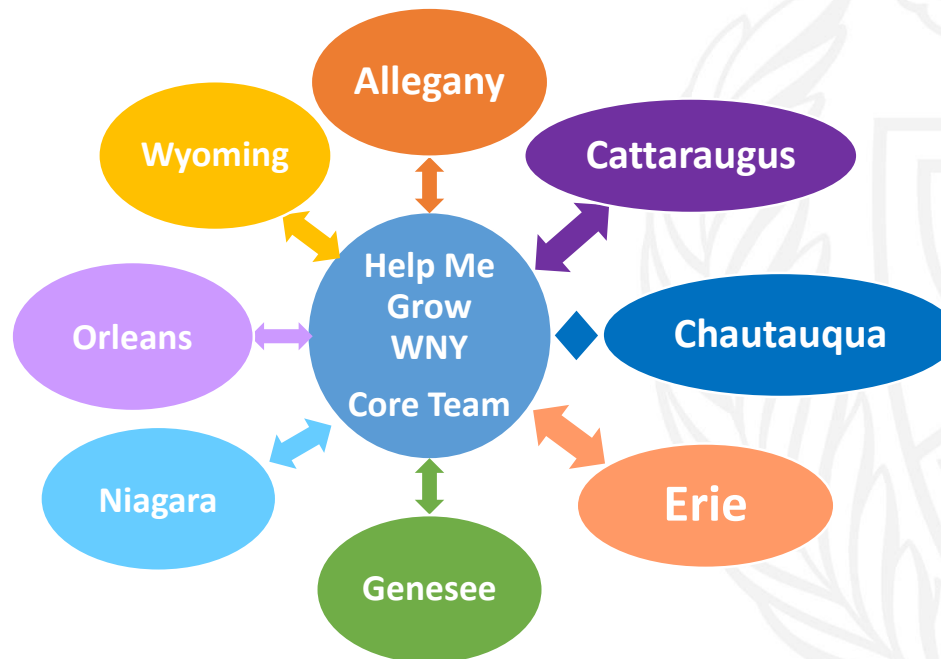
- Affiliate since 2011 (First in NYS)
- Served 6,776 children last year:
 - 4,119 received ASQ-3 or ASQ:SE-2 developmental screenings
 - Others needed only advisement on child development or linkage to services
- 143 partnerships with 8-county reach
- Supported by Ralph C. Wilson, Jr. Foundation; Health Foundation for Western & Central New York; Erie and Niagara County Departments of Social Services; Prevent Child Abuse New York; embedded partnerships
- 95% successful connection-to-service rate
- 97% family satisfaction rate

Some basic numbers for HMGWNY...

- Most common needs of families:
 - Community-based services for families and children—55%
 - Early development advice and pre-academic skill-building—43%
 - Basic needs (food, clothing, housing, diapers)—31%
- Of the WNY children screened since 2014 by HMG, 56% appeared to be developing on track; 44% were not meeting developmental milestones.
 - Of the 44% not on track, 43% were not meeting milestones in more than one developmental domain.
 - Communication was the single domain most commonly off track.



CROSS-SECTOR REGIONAL LEADERSHIP TEAM
Advisory Council=lead partners & champions from each of 8 counties





STEP #1:
REACH...

all WNY families with messages about early development, screenings, resources (destigmatize).



STEP #2:
SCREEN...

by making repeated developmental screenings accessible to all children aged 0-5 (universalize).



STEP #3:
CONNECT...

children at risk to local services and follow up (empower).



RESULT:
**CHILDREN ARE
HEALTHY,
WELL-
FUNCTIONING,
READY FOR
SCHOOL.**

BE A TRUSTED, ACCESSIBLE NETWORK FOR ALL WNY FAMILIES WITH YOUNG CHILDREN!



