

Co-Creating Conditions for Young
Children and Families to Thrive

OVERCOMING BARRIERS, BRIDGING DISCIPLINES, & DEVELOPING NEW APPROACHES



THE EARLY CHILDHOOD INNOVATION NETWORK:
A CASE STUDY



EARLY CHILDHOOD
**Innovation
Network**



Children's National



MedStar Health



OVERVIEW

In 2015, a group of Washington, D.C.-based physicians and community leaders formed a partnership to improve the nurturing and development of young children and families living in under-resourced areas of the city. This partnership, called the Early Childhood Innovation Network (ECIN), pursues a mission focusing on the foundational elements on which lifelong health and well-being are built.

At the outset of this collaboration, these partners recognized that leveraging their respective areas of expertise and experience would provide a strong foundation for this work. It would also be essential to seek out, find, and work side-by-side with well-respected, trusted, and experienced leaders across multiple disciplines, from diverse backgrounds, and across institutions. The story of ECIN – from its founding principles through its evolution to date and beyond – reflects the work this group undertook together.

ECIN is founded on a set of core principles: Building on evidence from developmental neuroscience; co-creation of all programs and services with families and

communities; working across professional disciplines, sectors, and institutions; deep commitment to addressing disparities, to cultural humility, and to racial equity; designing interventions and forming partnerships with the needs and wishes of parents and families at the center of all decision-making; real-time continuous improvement, using rapid cycle evaluation to change interventions as lessons are learned; and a commitment to the sustainability of programs and services that produce significant positive outcomes extending beyond traditional pilot projects or short-term funding paradigms.

Over its first five years, ECIN has achieved major advances in terms of program development and

implementation, demonstrable outcomes, policy change, and the development and refinement of new processes. This has earned ECIN significant support from philanthropy and government as well as considerable interest from peers in a number of disciplines and fields. This case study summarizes a more in-depth review highlighting both those accomplishments and the journey itself, including pitfalls, missteps, lessons learned, and triumphs. It looks ahead to possible futures for ECIN and offers some guidance to other communities interested in this model and in taking a similar approach.

BACKGROUND AND CONTEXT

ECIN focuses on promoting key protective factors that mitigate risk and promote positive development and well-being, including parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children.

These challenges include the stress and trauma created by poverty and systemic racism, which have a well-documented impact on the wellbeing of caregivers and children alike. To address them, ECIN focuses on promoting key protective factors that mitigate risk

and promote positive development and well-being, including parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need, and social and emotional competence of children. This framework, first articulated by

the Center for the Study of Social Policy, reflects a focus on strengths rather than deficits and is used to support and partner with parents to reinforce their protective factors.¹

ECIN's team also takes a place-based approach, recognizing

ECIN CORE PRINCIPLES



Building on evidence from developmental neuroscience



Working across professional disciplines, sectors and institutions



Commitment to addressing disparities, to cultural humility and to racial equity

that defined physical and social communities are primary drivers of child and family wellbeing. The District of Columbia is not only the nation's capital. The city is home to a large and diverse community of residents numbering over 700,000. It ranks 9th in the nation for the total number of Black or African American residents; it has been affectionately known as "Chocolate City" and lauded for its distinctive contributions to American culture. The city's population has also been impacted by accelerating trends of gentrification, segregation and population change in the last two decades. Residents face greater income inequality than any other state in the U.S.² In Wards 7 and 8, nine in ten residents are Black African American, while across the city in Ward 3, nine in ten residents are white. In Ward 3, the median household income in 2017 was \$122,680; in Wards 7 and 8 it was \$40,021 and \$31,954 respectively.³



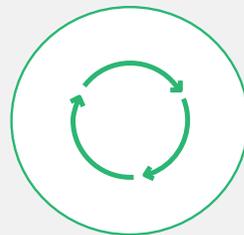
A crucial building block of ECIN is the science of early childhood development. ECIN's architects have rooted their work in a deep understanding of how human genetics and brain development are inextricably linked with healthy relationships and environments. They use this insight to identify systemic challenges and solutions for promoting early childhood development.



Prioritizing the needs and wishes of parents and families



Real-time continuous improvement



Commitment to the sustainability of programs



Co-creation with families and communities

1970 to 2011

Foundational Efforts to Promote Children's Mental Health in Washington, DC

From the 1970s into the early 1990s, when policy and practice around early childhood development and child mental health were beginning to change at the national level, residents of the District of Columbia experienced the impact of income inequality, trauma, racism, and the harms these adversities cause children and families.

