

**Kid Connection Network**  
**Status Report and Minutes from 12/11/06 Advisory Committee Meeting**

**Marketing**

Our full page ad and accompanying article in the 2007 edition of *Early Care and Education Guide* will be distributed this month at physicians' offices, grocery stores, and other public sites. Projected distribution is 40,000+ copies in Hillsborough County. Thanks again to Nick Carullo at FDLRS for his generosity in purchasing the ad for Kid Connection.

We presented information about Kid Connection and ECC to approximately 25 pediatricians at the Hillsborough County Pediatric Society meeting on November 16. They were very enthusiastic about using Kid Connection as a resource for their patients and families, and took promotional materials back to their offices.

To-date, close to 40,000 Kid Connection rack cards have been provided to community providers and partners, and will continue to be disseminated to families in 2007. We also continue working on plans to participate at several community events next year, which include exploring sponsorship opportunities for Kid Connection/ECC with companies such as Publix, Target, Walmart, etc. Events planned for 2007 are the Health & Fitness Expo/Step Up Florida, Gasparilla (Feb), Eggstravaganza (April), Wellness Fair (May), Back to School Bash (July), and KidFest (Oct).

**Operations & Quality Assurance**

New Resource Specialist. Please welcome Julie Carvajal to Kid Connection as our new Resource Specialist. Julie has been working right next door to us in the Manhattan Center as a Family Advocate with the Northside Early Childhood FASST team, and we're thrilled with the experience and enthusiasm she brings to Kid Connection.

2-1-1 Call & Referral Reports. See the attached summary for number of calls, referrals, and web site hits through October 2006. Additional reports from 2-1-1 that includes a breakdown of calls by age of the child, as well number of early childhood and prenatal referrals by specific agency/program, are posted on the Kid Connection Web site. Ray Carpenter provided at the 12/11 meeting a list of "top needs" for the month of November, which we will start including in our regular monthly reports.

We are still exploring how best to address/resolve concerns expressed at the last few Advisory Committee meetings about the limited number of referrals to Kid Connection despite increases in the number of early childhood calls to 2-1-1. Consensus from the group was that we need to continue to monitor referrals from 2-1-1, assess the quality of referrals, and possibly revisit the Kid Connection protocol to ensure that families are linked to appropriate services as quickly and directly as possible. We will keep you updated on progress.

Kid Connection Client Reports. See the attached recap of client activity, demographic profile, and referral sources for November 2006 (11/1-11/30/06). As discussed last month, we are increasingly functioning as case "co-managers," that is, we're working with families in cooperation with other service providers/case managers to coordinate service linkages for the family. This I&R co-management model has worked successfully to-date with programs such as CMS, Early Steps, and HKI, and so we will encourage existing case managers to utilize Kid Connection in this role. In

addition, the Children's Board approved \$5,000 in ASO case management funds for Kid Connection in FY 2007.

Arlinda Amos suggested that we consider some type of peer review for clients who do not follow through with referrals (e.g., identified with code "lack of progress") prior to closing out the file. There was some discussion among Advisory Committee members about ways to operationalize the idea. While there was no clear consensus during the meeting, we will revisit the issue later.

Agency Grievance Protocol. To-date, completed questionnaires about each agency's client grievance protocol have been received from Early Steps, APD, 2-1-1 Tampa Bay, County Health & Social Services, Florida Health Partners, Children's Board, Homeless Coalition, MHC, County Health Department, and CARD. This information will become important as we continue to assess client satisfaction and access to early childhood services, which may include directing clients back to a particular program to voice their concerns/grievance. If your agency hasn't completed the form, please have the appropriate person at your agency fill it out and return it to us as soon as possible.

### **Training**

Kid Connection training for community agencies. To-date, over 400 partner agency staff members have been trained on how to use the 2-1-1 I&R system and Kid Connection. The new "Fast Fact" referral sheets also have been distributed to all service providers who received training this past year. As mentioned earlier, we expect to set up new trainings starting in January/February 2007, which will include outreach to staff at the County Health Department, HKI, and CPIs in the Sheriff's office.