Early
Childhood
Comprehensive
Systems

Collaborative
Innovation and
Improvement
Network

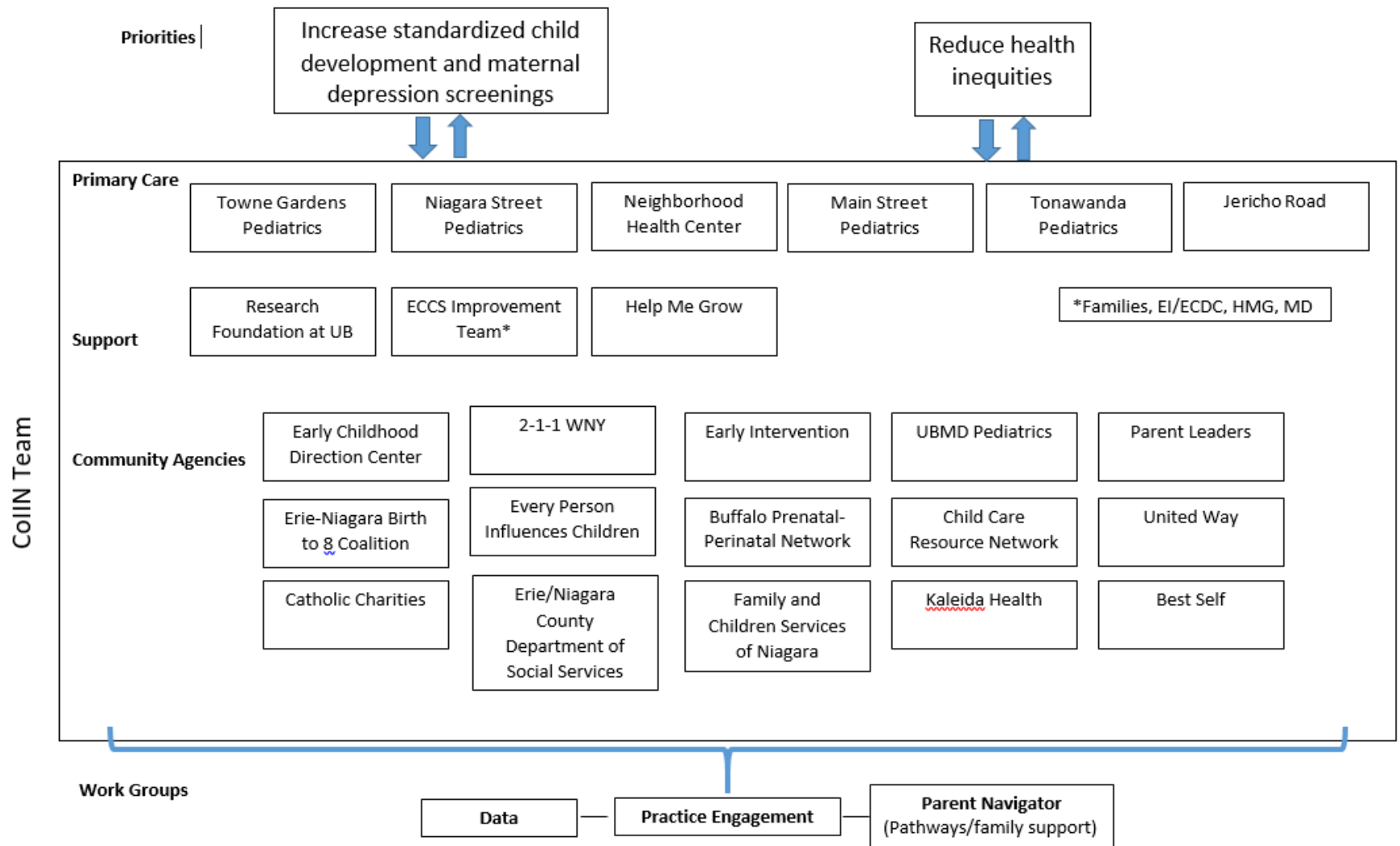


Jacobs School of Medicine
and Biomedical Sciences
University at Buffalo

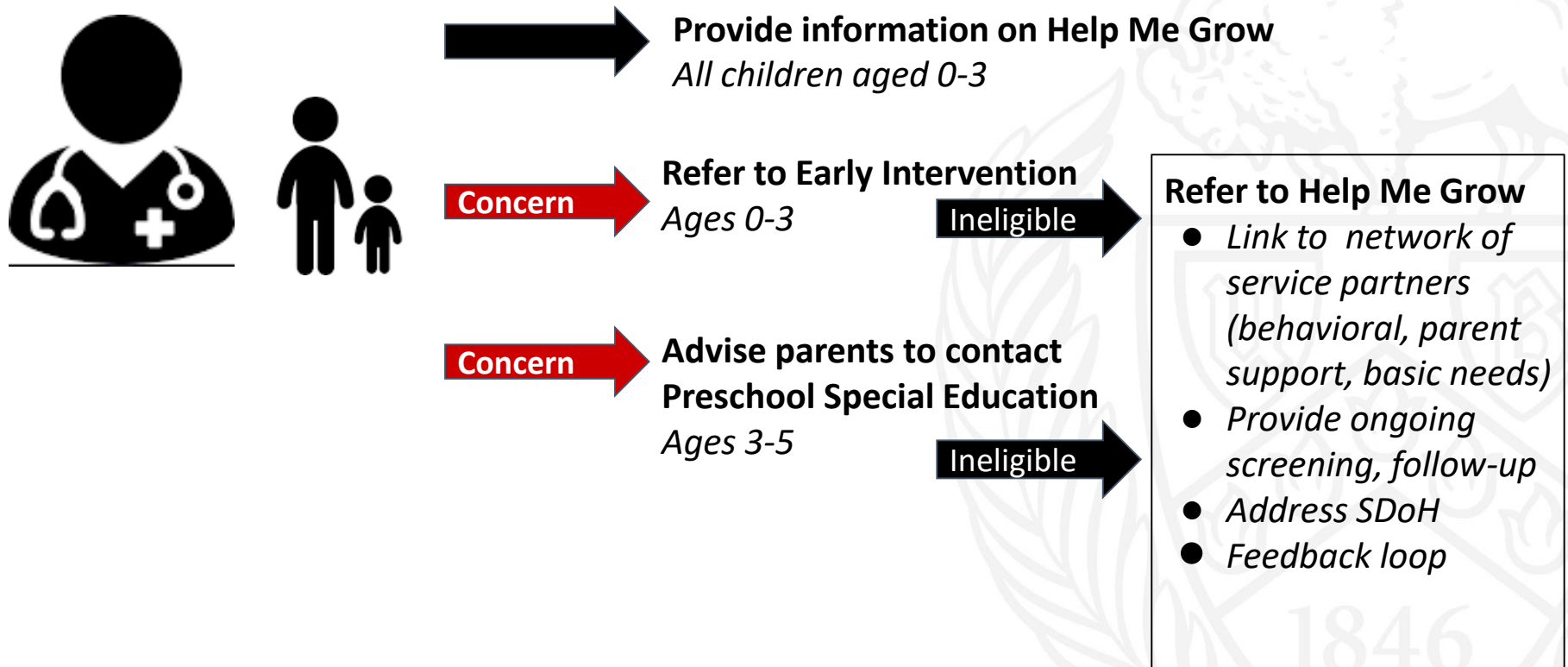


PEDIATRICS

System View of WNY ECCS CoIIN



Process Identified by ECCS CoIN & Practice Learning Collaborative



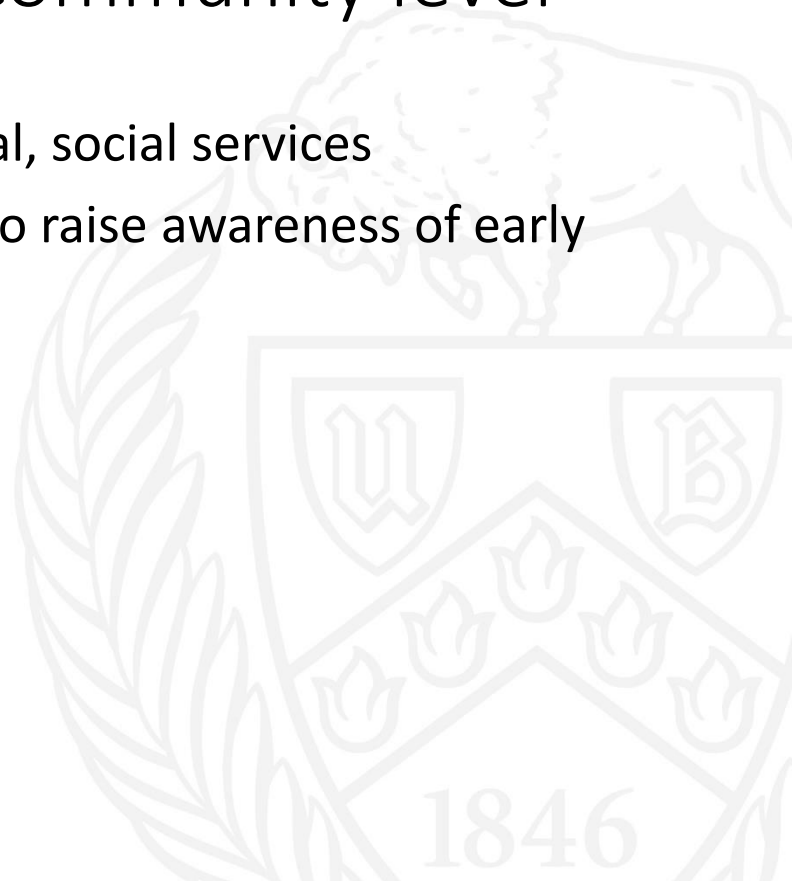
What this looks like on a practice level