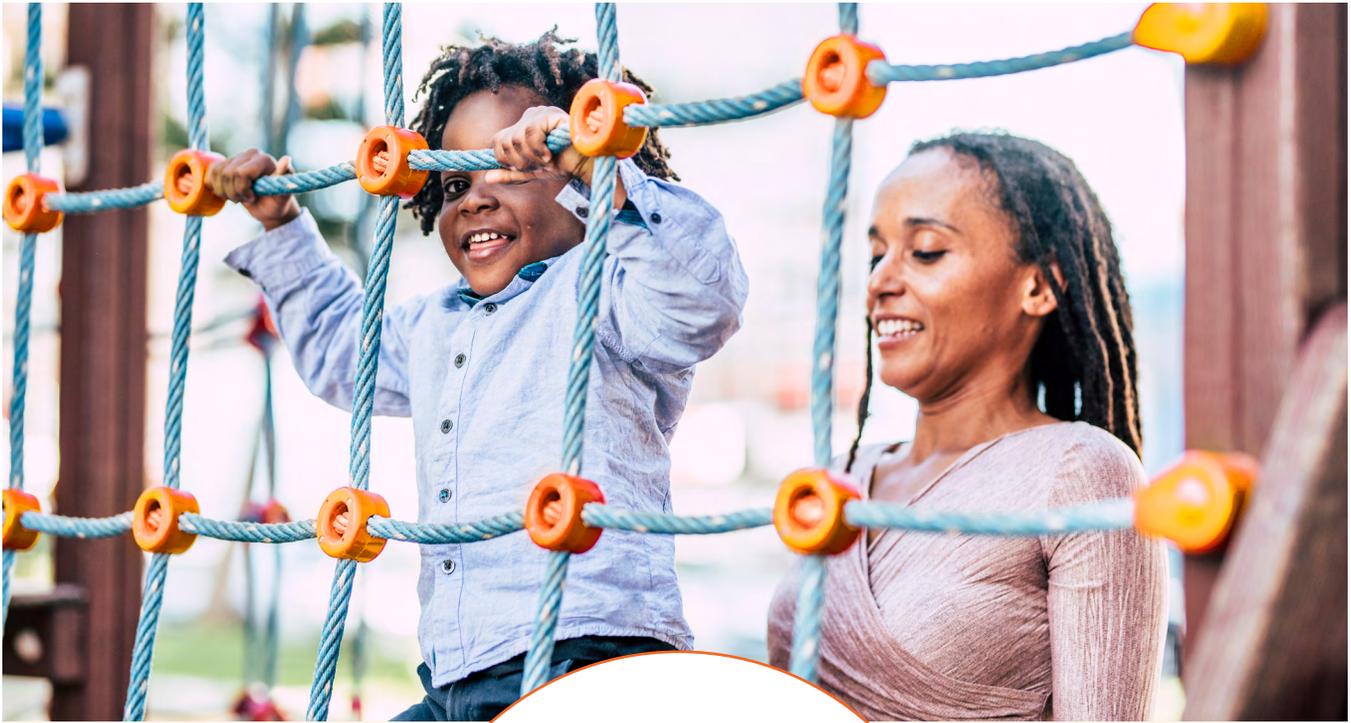
At the same time, District residents encountered a mental health system ill-prepared to offer meaningful services and supports. Substance abuse was a significant problem, and the city's child welfare system frequently responded by taking children out of the family home and placing them into a foster care infrastructure not equipped to meet their developmental and mental health needs.

In the mid-1970s, a young woman who had grown up in the District named Jenise Patterson, now known as "Ms. Jo" started an organization to address concerns she had experienced first-hand: The impact of exposure to substance use on youth. Ms. Jo had seen this impact

on her young brother, and the stigma and discounting of parents, most particularly single parents like herself. Seeing the ways parents were treated, the ways bias affected policy, and the ways stigma affected community members' willingness to pursue services and supports, Ms. Jo created Bring A Parent, an organization designed to train parents and influence the way they were treated by the health system and other systems in the city. Through this work, Ms. Jo began working with the Washington School of Psychiatry, where a leading psychiatrist at the school, Dr. John Dillingham, asked Ms. Jo to help him with a model for training community members as a core part of providing mental health services.

Ms. Jo's work over the course of decades consistently focused on the development of approaches that could and did change systems. These efforts include insisting on an organic, holistic approach that included not just children or parents but focused on *whole families* and on developing a peer movement to engage residents as full and valued partners with service providers.

During the period between the mid-1990s and 2012, the District's youngest children continued to grow up in conditions inhospitable to healthy brain development. Since her early days running the Bring A Parent organization, Ms. Jo had gone on to found Parent Watch, a community-based social services organization working closely with



The System of Care philosophy states that children's mental health services should be community-based, child-centered, family-focused, and culturally competent.

families to help them navigate systems to access supports and services grounded in an ethos of mutual support, empowerment and a core belief in the resilience and strengths of parents.