### **Governance and Budget**

ECC Transformation. Kid Connection has been actively participating over the last 6 months in strategic planning to transform ECC from an all-volunteer organization to an autonomous agency with a paid Executive Director and other staff. As you know, ECC expects to assume fiscal management of Kid Connection once the new structure is in place, likely in spring 2007. As part of the planning process, we have conducted focus groups with services providers, pediatricians, and families throughout the community (i.e., Millie Bucy lead this discussion at the October Kid Connection meeting). Last month, Achieve Management, Inc., which is providing TA in the process, submitted a funding proposal to the Children's Board that outlines ECC goals, objectives, and proposed activities over the next 5 years. We are requesting time-limited financial support from the Children's Board to assist ECC in the transition to a self-sustaining agency. The proposal is posted on the Kid Connection Web site (see [www.kidconnect.info/ECC.htm](http://www.kidconnect.info/ECC.htm)).

Concurrently, ECC is exploring multiple avenues for fund raising for revenue generation. We've already done quite a bit of work in developing two concepts, and are starting work on others. The first one, which is outlined in the proposal to the Children's Board, is to establish an *Institute for Early Childhood Education and Training*. We've also developed a business plan to transform the "Right on Track Play Pavilion" into a revenue-generating social enterprise.

In the formulation stage are two business concepts that will help further ECC's mission AND hopefully strengthen ECC's linkages to the pediatric medical community. Attached is a document that provides a description of the proposed initiatives. While it is directed to pediatric providers, please feel free to respond to the questions that we've asked. We've already received some feedback, and anticipate additional comments once the information is mailed out to all members of the Hillsborough

County Pediatric Society later this month. You'll see that one of the ideas is to expand and enhance our existing Kid Connection I&R/service coordination model.

**In light of Kid Connection's pending transition to ECC management, the Community Advisory Committee will begin meeting bimonthly rather than monthly starting in January 2007.**

*Budget.* Attached is a modified Kid Connection budget for FY 2007, which reflects the \$150,000 annual commitment to the program from the Children's Board. We hope to secure incremental funds for operational expenses (currently, \$10,000 allocation) from more sources as we move forward. One avenue may be through County Health & Social Services, which is conducting a 2007 funding information session on December 14.

**Next Meeting: Monday, January 8, 2007, at 3P at the Children's Board.**

*Have a happy holiday season!*

The **Early Childhood Council of Hillsborough County, Inc. (ECC)**, a 23 year-old interagency organization devoted to early identification of developmental problems and early intervention services for young children from birth to age 8, is currently transforming from an all-volunteer not-for-profit entity to a self-sustaining staff-based service agency. An important goal for ECC over the next year is to strengthen its linkages to the pediatric provider community. To that end, we would like your feedback about what ECC can do to support your work in providing comprehensive medical homes for young children.

We are requesting your participation in this process by 1) giving us your thoughts about the issues in this community that ECC should address in its new role, and 2) providing feedback about two program concepts that are in the early stages of development. Specific questions are listed below.

*Please email your comments to [jhess@kidconnect.info](mailto:jhess@kidconnect.info) (you can type your comments directly on the page), or fax your responses to 813-837-7721. If you'd like to discuss via telephone, call Janet Hess at 813-837-7718. If you get voice mail, just leave a message with a good time and number to return you call. For more information about ECC, go to <http://www.kidconnect.info/ECC.htm>. Thank you for your help in this initiative!*

### **Section 1. ECC's Transformation**

1. Given ECC's mission, what can we do to support your practice/organization in its work with young children?
2. How can ECC engage your practice/organization as a community partner?
3. What can your practice/organization do to assist ECC in accomplishing its mission?
4. Where do you go when you need information about early childhood services and programs that are available in the community?
5. What do you see as current service gaps for young children and families?
6. What recommendations do you have for ECC in this transformation?

### **Section 2. Program Concepts**

Let us know what you think of these ideas. Some questions are included that might help guide your responses, but feel free to comment as you see fit. In addition, please consider participating in a planning committee that will utilize your feedback to develop a proposed pilot program for selected practices as well as identify potential funding mechanisms. We expect to utilize online communication for much of the planning work, and will set up meeting times and/or conference calls that are convenient for you, as needed.