- Support for office-based screening
 - Electronic data collection
 - Automated referrals
- System navigation and support for parents
 - Community programming
 - Support for children at-risk



What this looks like on the community level

- Partnership meetings – education, medical, social services
- A lot of “boots on the ground” meetings to raise awareness of early childhood support among stakeholders
- Housing the coalition
- Spread among communities



Oishei Children's Hospital Strategic Plan

LEADING THROUGH COMPASSION AND QUALITY

Vision: Oishei Children's Hospital will provide innovative, quality, high-value, family-centered, compassionate care to women, children and families throughout WNY and beyond.

COMMUNITY

Our mission, vision and values extend beyond our four walls into the diverse neighborhoods and communities that we serve. OCH is committed to making a tangible impact by being a trusted resource of support, catalyst for change and a strong partner for collaboration.

What does success look like in 2020:

1. **Develop Center for Child & Family Well-Being:** Develop a best-in-class system for engaging families and the community in the continuum of care, collaborating with our affiliates and other non-profits in the communities we serve, by developing a network to support and impact the social determinants of health for children.
2. **Strengthen the RPC to be best-in-class,** engaging families and the community in the continuum of care, collaborating with our affiliates and other non-profits in the communities we serve, by develop our network to support and impact the social determinant of health for moms.
3. **Leverage our Workforce,** increasing staff participation with other non-profits in community.
4. Engage our staff in enhanced cultural awareness through community engagement.



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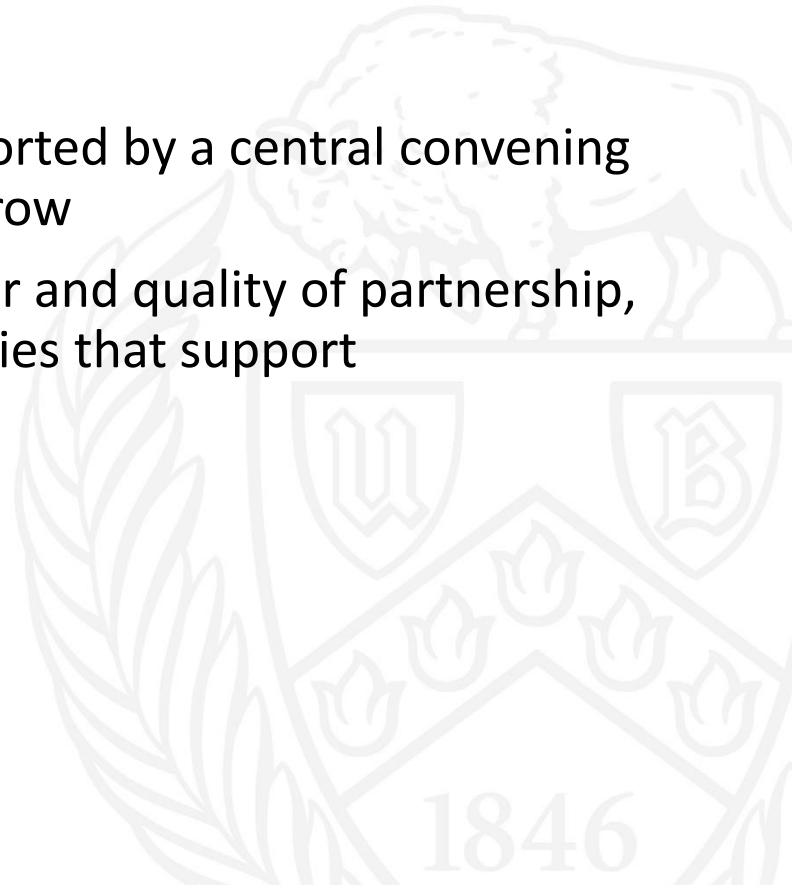
Payment and financing?

- “Cross-sector collaborations (eg, medical, social service, education), financed through braided and/or blended funding, will allow for efficiency in service delivery, shared financing and accountability, and, ultimately, will support improved health and other benefits”
- Practices: value-based payment to support screening and practice transformation
- State and payor efforts to support positive parenting practices (e.g. Healthy Steps, Reach Out and Read)

CHDI “Transforming Pediatrics to Support Population Health,” February 2019

Conclusions

- “Cross Sector Collaboration” can be supported by a central convening and supportive entity, such as Help Me Grow
- Measurable outcomes include the number and quality of partnership, investment in collaboration, and the policies that support collaboration



Thank You!

Questions?





Pediatric Cross-Sector Collaboration:

The Early Childhood Comprehensive Systems (ECCS) Grant in Chelsea, MA

July 18, 2019

Amy Izen, M.S., CCC-SLP, Coordinator, Early Childhood Initiative, Healthy Chelsea

Kirsten Klatka, M.S.W., Senior Project Manager, National Institute for Children's Health Quality (NICHQ)

Eve Wilder, M.P.H., Coordinator, MA Coordinator Early Childhood Systems Project, MA Department of Public Health (DPH)

Maria Yolanda Parra, B.A., Manager, Healthy Families, MGH Chelsea HealthCare Center

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UH3MC30335, Early Childhood Comprehensive Systems, \$5,448,239 (0% financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Agenda

- Overview of Early Childhood Comprehensive Systems Collaborative Improvement and Innovation Network (ECCS CoIIN)
- State-level collaborations in Massachusetts
- Cross-sector collaboration in Chelsea, MA





Overview of ECCS CoIIN

Kirsten Klatka, M.S.W.