Along with jurisdictions across the country, the District had embraced a framework for system reform in children's mental health called "System of Care" (SOC). The SOC philosophy states that children's mental health services should be community-based, child-centered, family-focused, and culturally competent. This approach also specifies that services should be comprehensive, individualized, provided in the least restrictive and appropriate setting, coordinated,

inclusive of families as full partners, and focused on early identification and intervention.⁴ Collaborations around the SOC approach facilitated new relationships between Ms. Jo and Gail Avent, a District resident known as "Ms. Gail" who brought her own lived experience as a parent advocating

to obtain mental health services for her child. Ms. Gail was also a visionary community leader and brought her experience founding and leading a family advocacy organization, the Total Family Care Coalition, to the partnership. In the course of their work advocating for children and families, these leaders connected with Dr. Lee Beers, a leader in pediatric medicine at Children's National Hospital, and Dr. Matt Biel, a leader in child and adolescent psychiatry at MedStar Georgetown University Hospital.

2012 to 2014

Growing Collaboration and Growing Awareness

In 2012, the D.C.-based Children's Law Center published *Improving the Children's Mental Health System in the District of Columbia*.⁵

Drawing on the Children's Law Center's extensive experience and track record working as advocates and attorneys with the city's mental health systems, this report laid out 32 specific recommendations – including ways to improve access to care and expand community-based services – that together represent a comprehensive plan. The release of this report and plan catalyzed new partnerships across institutions, disciplines, and roles in the District.

In 2012, Matt and Lee began to collaborate around the shortage of mental health care for children in the District. The original strategy focused on pediatricians – providing more training on how to manage certain conditions and on how to access additional consultation expertise. That work grew in 2014, when Lee started the DC Collaborative for Mental Health in Primary Pediatric Care. In 2014 and 2015, the collaborative

launched a program to provide psychiatric consultation to pediatric primary care and developed a training program in pediatric mental health that reached over 150 pediatricians across the city. These initial collaborations then grew into a bigger conversation about how additional innovations and partnerships could inspire not only small-scale change, but broad systems change.



2015 to 2017

The Creation of ECIN

In 2015, new attention was being paid to translational science and early childhood development in D.C. and nationwide. At the same time, Lee and Matt began discussing creation of a decentralized network focused on clinical services, research, education, and advocacy.

The new network would identify three or four innovative pilot projects and use a rapid-cycle evaluation approach to accelerate learning. ECIN would not approach the work as a traditional research study, but instead as rapid-cycle innovation and evaluation. Throughout 2015, Matt and Lee continued to develop a proposal for this kind of network, working closely with Ms. Jo on developing the ECIN framework. According to Ms. Jo:

The first day we met, and sat, it was very teary-eyed, that their idea was to create a network, which is kind of different than most of these giant organizations. . . when all of a sudden they want to come into Ward 7 and 8. So often you get a community leader to help you build something, but you still do not recognize them as bringing equal intellectual property, equal emotional intelligence, and an equal contribution to your foundation . . . So, I always remind Lee and Matt, you can hire a million people, but always remember 'how things begin is how they end up.'



Some of the initial struggles were about recognizing and valuing me as a bonified, equal playing field person – if you and I start from the dirt and build up, those initial people are your core . . . you and I are equal leaders. I'm very passionate about this work – and very passionate that Lee and Matt and I have become colleagues, with the spirit of sisters and brothers in this initiative.

In addition to establishing a core relationship with Ms. Jo, Matt and Lee reconnected with Ms. Gail, inviting her to the early formative meetings. The next steps involved

determining how to scale up the network quickly while at the same time building on the lessons learned from their prior work – building the right kind of multidisciplinary team and centering the work on the lived experiences of the District's families.

BUILDING A CORE TEAM OF STAFF AND COMMUNITY LEADERS

In order to launch ECIN's work, Lee and Matt put together a small team that would together have the expertise, experience, and skills to both build a strong foundation and to act on the momentum and opportunity in order to get work underway. Early in 2016 the pair brought trusted colleagues onto the ECIN team. Sarah Barclay Hoffman, with whom Lee had worked in the Child Health Advocacy Institute at Children's National Hospital was brought on as Director of Policy. Dr. Celene Domitrovich was hired as Director of Evaluation based on her expertise in the areas of early childhood and prevention science.

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REMEMBER THAT HOW THINGS
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- Ms. Jo Patterson

Next, ECIN leaders focused on building the community relationships they had through their work with the System of Care initiative and the DC Collaborative to round out the core group. Ms. Jo and Ms. Gail continued serving as close partners, and in addition to strong community-based family advocacy, the team sought a partner whose work focused on health advocacy. They found that leader in Ambrose Lane Jr. a long-time activist with over 25 years of leadership experience and the founder of the Health Alliance Network (a.k.a. the Ward 7 Health Alliance Network), which is the strongest and largest D.C. community health advocacy group. The Health Alliance Network advocates for residents of poor and low-income communities in Wards 5, 7, and 8, and related to issues of health equity, population health policy, chronic disease prevention strategies, and the need for a “change in community health culture” to bring about healthy and thriving communities. Several years later, this team was joined by LaDon Love, Executive Director of SPACeS In Action. SPACeS is an interdisciplinary social justice organization that unleashes the capacity of people and organizations to create

communities of HOPE—Healing, Opportunity and Possibility for Everyone.