#### ***A Service Coordination Model***

There is considerable evidence suggesting that pediatricians may miss important referral opportunities because they (and their support staff) are not knowledgeable about the broad range of community resources and services that are available to children and families. In addition, practices may not have the capacity (e.g., staff and time) to coordinate and follow up on linkages to educational and social services that the family might need.

There are a limited number of programs in Hillsborough County - such as Kid Connection Network and the FASST program - that assist families with young children who don't already have a case manager or care coordinator (i.e., not enrolled in a service system) with identifying and accessing community resources. As an extension of these programs, ECC would provide a Family Support Coordinator to participating pediatric practices. The Coordinator would provide support for families whose needs exceed the service capacity (or training) of the pediatrician, linking at-risk families to educational and social services such as developmental screening, prevention and intervention services for abuse/neglect/ domestic violence, parenting education, etc. Service coordination would be short term, intensive, and based on system of care principles, i.e., strengths-based, collaborative, family-centered, child-focused, etc.

Family Support Coordinators would be assigned to practices by geographic region, and would provide ongoing outreach on behalf of ECC to build relationships and expand knowledge of the early childhood system in Hillsborough County. Currently, the Children's Board is the primary funding source for Kid Connection and FASST, allowing families access to service coordination at no cost to them. However, in order to expand and sustain a program that supports pediatric practices, additional revenue streams would need to be accessed. These might include physician

reimbursement from insurance providers for care coordination services, Medicaid Targeted Case Management services provided to at-risk children, and/or an annual fee for service coordination paid by pediatric practices.

Here are some questions for you to consider:

1. Is there someone in your office - such as a social worker or triage nurse - who currently assists families in accessing and coordinating social services and other community resources? If so, are you satisfied with the effectiveness of your current care coordination services?
2. Do you currently bill and collect from insurance companies for service coordination?
3. Would you be interested in participating in a service coordination program like the one described above?
4. Would you be willing to pay an annual fee to participate?
5. Given your understanding of current guidelines and CPT codes for Medical Home reimbursement, can a subcontractor (like ECC) be compensated for care coordination services through physician reimbursement? How would that work?
6. Do you have recommendations on other sustainable revenue streams that might support service coordination?
7. What's your overall impression of this concept?

### ***Universal Developmental Screening***

Utilizing the Ages & Stages Questionnaires (ASQ) or Parents Evaluation of Developmental Status (PEDS), ECC would offer high-quality developmental screenings to all children in Hillsborough County via a protocol in which parents/caregivers submit paper or online questionnaires to ECC at regularly scheduled, age-specific intervals.

In one model, ECC would contract with pediatric practices to disseminate and administer the ASQ or PEDS to patients. ECC would provide the ASQ (or PEDS) protocol for pediatricians to distribute to families along with information about the screening program, the importance of monitoring their child's development and seeking early intervention services if needed, and the availability of a Family Support Coordinator to assist should a problem occur. The first questionnaire could be mailed or submitted online directly to ECC, who would score the instrument, return to the pediatrician and parent/caregiver along with appropriate referrals (if needed), and provide some anticipatory guidance materials and other educational items such as a book from Born to Read. Subsequent screenings would be scheduled according to the protocol and based on results of the first test. ECC would be compensated through physician reimbursement for developmental screening.

Questions to consider:

1. Do you currently routinely use the ASQ, PEDS, or other standard screening instrument in your practice?
2. Do you currently bill and collect from insurance companies for developmental screening?
3. Given your understanding of current coding guidelines and the CMS Relative Value Unit (RVU) for developmental screening, can a subcontractor (like ECC) be compensated for administering and scoring the instrument through physician reimbursement?
4. What's your overall impression of this concept?

In another model, parents of newborns would be given the 4-month ASQ (or PEDS) protocol in their discharge packet in the hospital, along with information about the screening program, etc. This first questionnaire could be mailed (or submitted online) to ECC free of charge to the parents, scored by an ECC staff member, and returned to the parent/caregiver along with appropriate referrals (if needed) and a subscription offer for subsequent screenings, as per the screening protocol. Subscriptions would need to be reasonably priced so that parents will want to subscribe, maybe \$10 - \$25 per year. For example, given 5 screenings per year for the first couple of years, a family would pay \$4 plus postage for each screening based on a \$20 annual subscription.