Senior Project Manager, National Institute for Children's Health Quality (NICHQ)

ECCS CoIN Grant

- Project Period : August 1, 2016 – July 31, 2021
- Purpose: Use a **Collaborative Improvement and Innovation Network (CoIN) approach** to enhance early childhood systems-building and demonstrate improved outcomes in population-based children's developmental health and family well-being indicators; and to develop collective impact expertise, implement and sustain efforts at the state, county and community levels
- Coordinating Center led by National Institute for Children's Health Quality





ECCS CoIIN Aim:
achieve a 25%
increase in age
appropriate
developmental
skills of
three-year-old
children by 2021



What is a ColIN and why are we using it?

Collaborative **I**mprovement and **I**nnovation **N**etwork

Is a...

platform and **methodology**

for participants to engage in **collaborative learning** together

as **virtual** 'cyberteams',

around a **common aim**,

applying **quality improvement** methods,

to **spread and scale** policy and program innovation,

which in turn **accelerates improvement** in strategies that

contribute to desired **outcomes**.

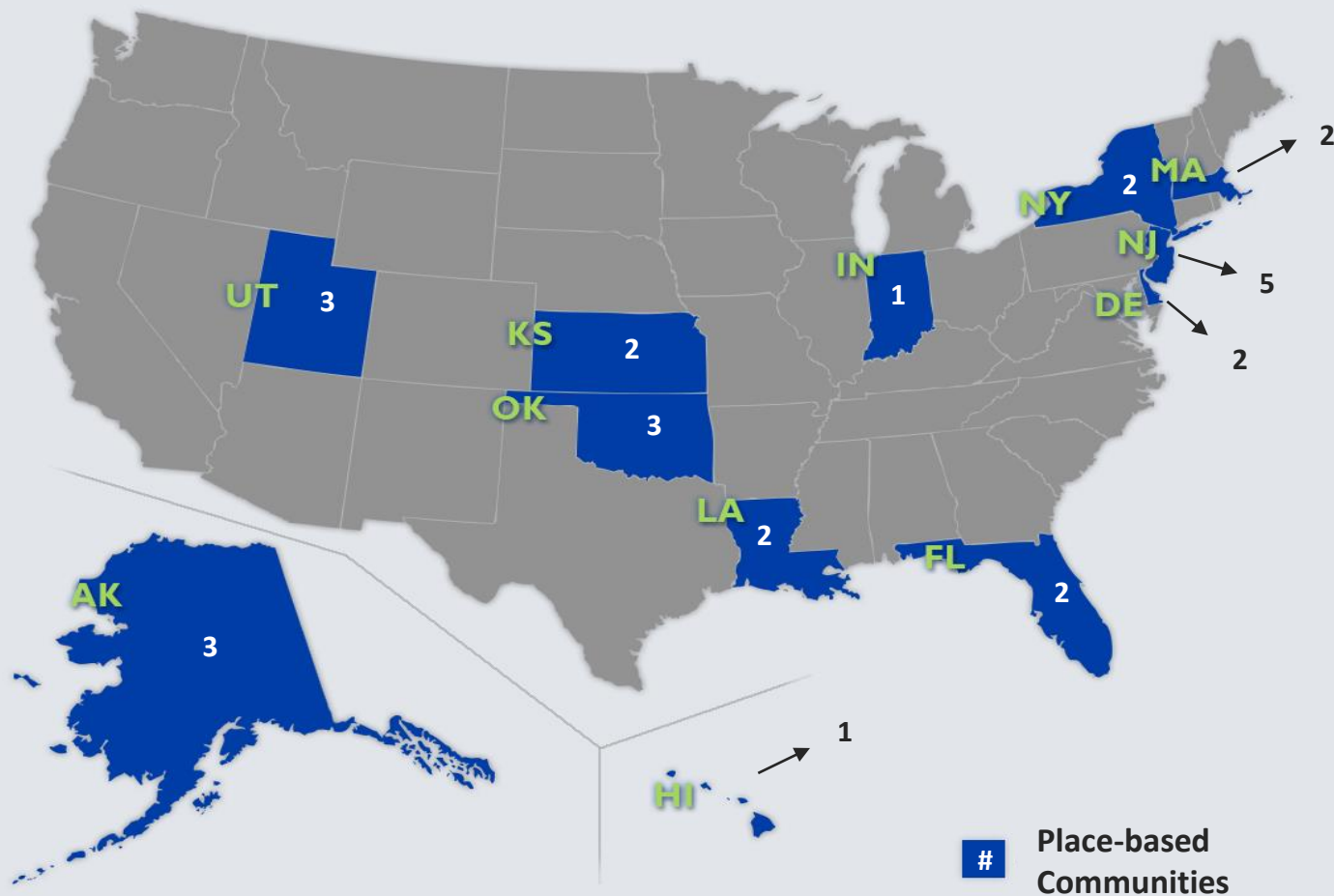


ECCS Project Aims

- Strengthen leadership in **continuous quality improvement (CQI)** and innovation;
- Strengthen knowledge and skill level in using the **collective impact framework**;
- Assist with the **development of two-generation approaches** (parent-child dyad) to drive integration of early childhood services vertically (i.e., within a sector) and horizontally (i.e., across sectors);
- Facilitate the development and adoption of core sets of **early childhood indicators**;
- Facilitate the **testing of innovative early childhood systems change ideas**, development of **spread strategies** and adoption of **new early childhood policies** for **sustaining** the systems at the state/territory, county and community levels



ECCS CoIIN Teams



Cross-sector partnership development and system cooperation examples in ECCS CoIN

- Worked closely with multiple partners at the provider, family and community levels (e.g. child care centers, pediatricians, libraries, barber shops, family leaders)
- Used PARTNER tool to understand networks and identify gaps to increase engagement
- Identified early childhood champions
- Provided support for full time staff to drive progress
- Developed system to support connections of families to resources (Integrated Referral and Information System)



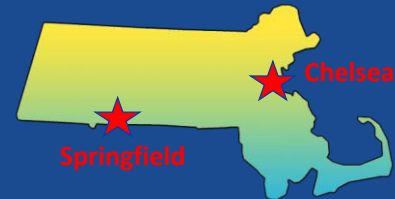


State-Level Collaborations in Massachusetts

Eve Wilder, M.P.H.,

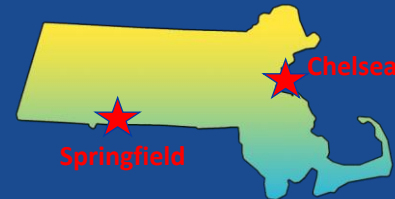
Coordinator, MA Coordinator Early Childhood Systems Project, MA Department of Public Health (DPH)

