2020 Community Health Improvement Plan
Health Enhancement Community
ACEs/Healthy Development 0-8 Strategies

Adverse Childhood (ACEs)

A person's ACE score is measured by the number of traumatic events they experienced as a child. There are ten commonly referred to ACEs, although a variety of experiences can cause toxic stress and trauma:

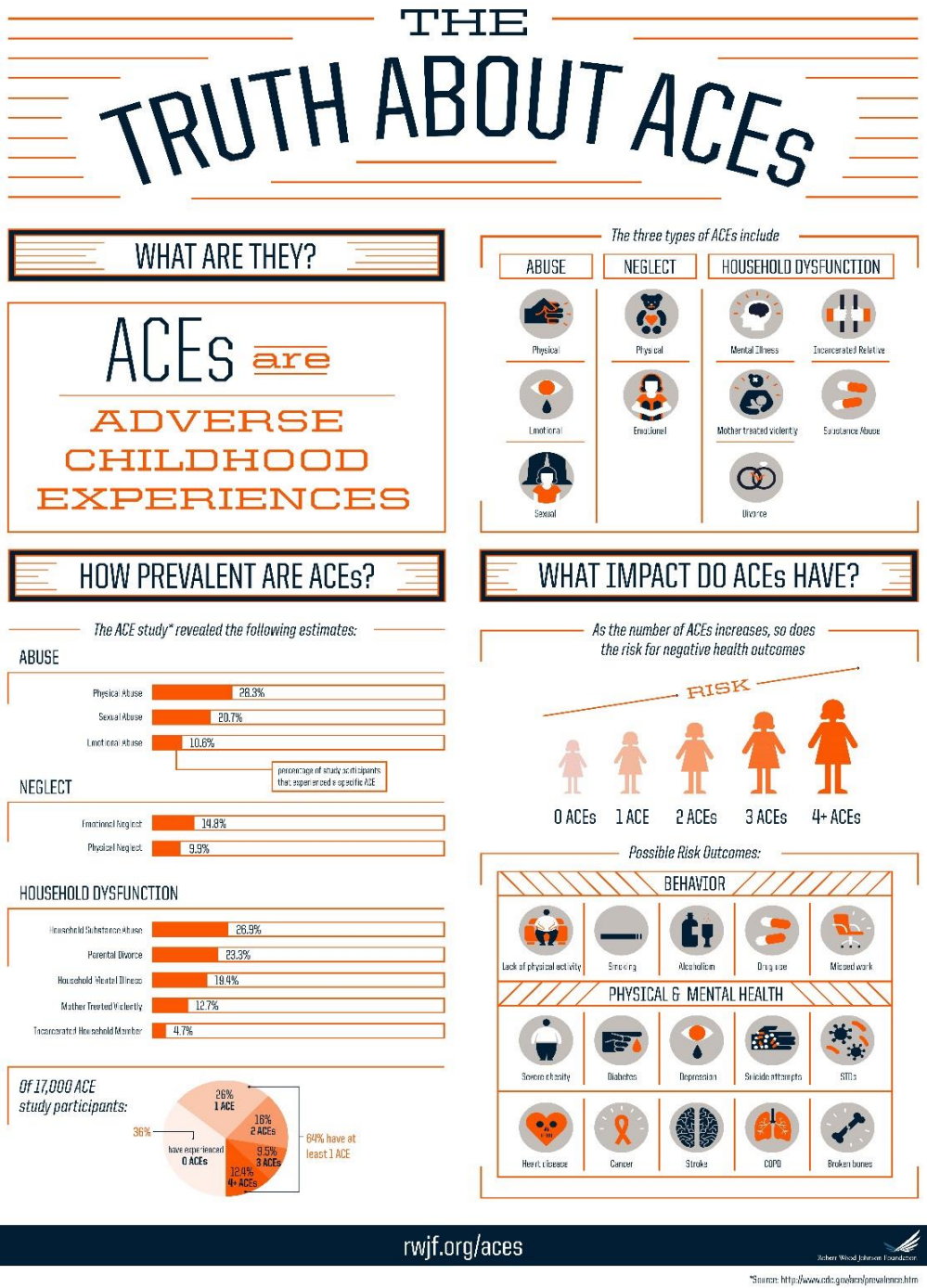
- **Emotional abuse/Emotional neglect**
- **Physical abuse/Physical neglect**
- **Sexual abuse**
- **Substance abuse of a family member**
- **Mental Illness of a family member**
- **Loss of parent through death or divorce**
- **Incarceration of a parent**
- **Domestic violence**

Also….ACEs can occur from "Adverse Community Environments" such as poverty, unstable housing, food insufficiency, systemic racism, violence, lack of social/financial opportunities.