From the earliest days of ECIN, through their leadership and collaboration, Ambrose, Ms. Gail and Ms. Jo shaped the design of ECIN’s programs, provided strategic direction to ECIN’s policy efforts and elevating the role of Family Run Organizations and peer support. Later joined by LaDon, they collaboratively use a community organizing framework to build further parent and community leadership. Their expertise, experiences and perspectives are essential to this transformative work.

SELECTING INTERVENTIONS AND POTENTIAL PILOT-SITE PARTNERS

Once in place, the ECIN core team began the work of selecting which evidence-based interventions to pilot and selecting where pilot sites might be best situated. The goals were to reach young children and parents at the earliest possible stage of a child’s life, and to meeting families where they are – that is, offer interventions where parents already bring their children. With these goals in mind, the team focused on integrating mental health supports in two

crucial settings: early learning and primary care. Childhood mental health issues – including challenging behaviors and social and emotional difficulties – take root at the very earliest stages of brain development (from the prenatal period through toddlerhood) and are best addressed through clinical attention focusing on both caregivers and children. For an intervention to be customized to and scalable to reach D.C.’s youngest children, particularly those experiencing poverty and adversity, it would need to be situated within and incorporated into the work of early education centers and health care clinics and practices that serve pregnant women, infants, and toddlers.

In designing and launching these projects, ECIN modeled its work after the Frontiers of Innovation approach developed by the Harvard Center for the Developing Child.⁶ Specifically, ECIN employed the IDEAS Impact framework, which includes **Innovating** to solve unmet challenges, **Developing** a usable program with a clear and precise theory of change, **Evaluating** the theory of change to determine what works for whom and why, **Adapting** in rapid-cycle iterations, and **Scaling** promising programs.

Led by Celene and colleagues at Georgetown University, potential models were surfaced to integrate early childhood and parental mental health into health care and preschool settings. The team sought to identify innovative strategies already in development in other communities across the country that seemed to hold the most promise for use in Washington, D.C., and also developed new interventions when clear local needs were identified. Models worth considering needed to have a promising evidence base and meet the needs of local early learning ecosystems, health care ecosystems, and families. Vetting by the core team resulted in the identification of four interventions for a first round of piloting:

 **HealthySteps™** - Embedding an early childhood mental health specialist within the primary



care clinic to engage with families at each routine pediatric visit from birth to three years of age.

 **Early Childhood Mental Health Consultation (ECMHC)** - Embedding a professional consultant with mental health expertise in an early learning program to build the capacity (i.e., improve the ability) of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 5 and their families.

 **Mental Health Integration in Obstetrics Setting** -

Embedding a maternal and child mental health clinician in the prenatal care setting to screen for maternal depression and facilitate ease of referrals to mental health services.

 **Mindful Parenting** - Teaching a curriculum to parents

that introduces and reinforces mindful and positive parenting skills as well as stress reduction and self-care.

Having selected key interventions, the work then focused on identifying pilot sites.

EXPLORING POTENTIAL PILOT SITES

Lee and Matt led the work of identifying and meeting with the leaders of organizations that might host pilot sites for these interventions and thus become ECIN community partners. The exploration process was more organic than structured, drawing on the extensive professional networks of Matt and Lee, as well as on guidance from Ms. Jo, Ms. Gail, and Ambrose. Pilot sites for the two health care interventions were easier to identify given that ECIN is a partnership between two large scale health care institutions that operate clinics where pregnant women, infants, and toddlers receive health care.

FOR EARLY LEARNING INTERVENTIONS, EDUCARE DC EMERGED AS A LIKELY PARTNER FOR PILOTING ECMHC. APPLE TREE EMERGED AS A SECOND PROMISING PARTNER EARLY IN ECIN'S START-UP PHASE.



For early learning interventions, Educare DC emerged early on as a likely partner for piloting ECMHC. Educare DC is a part of the Educare network of schools, all sharing a research-based model designed to level the playing field for young children from birth to age 5 experiencing poverty. Educare does so by providing quality early education, support to families, and teachers equipped with research-based, high quality effective teaching practices. Like ECIN, Educare has a focus on research and on sharing research findings with the wider field of providers serving young children nationwide.

AppleTree emerged as a second promising partner in ECIN's start-up phase. Founded in 1996, AppleTree is a community-based nonprofit comprising both a research and

development institute and a public charter preschool with campuses across Washington, D.C. AppleTree uses their own award-winning instructional model, *Every Child Ready*, and serves three- and four-year-olds, reaching one-third of preschool and prekindergarten charter school students in the District of Columbia.