State ECCS Partnerships: MA Young Children's Council



- MA ECCS lead, sited at the MA Department of Public Health (MDPH), provides guidance and resources to backbone agencies within two ECCS communities, Chelsea & Springfield
- MDPH Young Children's Council (YCC) serves as high-level advisory to agency early childhood initiatives (ECCS, LAUNCH, Title V priority re. emotional wellness) and engages public-private stakeholders in early childhood systems-building and policy discussions
 1. YCC Workgroup: MA ECCS (MECCS) State Impact Team
 - Convenes state-level, cross-systems ECCS team, includes pediatric representatives and community leads, to provide technical assistance & linkages to community partners
 2. YCC Workgroup: Integration of Social-Emotional Wellness into Pediatric Primary Care
 - Mission: to promote policy and practice that allows for more comprehensive integration of early childhood mental health services (perinatal – age 5) with a focus on visits to primary care as point of service

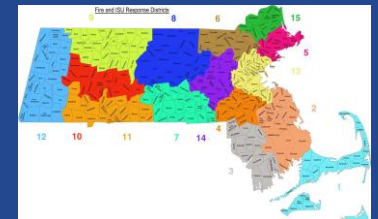
State ECCS Partnerships: MA Young Children's Council



1. YCC Workgroup: MECCS State Impact Team
 - DRIVE universal developmental screening initiative (United Way)
 - Integrated Referral and Intake System (IRIS) – MA Maternal Infant and Early Childhood Home visiting (MIECHV)
 - Learn the Signs Act Early Developmental Monitoring Grant (WIC)
 - Technical assistance on family partnership and leadership efforts (EI Parent Leadership Project)
2. YCC Workgroup: Integration of Social-Emotional Wellness into Pediatric Primary Care
 - Conducted landscape assessment of Infant Early Childhood Mental Health (IECMH) integration models in Massachusetts (2018-19)
 - Completing recommendations for a continuum of infant & early childhood integration in MA

Cross-Sector Collaboration in Chelsea, MA

Amy Izen, M.S., CCC-SLP, Coordinator, Early Childhood Initiative, Healthy Chelsea
Maria Yolanda Parra, B.A., Manager, Healthy Families, MGH Chelsea HealthCare Center





Background on Chelsea, MA

Sources:

1. City of Chelsea, MA website
2. CCHI Community Needs Assessment 2011-2015
3. A.C.S., 5 yr. estimate, 2010 Census estimate (Census website)

Chelsea, MA

- Just north of Boston, 2 square miles
- Densely populated with over 35,000 people
- Adult mixed educational attainment
- Mixed ethnic/racial groups

MGH Chelsea HealthCare Center

- Began 1971 to provide accessible community care
- Programs of primary and specialty care services, provided directly in patient languages (esp. Spanish) that are sensitive to the culturally diverse needs of its residents
- Most providers make referrals within HealthCare system as well as to the community
- Center for Community Health Improvement (CCHI) provides interpreter services, patient

navigation, community health worker, lawyers, early childhood home visiting, food pantry, etc.

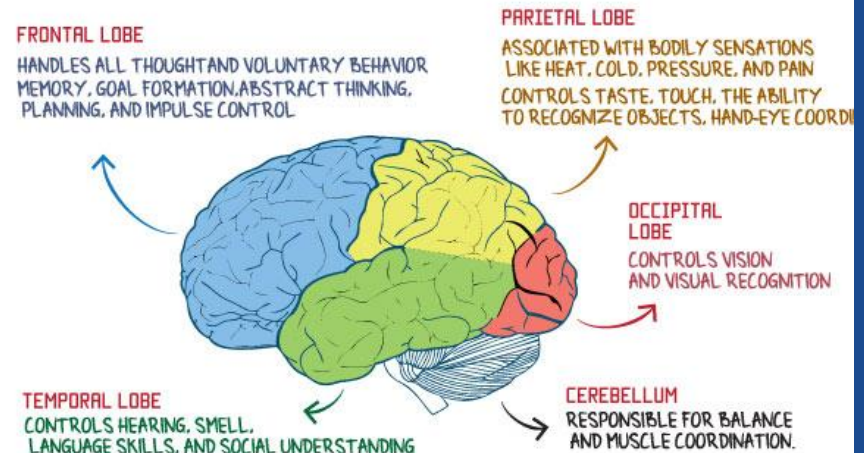
Healthy Chelsea Coalition

- Arm of CCHI to respond to community needs and goals
- In 2015, Healthy Chelsea received impact of early trauma grant to further early childhood work at MGH Chelsea HealthCare Center and throughout the Healthy Chelsea community coalition. This facilitates close interconnection with the Pediatric Departments at the HealthCare Center
- Continued work in 2016 upon receiving ECCS grant
- Established a cohesive webpage with resources

The Chelsea Early Childhood Network (CECN)

- The CECN is a group of stakeholders that focus on improving early childhood *systems* and systems-level *outcomes* via a collective impact, collaborative approach
- The formation of the CECN was influenced by ECCS project aims and NICHQ aims, which emphasize family leadership, quality improvement, and a focus on *cross-sector* collaborations (rather than on individual programs)

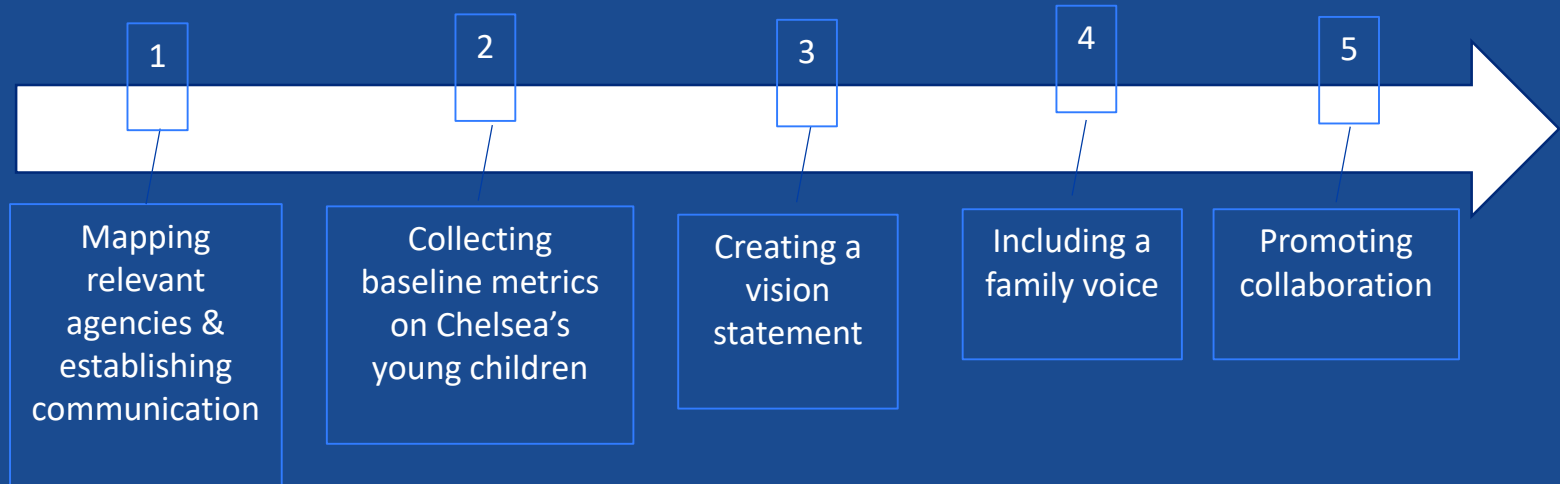
**90% OF A CHILD'S BRAIN DEVELOPMENT
HAPPENS BEFORE AGE 5**