As well as…..trauma due to global crisis events such as health pandemics, civil unrest, or weather catastrophes.

Research shows the ACEs impact a person's health and overall wellbeing into adulthood. ACEs are also two-generational, impacting or passed down from parent to child, and deserve a two-generational response.

Identifying ACEs is only a first step. The work at hand is helping the public, policymakers, and those who come into contact with children every day to understand, acknowledge and put in place systems that preempt these challenges and improve the odds that children and their parents have better outcomes. ACEs are preventable. In those already impacted by ACES, building resiliency and PROTECTIVE FACTORS is critical.



How Does Resilience Develop?

Researchers continue to refine their understanding of the components and processes involved in resilience. However, there is agreement about a variety of important conditions that support resilience.

- **Close relationships with competent caregivers or other caring adults**
- **Parental resilience**
- **Caregiver knowledge and the use of positive parenting skills**
- **Having a sense of purpose (through faith, culture, identity, etc.)**
- **Individual competencies (problem solving skills, self–regulation, autonomy)**
- **Opportunities to connect socially**
- **Practical and available support services for parents and families**
- **Communities that value people and support health and personal growth**

Protective factors help a child feel safe, more quickly, after experiencing the toxic stress of ACEs. Protective factors can neutralize the physiological changes that naturally occur during and after trauma. This protects the developing brain, the immune system, and the body as a whole from negative effects. If the child's protective factors are firmly in place, development can be sound, even in the face of severe adversity.

If these protective factors are inadequate, either before or after the traumatic experience, then the risk for developmental problems is much greater. This is especially true if the environmental hazards are intense and prolonged.

Upstream and preventative care supports such as these are crucial to the mitigation of ACEs

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This improvement plan covers the age range of prenatal to age 3. Because child development and family needs vary greatly in the 0-8 year span, CHIP plans will be created in 3 age cohorts: PN-3, 4-5, 6-8 years of age.

Priority Area: Healthy Development 0-8 with a focus on ACEs (Adverse Childhood Experiences)
Bridgeport Target Cohort: Prenatal- 3

Target Population:
We estimate the total population of infants and toddlers to be between 6,000 and 6,700, of whom nearly 70% are children of color, 30% African American and 38% of Latino heritage. The population of children living under 200% of the Federal Poverty Level is about 4,200 based on an annual Medicaid birth population of about 1,400. Our Baby Bundle strategies will serve at least 1,050 infants and toddlers (25%) in years 1-3 and 2,100 (50%) over years 5-7.

Primary Indicator: % of 3 year olds developmentally on track (cognitive, social emotional, language and communication, physical development) **[2015- 25%, 2018-25%]**, * Bridgeport proxy Data Based on HS Creative Curriculum Gold Assessment * Migrate data source to ASQ-3 as we reach screening universality

Healthy Beginnings:

Indicator: % of pregnant women accessing prenatal care in first trimester **[2015- 83.8%, 2018-74.4%]**, * Bridgeport Prospers/CT Department of Health

Indicator: % of birth mothers accessing Postnatal Wellness Check (+ screening rates for maternal depression and connection to MH services) **[New program- anticipated reach 675 of 900 births per year BPH]**

Family Supports:

Indicator: % of families enrolled in home visiting programs **[2016- 22.5%- 2020-needs to be updated]** * Bridgeport Prospers Technical Report

Indicator: # of children **0-5** served through evidence-based early literacy supports in pediatric practice **[2018-3,020 , 2020-5,485]**, * Reach Out and Read

Indicator: % accessing Bridgeport Basics parental education supports during the well-child visit **[baseline data to be collected]**

Indicator: # of mothers accessing MOMs maternal mental health supports **[Baseline 0- launch in 2020]**

Indicator: % of children screened for ACEs/Protective Factors in well-child visits **[Baseline 0- not currently implemented]**

Early Learning, Development and Care:

Indicator: % infant and toddlers enrolled in high quality early care and education **[2020- 27.21%]** * Bridgeport Prospers Technical Report/AOK

Indicator: % of App-based ASQ-3 administered and % connected to B-3 services **[need baseline]**

Goal: Our Baby Bundle strategies will serve at least **1,050 infants and toddlers (25%) in years 1-3** and **2,100 (50%) over years 5-7.** With an increase in children developmentally ready at age three by **15% by Year 3 and 25% by year 5.**