One concern staff and partners had was that among DC-based early learning providers serving young children experiencing poverty, Educare and AppleTree are unusually well-resourced organizations in terms of funding, visibility, and organizational capacity. That distinction presented a double-edged sword. On one hand, these strengths would enable a full partnership on all aspects of piloting, including

research and data collection. On the other hand, working with such well-resourced partners meant that outcomes might not be generalizable to other childcare and early education settings that are much smaller and have fewer financial and staff resources. In later years, partnerships would be extended to a more diverse set of early learning providers.



2018 to the PRESENT

Applying Lessons Learned to New Opportunities

As the ECIN team implemented, evaluated, and iterated interventions at its early pilot sites, that work led to a series of key learnings that informed the ways the team selected new partnerships and interventions. With ECIN rapidly gaining a positive reputation with key stakeholders in the District, including city government leaders and philanthropies, new opportunities for growth emerged and required the team to reflect on what had worked well, what areas of the team's efforts needed improvement, and how to integrate those lessons into making decisions about future work.

To be true to the organization's founding tenets, the team paid particular attention to what staff members, partners and families valued in ECIN's core areas of focus:



Racial Equity – Deep commitment to addressing disparities, cultural humility, and racial equity



Co-Creation with Families – Designing interventions and choosing partners and physical locations with the realities, needs, and wishes of parents at the center of all decision-making



Sustainability – A commitment to the sustainability of programs and services producing significant positive outcomes that will extend beyond traditional pilot projects or short-term funding paradigms

The ECIN team incorporated feedback from a range of stakeholders and focused their attention on how to change the organization's practices, culture, and decision making to more fully reflect these principles.

RACIAL EQUITY

Lee and Matt were very much aware that the early ECIN team did not reflect the communities where ECIN was focusing its efforts. The four key staff members of the internal ECIN leadership team – Matt, Lee, Sarah, and Celene – are all white. Partnering with Jo, Gail, and Ambrose as team members from the outset, all of whom are Black or African American and reside in Wards 7 or 8, provided ECIN with perspectives, lived experiences, and expertise otherwise missing. As the team hired additional staff, a focus on

proactively reaching out across professional networks to seek out diverse candidates yielded positive results and over time the growing team became much more reflective of the city it serves.

Of course, achieving a staff composition that reflects diversity is only one dimension of a true racial equity-centered organization. From their first meeting, Lee, Matt and Ms. Jo had had many and continued discussions about issues of racial equity and racism as part of their ongoing collaboration. In addition, team members of color played an important role in elevating issues related to the systemic nature of racism and white supremacy in the fields of medicine, academic research, and other fields relevant to ECIN. For example, Janaire "Jay" Hawkins, a woman of color who has been with ECIN since 2016, brought experience and skills in community

research, community psychology and social justice organizing experience to the team. She and other team members helped ECIN leadership shift from ahistorical, color-blind conversations about improving outcomes for children and families of color to one where racism is acknowledged as a root cause.

In 2018, Matt and Lee convened an ECIN Racial Equity Council to help ECIN begin to evolve toward becoming a fully inclusive anti-racist multicultural organization. The five-member council comprised of self-identified ECIN team members met monthly with the aim of taking a step back from the day-to-day decision-making and looking at the whole body of work through a critical lens. The focus of the Racial Equity Council was to normalize conversations about implicit bias and racism; develop a strategic framework, processes, and tools for the organization; and reflect on a systematic approach that produces equitable opportunities and outcomes for all. An advisor, Michael Scott of Equity Matters, was engaged, and he recommended Undoing Racism™ training for the full ECIN team led by a long-standing anti-racism organization called People's Institute for Survival and Beyond (PISB).

Participation in this workshop was followed by the creation of an **ECIN Racial Equity Community of Practice (RECOP)**. These efforts have taken the organization's anti-racist work to a new level. Since the launch of this effort, ECIN has hired four new directors who are people of color, developed racial equity goals for each of its

THE FOCUS OF THE RACIAL EQUITY COUNCIL WAS TO NORMALIZE CONVERSATIONS ABOUT IMPLICIT BIAS AND RACISM; DEVELOP A STRATEGIC FRAMEWORK, PROCESSES, AND TOOLS FOR THE ORGANIZATION; AND REFLECT ON A SYSTEMATIC APPROACH THAT PRODUCES EQUITABLE OPPORTUNITIES AND OUTCOMES FOR ALL.

projects, and established racial equity authorship guidelines for dissemination of research findings. These steps are only a beginning, however, and ECIN team members recognize that anti-racism is an active, lifelong commitment for organizations and networks. Team members have to be committed to cultivating humility, co-creation, acknowledging and learning from history, building real relationships, and to supporting, elevating, and learning from those who are or have been most impacted by social and structural injustices.