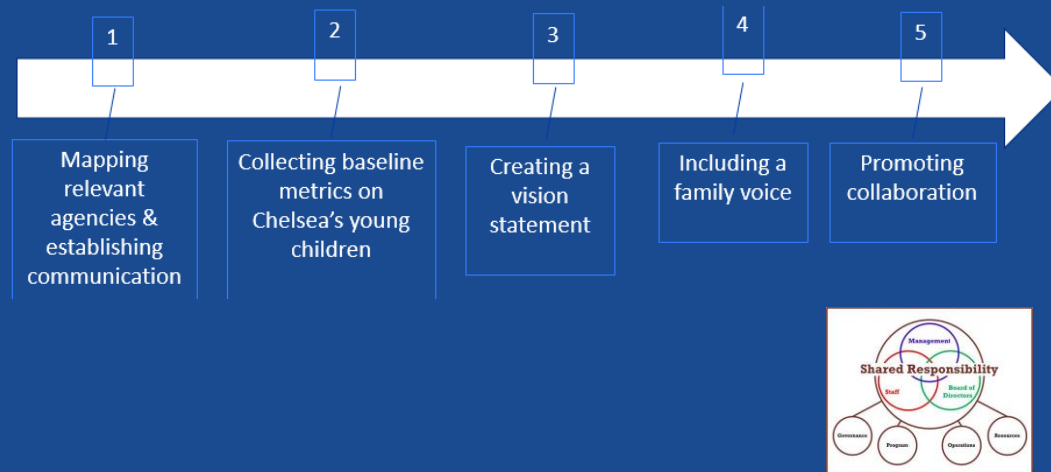
SOURCES:

[HTTP://WWW.URBANCHILDINSTITUTE.ORG/WHY-0-3/BABY-AND-BRAIN](http://www.urbanchildinstitute.org/why-0-3/baby-and-brain)
[HTTP://WWW.BABYCENTER.COM/INSIDE-A-CHILDS-MIND-A-VISUAL-GUIDE](http://www.babycenter.com/inside-a-childs-mind-a-visual-guide)
[HTTP://WWW.CREMEDELACREME.COM/PRESCHOOL_TIPS/YOUR_CHILDS_BRAIN_DEVELOPMENT.HTM](http://www.cremedelacreme.com/preschool_tips/your_childs_brain_development.htm)
[HTTP://BRAININSIGHTS.MYSHOPIFY.COM/BLOGS/NEWS/5291502-IT-HAPPENS-IN-THE-BRAIN-AND-IT-BEGINS-EARLY](http://braininsights.myshopify.com/blogs/news/5291502-it-happens-in-the-brain-and-it-begins-early)
[HTTP://BRAINMIND.COM/BRAINLECTURE7.HTML](http://brainmind.com/brainlecture7.html)

Building CECN: Our Process



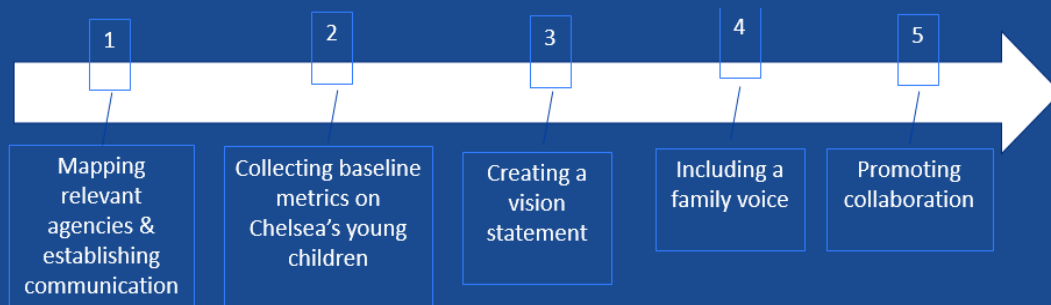
Building CECN: Mapping & Connecting Relevant Agencies



- Identified initial champions within MGH Chelsea Pediatrics (pediatricians, embedded pediatric social worker, embedded Healthy Families program, etc.) and other MGH Chelsea Departments
- Although the HealthCare Center and the community are well-connected and referrals are frequently made via a referral manager or community health worker, silos still exist
- Identified HealthCare Center Departments and community agencies that serve children ages 0-5 years
- Agencies receive via quarterly email newsletter
- Active partners invited to meet every other month at CECN meetings

- | | | | |
|-----|---|-----|--|
| 1. | Bunker Hill Community College | 15. | Chelsea MGH Chelsea |
| 2. | CAPIC Head Start | | Community Health |
| 3. | Chelsea Community Connections Coalition | | Improvement/Healthy Families |
| 4. | Chelsea Public Library | 16. | MGH Chelsea Pediatrics |
| 5. | Chelsea Public Schools | 17. | MGH Speech & Language Department |
| 6. | Chelsea-Revere Family Network | 18. | Neighborhood Developers, The |
| 7. | Children & Family Services of Lynn, Chelsea Branch | 19. | Nurtury Outdoor Rx (Appalachian Mountain Club) |
| 8. | One Day at a Time Dad, The | 20. | Raising a Reader Roca |
| 9. | El Potro | 21. | United Way |
| 10. | Families First | 22. | Women, Infant & Children (WIC) |
| 11. | First 1,000 Days Study at MGH Chelsea | 23. | Program at MGH Chelsea |
| 12. | Harbor Area Early Childhood Services (Early Intervention) | 24. | |
| 13. | MA Department of Public Health | | |
| 14. | MGH Center for Community Health Improvement/Healthy | | |