Protective Factors built are indicated by colored triangles: Parental Resilience ▲ Social Connections ▲ Knowledge of Parenting and Child Development ▲

Social Emotional Competence of Children ▲ Concrete Support in Times of Need ▲

Strategy A: Update Landscape Analysis and Technical Report	Action Steps	Outcomes
***Required**	• Work with Dr. Janice Gruendel and community partners to update data collected in 2016 Technical Report	Collection of current data will highlight assets and gaps- data informed decision making
Strategy 1	**Action Steps**	**Outcomes**
ACEs Education and Awareness and building trauma informed practices 	**Local Level** • Continue ACEs Awareness and Education Campaign to include the following film series: Resilience, Paper Tigers & Broken Places. • Convene a cross-sector collaborative focused on addressing ACEs in Bridgeport/CFC. • Support collection and sharing of city and regional data that includes information about ACEs, social/essential needs and associated outcomes across the lifespan, emphasizing the need to include data on children. • Improve linkages between services, including building and enhancing existing systems for care coordination across city/district/county lines and between public and community-based organizations • Enhance provider training to include practical skills relevant to their specific interactions with children and families, working with community-based organizations and existing ACEs trainers to inform and deliver training. • Explore opportunity to influence higher education through ProQuest: School of Nursing, Public Health, Education etc. (Fairfield University and Sacred Heart University own a subscription) • Virtual Town hall (youth, parents & the elderly) (Virtual Resilience Rally/Virtual Community Conversations) • Offer grants for community members to be trained in Mental Health First Aid (offers peer to peer support) • Mapping of resources in COVID crisis **ACEs/Protective Factor Screening** • Ensure identification, evaluation, and dissemination of findings of a pilot or demonstration project to identify locally effective models and best practices for screening and intervention, help identify	# reached through educational and awareness campaign (screenings, events, and trainings) **[5/20- 865 baseline]** # of ACEs/Protective Factor Screenings in well-child visit and % connected to interventions

	barriers/opportunities, and create broader buy-in to scale impactful solutions. **State Level** • State Level ACEs Task Force –continue partner recruitment process • Strengthen ACEs Connection relationship-(write an article) • Explore scheduling a screening of the documentary film Paper Tigers with CT Superintendents • Become member of the National Trauma Campaign • Inform state level policy on ACEs- connect with COVID relief efforts	Policy creation to influence local efforts
Strategy 2	**Action Steps**	**Outcomes**
Increased access to trauma-informed prenatal and post-natal: a) home visiting b) maternal mental health c) peer group supports	**a) Home Visiting** 1. Increase Doula care, education, and access • Continue efforts to obtain CT Medicaid funding for doula and community health worker care through Medicaid **(SB 395 Establishment of the Doula Advisory Council and Doula Certification)** • Collaborate with Earth's Natural Touch Doula Coalition and Optimus to provide clinical training to OB and BP Hospital staff, referrals from OB providers, and creation of a formalized toolkit and bias training around African American maternal health disparities (Grant with March of Dimes CT) • Assure that providers have implemented trauma-informed practice and have trained staff • Incentivize Creation of a Bridgeport Maternal Mortality Review Board. 2. With OEC and Region 1 HV partners, advocate for state funding for a continuum of home visiting options (including universal home visiting models- Family Connects) • Map referral system with existing providers (Child First, PAT, MIECHV) • Develop a universal referral process (Look at Unite US as possible system)	State Medicaid funding in place for Doula services Increase # of providers and clinicians accessing bias training Track Birth Outcome Measurement - Collected by Electronic Surveys, Intake Forms, and Perinatal Data Forms Increase across funding resources to support adequate access universal and to triaged home visiting Launch universal home visiting 2021 Create triaged/universal referral system