CO-CREATION WITH FAMILIES

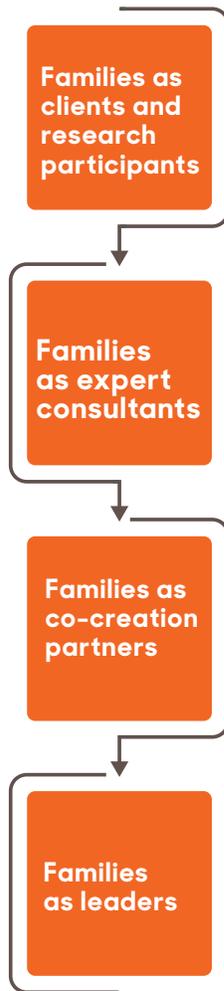
A central strand of ECIN's organizational DNA focuses on co-creation. ECIN strives to develop new innovations in partnership with families and the community

workforce (e.g., teachers, clinicians, and coaches) by drawing on groundbreaking research in this field – including work on community-based participatory research, community organizing, and design thinking.

Too often, people of color have been mistreated as research subjects in the field of medicine and academics. The ECIN team recognizes that all children and families deserve to be treated with humanity, dignity, and respect for the expertise and leadership that they bring to the intervention, innovation, and learning process. ECIN's members also recognize that treating families as experts and leaders in their own lives does not diminish the innovation process and actually enhances it because it leads to innovations that are more grounded in the actual experience

of families and are more likely to be acceptable, feasible, and impactful. ECIN's work has followed a developmental path that is illustrated by the following diagram:

OUR DEVELOPMENTAL PATH



By focusing on racial equity and co-creation, ECIN began adapting and expanding its four initial pilots. As described by Dr. Erica Coates, a clinical psychologist and project co-leader, the Mindful Parenting project evolved based on parent feedback. Once some parents completed their participation in a Mindful Parenting group, they wanted more individualized services and they would be referred to outside resources, but the follow-through rate was low. To improve families' connections to relevant clinical services, the Family Wellbeing Program was launched to provide clinical services on-site at two early learning sites.

Parent Cafés are another offering that emerged from listening closely to the voices of parents. In order to build on families' strengths and those of their neighbors, this group model brings parents together for mutual support and learning. Parent Cafés are physically and emotionally safe spaces where parents and caregivers talk about the challenges and joys of raising a family. Through individual deep self-reflection and learning, participants explore their strengths, learn about the Protective Factors, and create strategies from their own wisdom and experiences to help strengthen their families.

SUSTAINABILITY: BUILDING ON COMMUNITY STRENGTHS

In addition to a focus on racial equity and co-creation, ECIN recognized the need to focus on the sustainability of new innovations developed with communities. As stated by Dr. Dominique Charlot-Swilley, a clinical psychologist and project co-lead, sustainability of new supports by systems is essential as opposed to ending interventions within a community when initial funding ceases.

Two additions to ECIN's early-stage interventions also reflect the team's increasing focus on sustainability. In 2017, ECIN received a grant from the D.C. Department of Health for place-based work around early childhood. This model, called **Resilient Communities DC (RCDC)** is a partnership with the Far Southeast Family Strengthening Collaborative, a community-based organization in Ward 8. The work involves facilitation of social networking between parents within four neighborhoods; strengthening connections between parents, grassroots leaders, and local resources; and hiring a network of Neighborhood Family Champions. These Family Champions are employed

IN ADDITION TO A FOCUS ON RACIAL EQUITY AND CO-CREATION, ECIN RECOGNIZED THE NEED TO FOCUS ON THE SUSTAINABILITY OF NEW INNOVATIONS DEVELOPED WITH COMMUNITIES.

team members who utilize their natural leadership skills to help families connect to resources and community providers in social services, workforce development, and healthcare across the four neighborhoods served by the project. This approach builds on Ms. Jo's work dating back to the 1970s in that it seeks to strengthen informal and natural resources within communities, and compensates those who do this work for their time and for the valuable skills and insights they bring to the work.

ECIN has also done significant work to address burnout, secondary trauma, turnover, and other harms to service providers working with families experiencing adversity through the CPR² (**Compassion, Practice, Relationships & Restoration**) **Provider Wellbeing** initiative. In 2018 Dominique and two physician colleagues launched a program in three clinics to teach the doctors, nurses, and support staff about strategies to reduce burnout through self-care and mindfulness practices. This work was later expanded to focus on reducing burnout and improving wellbeing in early childhood education providers as well.