Building CECN: Collecting Baseline Metrics

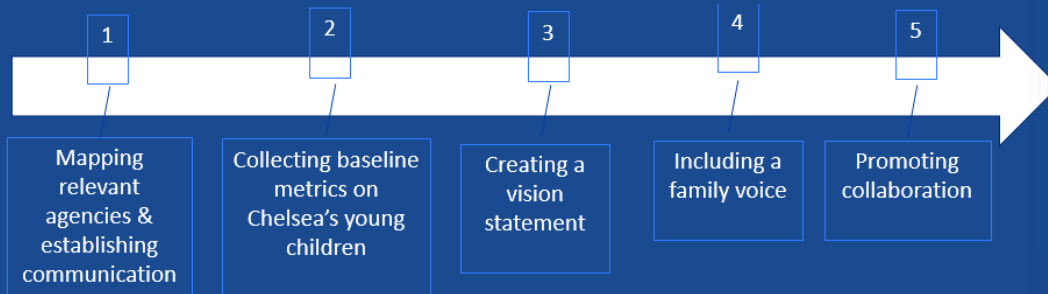


NOTE: These are “rough” numbers that have not been formally validated. These *preliminary* numbers stem from relevant project “curiosity” and were collected through collaboration across partners, colleagues, and data sources. Through the work of CECN, we aim to improve how we measure relevant aspects of who are our young children and how they are developing.

Chelsea Statistic	Number	Source/Calculation
Number of children ages 0-5	4,111	2011-2015 ACS , 5 yr estimate, Census website
Average number of children born each month	59	2010 Census, Average children ages 0-5 born per year divided by 12
Percent of children attending preschool	32.4%	2011-2015 ACS , 5 yr estimate reported 488 children ages 3 and 4 years enrolled in school out of total number of Chelsea children that age (4111)
MA percent of preschool-age children enrolled in formal EEC	59.2%	Strategies for Children (uses 2011-2015 ACS , 5 yr estimate, 2010 Census)
Percent of children 0-5 with primary care at MGH Chelsea HealthCare Center*	20%	Unit Chief population estimate of total patients (825) 9/12/17 divided by 2011-2015 ACS , 5 yr estimate (4111)
Approximate percent of children meeting developmental milestones 0-35 months of age	77%	2011-2015 ACS , 5 yr estimate, EI data for children referred to EI (448) from 7/1/16-6/30/17 excluded from the total children age 0-2;11 (1935)
Approximate percent of children meeting developmental milestones ages 4 & 5	42%	Average of domain scores on TS Gold from CAPIC Head Start data 9/16, n = 121

- MGH Chelsea Unit Chief of Pediatrics provided patient estimate for calculation
- Pediatricians, along with others in CECN, provide feedback regarding these figures

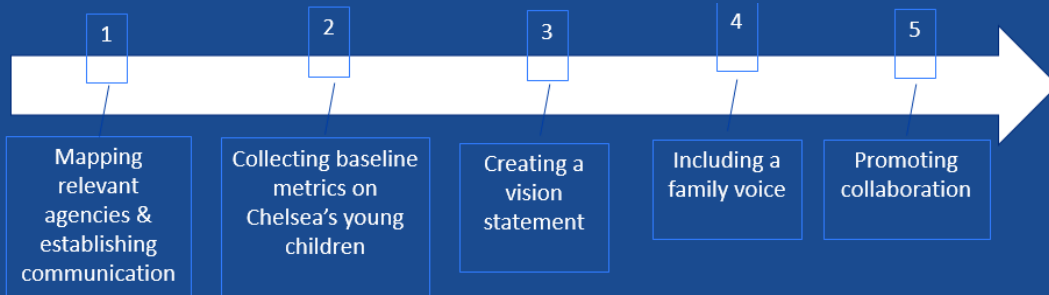
Building CECN: Creating a Vision



Our Vision : *The Chelsea Early Childhood Network is a coordinated initiative between families, community partners and agencies focused on providing equal opportunities for Chelsea children, birth to five, and their families by engaging in proactive efforts which will aid in child growth and development, and serve as a catalyst for family success.*

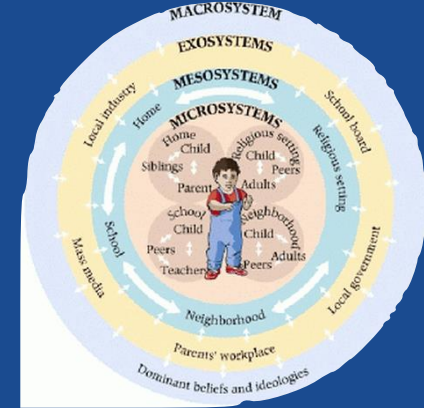
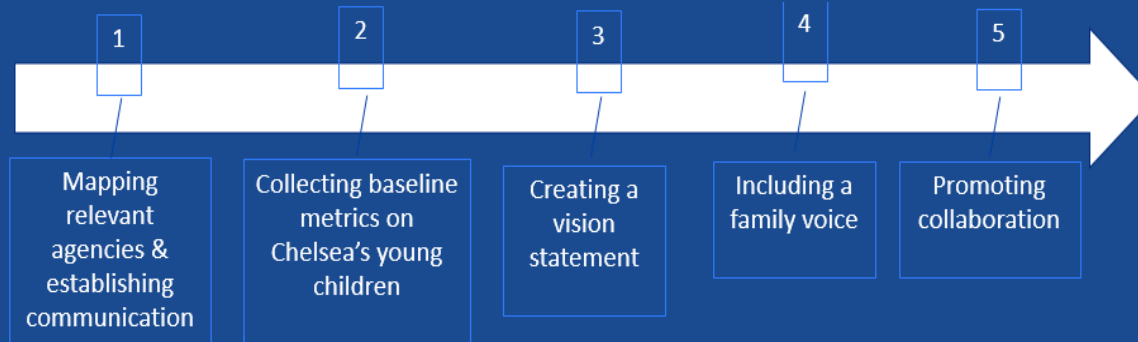
- We recognize that pediatricians are a primary and consistent point of contact for the majority of families, and that child health is two-generational. Therefore, the Department of Pediatrics at MGH Chelsea plays an essential role in both realizing this vision for children and connecting their parents to the resources they need.