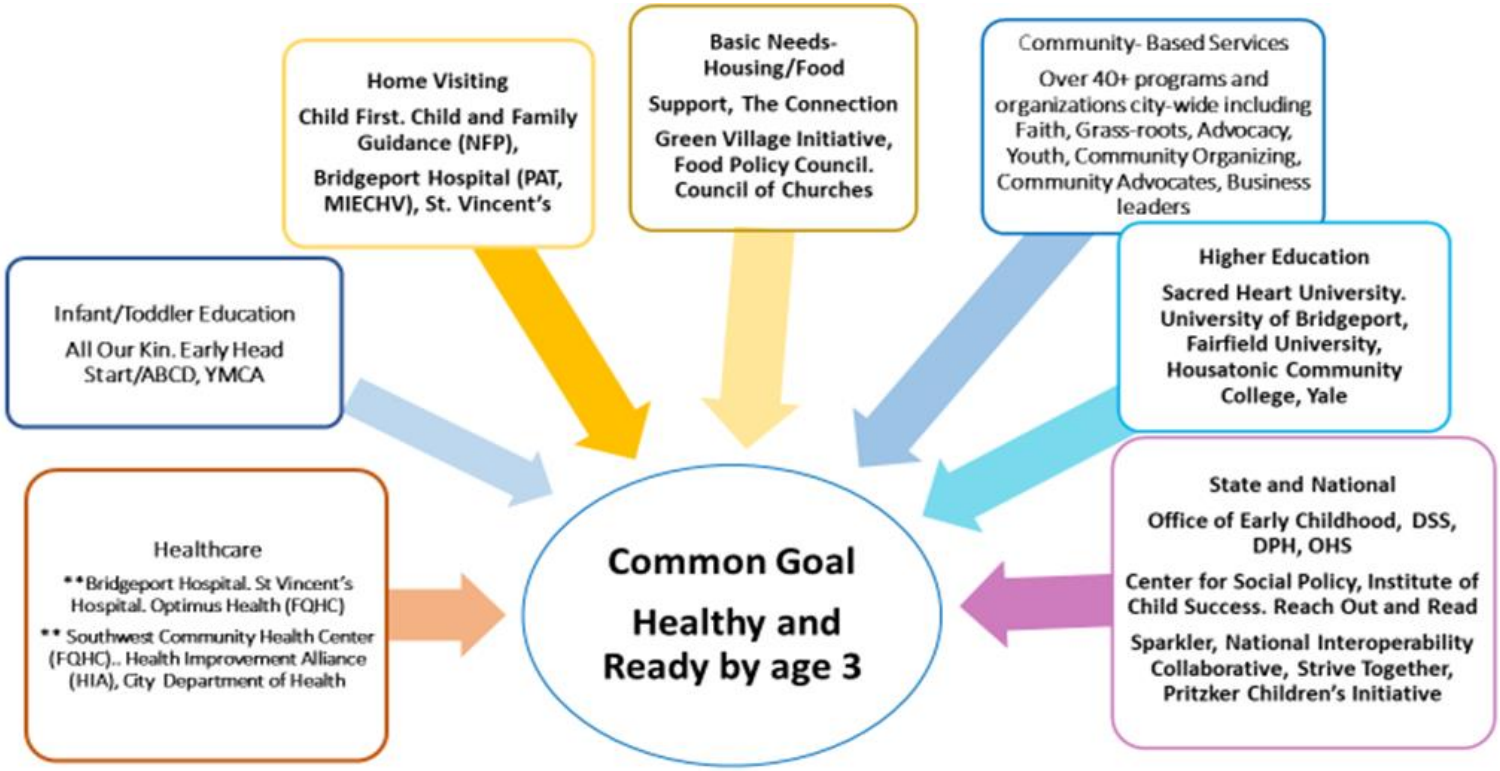
	• Under Maycomb Capital/StriveTogether TA grant- develop outcomes based financing model- secure state financing partner (OEC, OHS) • Assure that providers have implemented trauma-informed practice and have trained staff	Create successful outcomes based financing project with state partner
	b) Maternal Mental Health 1. Launch ***Maternal Wellness Check*** at BPH • Join the implementation team • Determine process for referrals • Collect baseline cohort data on referrals, return rate, SDOH needs • Collect maternal depression screening rates and % referrals to APRN intervention • Connection of data system to pediatric offices- can we track EPIC data to Sparkler in EHR? 2. Launch ***MOMs Partnership (EB-Yale)*** mental health supports • Secure a government entity partner for program oversight • Use needs assessment to plan model of service locations (churches, pantries, ABCD) • Determine referral process (Wellness check? WIC? Pediatrician?) • Hire staff (Yale) • Aid in dissemination of educational and program materials • Launch in 2021 • Secure future funding for years 2-3	Increase in % Maternal Depression screens- (Wellness Check, Moms Partnership) Increase in % direct referrals for positive MD screens- (APRN Mental Health, MOMS' Stress Management course, comprised of 90-minute weekly cognitive behavioral therapy sessions for eight weeks.) Reduction in % Maternal Depressive Symptoms (Wellness Check-Bpt Hospital, MOMs, Doula care) Reduction in % maternal mortality and co-morbidity conditions (Wellness Check-Bpt Hospital, MOMs, Doula care) Increase in OB care in the first Trimester
	c) Peer Support Groups • Work with SWCHC on group reading and education initiative (Words and More) funded by CHDI • Expand evidence-based group care, such as Centering Pregnancy at SWCHC and Minding the Baby at Optimus	Increase # of mothers socially connected through group prenatal practices