1. Do you think parents would be willing to purchase a subscription for multiple screenings each year?
2. Could both of the developmental screening models described above be implemented concurrently (i.e., are they complimentary)?
3. What's your overall impression of this concept?

Finally, will you work with us on a planning committee to further develop a pilot program?

## Kid Connection Client Activity Summary for 11/1 – 11/30/06

### Client Totals

#### Number of Clients Enrolled from 11/1-11/30/06:

Child	31	100%
Expectant Mother	0	0%
<b>Admitted</b>	<b>4</b>	
<b>Discharged</b>	<b>4</b>	

#### Total Number of Clients:

FY 2007 YTD	19
FY 2006	87
<b>Total Program:</b>	<b>106</b>

### Satisfaction with Services

#### Satisfaction with Kid Connection

1.0 avg rating

#### Satisfaction with Referred Service/Program

1.5 avg rating

#### Satisfaction Rating Codes:

1	Very satisfied
2	Somewhat satisfied
3	Not satisfied

### Primary Client Demographics

#### \* Level of Care

IR	9	29%
LEV1	11	35%
LEV2	9	29%
LEV3	2	6%
<b>Total</b>	<b>31</b>	

#### Status

Completed	3	10%
Active	26	84%
Lack of Progress	2	6%
Moved	0	0%
Other	0	0%
<b>Total</b>	<b>31</b>	

#### Race

Hispanic	12	39%
White	12	39%
Black	2	6%
Bi-Racial	3	10%
Unknown	2	6%
<b>Total</b>	<b>31</b>	

#### Primary Language

English	24	77%
Spanish	7	23%
<b>Total</b>	<b>31</b>	

#### Gender

Male	22	71%
Female	9	29%
<b>Total</b>	<b>31</b>	

#### \* Level of Care Codes

IR: Information and referral only; short screening tool

LEV1: Low level of service facilitation; full screening, 1-2 simple referrals; requires follow-up

LEV2: Moderate level of service facilitation; full screening tool, 2-3 complex referrals, and/or coordination with partner case manager; follow-up

LEV3: High level/Intense service facilitation; full screening, 4 or more complex referrals, requires follow-up

	Number of Calls to 2-1-1					Number of Referrals to 2-1-1				Number of Translation Line Calls*				Number of Web Site Hits		
	All Calls	Birth to Age 8 and Prenatal	% of All Calls	Birth to Age 8 (only)	Prenatal (only)	Referrals to Kid Connection	Birth to Age 8 and Prenatal	Birth to Age 8 (only)	Prenatal (only)	Total	% of All Calls	Spanish	Other	Unique Visits	Page Hits	KCN Program Hits
<b>2005</b>																
Avg/ month	4,529	73		54	19											
Total Year	54,344	880		649	231											
<b>2006</b>																
Jan	4,931	63	1%	49	14	0	101	79	22	119	2%	118	1	4,086	8,846	
Feb	4,428	55	1%	44	11	0	124	98	26	138	3%	135	3	3,506	9,026	
March	5,653	71	1%	46	25	0	115	83	32	130	2%	130	0	4,576	11,041	
April	5,516	74	1%	53	21	0	138	91	47	99	2%	98	1	3,242	10,095	
May	6,146	85	1%	57	28	1	172	118	54	139	2%	135	4	3,828	11,070	
June	6,273	68	1%	57	11	5	140	108	32	99	2%	97	2	3,888	11,442	
July	6,327	83	1%	62	21	6	133	93	40	137	2%	136	1	6,522	13,591	
Aug	7,197	112	2%	99	13	12	221	199	22	189	3%	185	4	6,667	14,495	
Sept	7,400	94	1%	70	24	4	166	121	45	187	3%	187	0	7,262	13,285	11
Oct	7,502	118	2%	90	28	6	236	184	52	175	2%	174	1	8,132	11,285	1
Nov																
Dec																
Total YTD	61,373	823	1%	627	196	34	1,546	1,174	372	1,412	2%	1,395	17	51,709	114,176	12

\* Translation line figures do not include calls that were translated by 2-1-1's onsite bilingual counselor