Building CECN: Including a Family Voice



- Family Navigator position established
 - 20 hours/week funded by ECCS and 20 hours a week with partner agency
 - Speaks Spanish & English, available at two locations
 - Data from 1/2 locations during April 2018 showed
 - Navigator served 17 families, 13 (76%) resided in Chelsea
 - 9/17 (53%) of families disclosed they have children 0-5 years of age
 - Events and children's clothes were primary resources given
 - Future goals include tracking family's connection to the target service as well as ongoing improvement of publicly available Resource Guide
- Establishing family leader "pool" to include on meetings and consult on projects

Building CECN: Promoting Collaboration

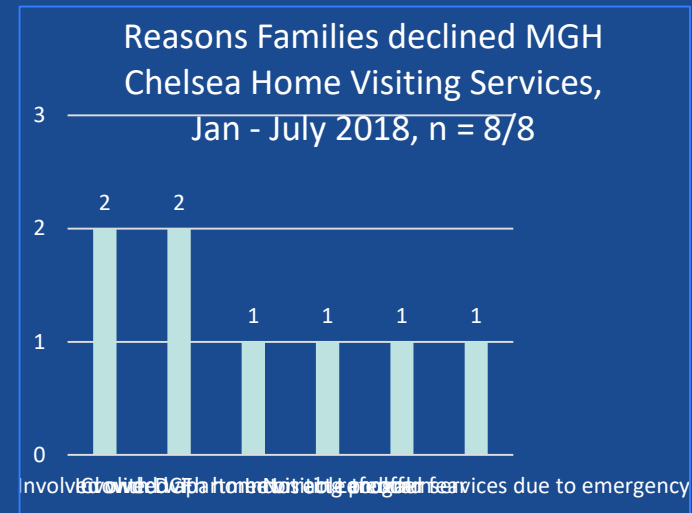


We will highlight 3 additional ways we are promoting collaboration:

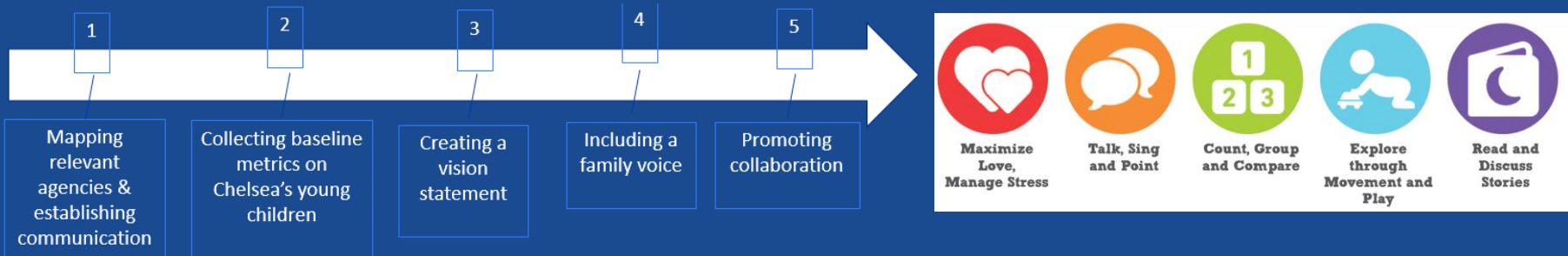
- Small steps of change shared at CECN meetings
 - At each meeting, 3 partner agencies share a goal their organization is working on along with a small amount of data
 - The idea is that the “small step of change” can be completed in a week by one person, and by looking at a data point on 1-3 clients
 - Sharing across agencies with data generates discussion and collaboration in novel ways
- New partners
- New programs

Promoting Collaboration: Small Steps of Change

- **Background:** MGH Chelsea Pediatricians refer at-risk families to MGH Chelsea Healthy Families to help families strengthen child protective factors. Healthy Families wanted to understand why families decline enrollment in Healthy Families in order to use information to improve recruitment strategies.
- **Methods:** Phone survey administered to families who declined enrollment from Jan-July 2018 (n = 8)
- **Results:** Most common reasons (7) included family already receiving services, not enough space at home or fear of landlord anger, “competing” higher priority emergency, or an incorrect referral (1)
- **Discussion:** Consider maintaining contact with the families (7) who were appropriately referred for an additional 3 months that declined referral at the first offer as it can take time to build a trusting relationship.



Promoting Collaboration: New Partners & Programs



- CECN members suggested using the Boston Basics campaign to spread messaging to families. Have highlighted Boston Basics at
 - Week of the Young Child 2018 “community bingo”
 - Family information groups at Chelsea-Revere Family Network
 - Magnets designed for agencies to give to families
 - Week of the Young Child 2019 training provided for agency partners at MGH Chelsea HealthCare Center 2019
- Contact from Boston Basics told colleagues at Families First, a parenting program, about CECN. Families First began attending CECN meetings.
- Now MGH Chelsea HealthCare Center is exploring offering Family Firsts’ Power of Parenting Program to parents of children age 0-1 years who are served by MGH Chelsea Departments (Prenatal, WIC, Pediatrics, Behavioral Health). Several pediatricians are supporting this effort.

Thank you for your attention!

We look forward to responding to your questions and comments during the question and answer portion of today's webinar.

If you have additional questions or comments, please contact Kirsten Klatka at kklatka@nichq.org.

A circular icon composed of many small, colorful human figures, with the word "Feedback" written in the center.

Feedback

We look forward to hearing from you!



Thank you for participating in the CHDI Transforming Pediatrics 3-Part Webinar Series

We look forward to seeing you at our upcoming webinar!

August 8 at 1 pm:

Pediatric Primary Care Payment Reform

Mark Schaefer, PhD, Connecticut Office of Health Strategy

Suzanne Brundage, MS, United Hospital Fund of New York

Register for Webinar 3:

https://umassmed.zoom.us/webinar/register/WN_IaUgQTQ9TKaMLAvBMZ3DgQ

About CHDI

The Child Health and Development Institute improves the health and well-being of Connecticut's children.

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Where to find CHDI



www.chdi.org



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February 2018 Report: *Transforming Pediatrics to Support Population Health - Recommendations for Practice Changes and How to Pay for Them*

<https://www.chdi.org/publications/reports/other/transforming-pediatrics-support-population-health/>

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