POLICY AND ADVOCACY

As part of its focus on sustainability, ECIN recognized from the earliest days that policy is a key lever for change; this includes the internal policies of institutions such as hospitals and early learning centers, as well as public policies of government entities such as Medicaid programs, regulatory bodies, school systems, and workforce development systems. Existing policies determine what services and supports are available to young children and their families, the availability of services, how services are accessed, how services do or don't work across systems, how quality is ensured, and where services are delivered. Policy is a critical factor in determining how and if innovative strategies reach children and families. In the public sector, the actions of the District's Mayor, Council and department leaders are central to changing policies and enacting new ones.

As ECIN has grown and matured, the organization's role in the policy arena has evolved as well. From the outset, ECIN sought to both participate in advocacy on targeted issues and to support the work of other advocates for young children and families. Sarah

Barclay Hoffman, as Director of Policy, has participated in policy networks and worked closely with city government and agency leaders to ensure that law, policy, and financing optimally support young children and their families. This includes partnering with other team members to testify on key legislation such as the Infant and Toddler Developmental Health Services Act of 2017, briefing federal leaders on key early childhood and maternal mental health matters such as the 21st Century Cures Act, and successfully advocating for new legislation such as the Birth to Three for All DC Act of 2018.

Also, as the ECIN team has become more experienced and skillful at co-creation with families and communities, it has become increasingly clear that advocacy for the services and supports families want and need is work that must be led by parents and family members themselves. To help make this possible, the ECIN team is increasingly using community organizing approaches, connecting with people in the neighborhoods and wards most impacted by inequality, poverty, and health disparities.

As part of its focus on sustainability, ECIN recognized from the earliest days that policy is a key lever for change.

INTERVENTIONS, IMPACT, & LESSONS LEARNED

As of January 2021, ECIN had successfully launched nine innovations, planting the seeds of system transformation and serving thousands of children and families, as presented below.

ECIN INNOVATIONS AS OF JANUARY 2021

INNOVATION	ACCOMPLISHMENTS
CLUSTER A: Integrating multigenerational clinical mental health supports in medical settings	
HealthySteps	30 physicians, mental health consultants, and family support specialists have engaged more than 1,700 children and their families in a full spectrum of screening, support, and intervention for early childhood and parent health
Perinatal Mental Health	Successful design, implementation, and evaluation of a comprehensive assessment tool for perinatal mental health concerns and social determinants of health for pregnant women in collaboration with Women’s and Infants’ Services at MedStar Washington Hospital Center
CLUSTER B: Integrating multigenerational clinical mental health supports in early learning settings	
Mindfulness for Parents	80 parents with over 100 children learned mindfulness practices, resulting in significant decrease in anxiety, depression, stress, and trauma symptoms
Family Wellbeing Program	Highly innovative model that complements mindfulness with a range of clinical mental health interventions for parents, young children, and educators through embedding a clinical team in early childhood education settings

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INNOVATION	ACCOMPLISHMENTS
CLUSTER C: Building mental health knowledge and skills of early learning providers	
Early Childhood Mental Health Consultation	6 AppleTree campuses serving 2,400 students have received staff consultation in social-emotional learning and positive behavior reinforcements, resulting in improved school-wide and student-level behavioral health outcomes.
Infant/Toddler Social-Emotional Learning	30 teachers at 8 early learning centers serving 200 students have been trained in a range of classroom skills to enhance brain development through promotion of social-emotional learning.
Provider Wellbeing	Over 50 pediatric health providers and early childhood teachers engaged in piloting this self-care initiative. The team engaged the city's Office of the State Superintendent of Education in assessing early childhood teacher wellbeing city-wide.
CLUSTER D: Leveraging parent leadership and peer support	
Resilient Communities DC	Over 100 families have received educational programming and 30 have been served with ongoing supports through place-based, peer-support community navigator model
Parent Café	Over 100 parents and caregivers have gathered to share resources, build network connections and strengthen other protective factors for their children



IN RESPONSE TO THE PANDEMIC, ECIN IMMEDIATELY STARTED TO DETERMINE WHICH INTERVENTIONS COULD BE DELIVERED VIRTUALLY VIA TELEHEALTH AND OTHER MEANS.

While launching and evaluating these innovations, 2020 brought two other challenges: COVID-19 and the need to strengthen ECIN's organizational infrastructure for the next five years and beyond.

Early in ECIN's fifth year, the COVID-19 pandemic caused extensive dislocation, economic hardship, illness, and death. Those trials impacted all Americans, but disproportionately afflicted Americans of color and those living in poverty, who already face social influences of health that produce significant disparities in short-term and long-term health outcomes including chronic physical and mental health problems and premature death. Added to these challenges is the reality that jobs deemed essential during pandemic – from frontline health care workers to grocery store employees, postal workers, and delivery people – are held disproportionately by people of color. Despite being at increased risk, Americans of color have been expected to continue to work and risk exposure while others sheltered in place. The results have been a catastrophic loss of life and massive stress experienced

by children, parents, and families that is manifested by increasing rates of mental health problems in populations across the country. All of these issues go to the heart of ECIN's mission to reduce the impact of adversity upon young children and their families.