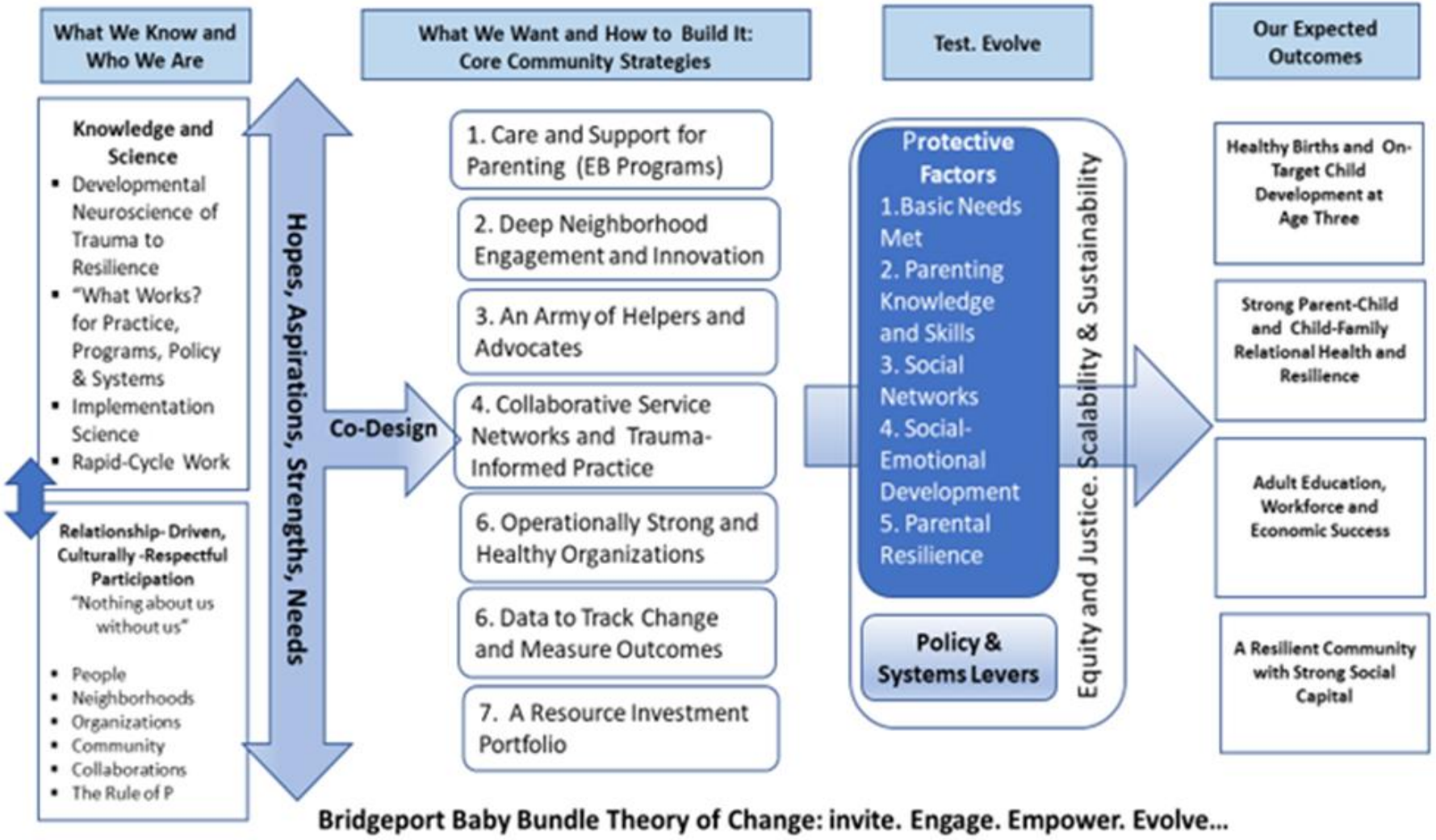
Strategy 3	Action Steps	Outcomes
Support parents and primary caregivers with universal access to The Bridgeport Basics, a neuroscience-informed parent education and skill-building tool. 	• Establish an annual funding base • Formalize partnership agreements and renew annually (e.g., Sparkler; Libraries; Houses of faith; social service, home visiting, early care and education) • Reach out and access new partnerships (WIC, gov't offices, food pantries, barber shops, bodegas) • Continue reach of transportation and social media campaign • Provide parent group trainings for turn-key use • Continue training at Optimus- launch fully Summer 2020 • Create a pediatric training toolkit and launch Google platform in waiting rooms • Explore adoption by SWCHC, obstetrics and pediatric professionals affiliated with Bridgeport Hospital and St. Vincent's • Hold large event with Ron Ferguson and multiple Basics partners	Stable funding secured # of educational materials disseminated **[current baseline 12,000]** # of community partners **[current baseline 30]** # of Pediatric practices implementing during well-child visit **[baseline to be determined on Optimus launch]** # of transit and social media **touches [current baseline 1 mil per mo]** # of OB's incorporating Basics into their practice **[baseline 0]**
Strategy 4	**Action Steps**	**Outcomes**
Universal implementation of developmental screening for children birth to three by parents with their service providers using the Sparkler app 	• Evaluate current # of families accessing Sparkler APP through ECE, HV and pediatrics at SWCHC- work with CHDI/OEC • Work to connect ROR, Basics and Sparkler • Evaluate # children connected to B-3 services through CDI • Secure an annual funding base • Develop and implement case practice and data sharing agreements (OEC/CDI) to flag children who are not hitting age-expected milestones birth to 3 • Determine rollout plan for existing providers (EHS,AOK,HV,SWCHC) who use ASQ-3 • Determine rollout plan for others (WIC, Optimus, private PK, and others) • Work with HMG to obtain ASQ-3 and Sparkler educational materials for partnerships • Possible: Hire an ASQ-3 liaison coordinator for management	Universal adoption of Sparkler in multiple sectors Secure stable funding Acquiring practice and data protocols to flag children and families in need of service # children screened using ASQ-3 # children referred to B-3 services

	• Link to possible ASQ-3 requirement upon K entry	
Strategy 5	**Action Steps**	**Outcomes**
Increase family access to evidence-informed early literacy experiences in health care settings 	Work with Reach Out and Read, and Read to Grow: • Continue to support ROR, RTG expansion • Track exact current reach • Share data methodology and publically report findings • Refine cost models for universal scalability • Expand adoption of early literacy programming across all public and private pediatric health settings (current SWCHC and Optimus- 5,485 pediatric patients a year- Bookend community 12,500- universal reach) • Align with Sparkler • Plan and hold literacy events, virtual webinars on importance of reading and literacy workshops	Programs share participation data with each other and Baby Bundle team # of children served Cost model developed to implement in all birthing hospitals and pediatric clinics Funding secured Support these two programs to implement universally
Strategy 6	**Action Steps**	**Outcomes**
Expand successful Music Together programs that build early relational health, reduce social isolation and maternal stress, and builds early brain development 	• Develop cost model to create at least one parent/infant program in each neighborhood • Look for locations at SWCHC and Optimus and BPH/St. Vincent's • Implement beginning 2021 with three most challenged zip codes (06604, 06605, 06606) • Develop metrics based on Total Learning research- (relational health, social isolation, maternal stress, parental satisfaction) • Begin to collect baseline and progress data • Secure additional funding sources	Cost model by Fall 2020. Potential targets 06604 and 06606 # of programs operational for two neighborhoods by end of 2021 # children and families served Baseline metrics collected and tracked on relational health, social isolation, maternal stress, parental satisfaction
Strategy 7	**Action Steps**	**Outcomes**
Increase access to licensed family child care settings for infants and toddlers through All Our Kin 	• Review of 2016 recommendations from Technical Report • With OEC, design a survey to obtain data on unmet needs • Secure data sharing agreement with OEC/AOK • Link AOK to Sparkler • With All Our Kin, assess feasibility and create cost estimates to reach 50% in 2025-2027 -- based on survey of needs	Progress report on 2016 recommendations Survey defined and implemented in fall 2020 Cost model for increases each year beginning in 2021

		Increase # of infant and toddlers served by 25% in 3 years Advocate with state OEC for budget expansion option

Partner Organizations





Bridgeport Baby Bundle Theory of Change: invite. Engage. Empower. Evolve…