In response to the pandemic, ECIN immediately started determining which interventions could be delivered virtually via telehealth or other means. Teams also identified where reduced in-person activities might create time for increased staff training and consulting activities and more attention to analysis and presentation of data collected to-date. As this pandemic has proven to be devastating to the health, economic, and social wellbeing of so many, ECIN has done everything within its capacity to continue the work of serving children and families, learning, innovating, and sharing what works to inspire system change.

During this difficult year of transition, ECIN also focused on supporting staff members as they adjusted to managing work and personal obligations during the pandemic. The team focused on building

organizational infrastructure to support the next phase of its work. Key priorities that emerged in this organizational review were:

- Managing growth and strategically selecting opportunities to build impact locally
- Improving knowledge management systems
- Providing growth and leadership opportunities for the team with a particular focus on advancing racial equity within the team's infrastructure
- Examining and iterating the structure of partnerships and collaborative efforts
- Documenting and codifying the team's process for rapid cycle prototyping, evaluation, and innovation
- Managing funding opportunities and responding to interest in sharing ECIN's model with other communities

These organizational priorities have now received critical attention in order to support the next phase of project innovation.

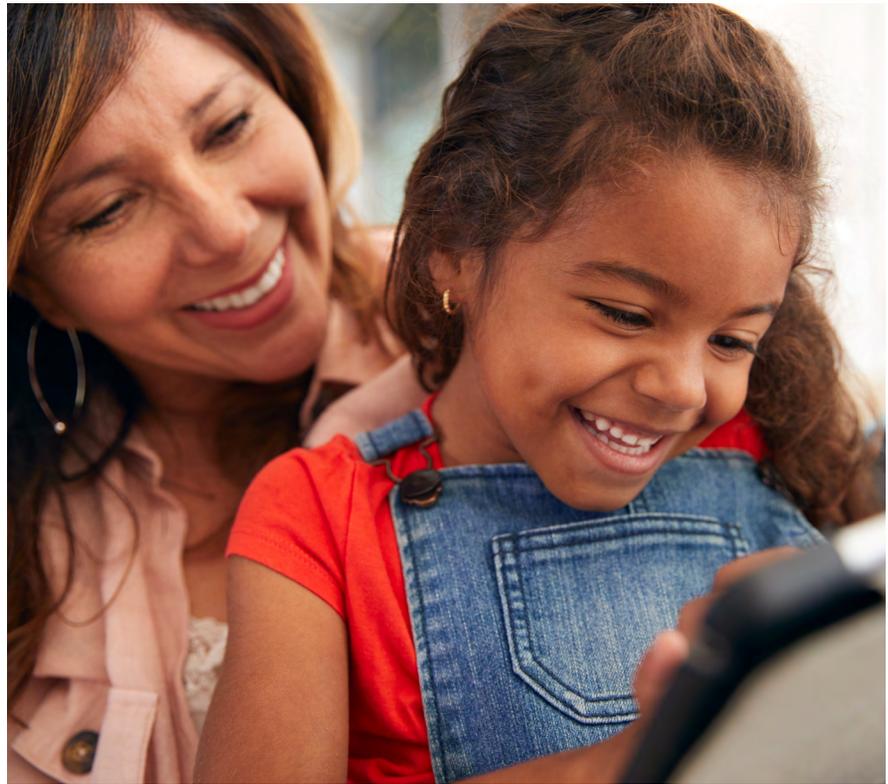
PLANNING FOR THE NEXT FIVE YEARS

As team members identify priorities for the next five years, several themes have emerged. An overarching focus is to **capitalize on opportunities for widespread adoption while protecting quality and fidelity**. This theme includes several components: Achieving uptake of ECIN innovations across the city in order to benefit far more families and eventually achieve population-level outcomes, while ensuring that new providers fully understand the components of successful interventions and deliver them effectively without diminishing benefits.

A second theme is to **focus on synergies that integrate supports across the spectrum of prevention, promotion, and treatment**. There is significant momentum in D.C. to advance mental health for children and families across the age spectrum, and ECIN has a special opportunity to contribute to and benefit from these broader community efforts as it works to advance innovations.

A third theme focuses on **deepening ECIN's work on internal processes and approaches**. For example, team members note that the next phase of racial equity work will take time and sustained commitment. In addition, taking co-creation with families to the next level will involve supporting parents in community organizing and advocacy, and that will require building staff capacity.

A final key theme is **stepping back and looking at ECIN's whole process for achieving systems change**. This includes moving from an early-phase emphasis on research and development to focusing more



on evaluating the impact of these innovations and using findings to promote the dissemination of innovations through training, education, and changes in institutional and public policy.

CLOSING THOUGHTS: ADVICE TO OTHER COMMUNITIES

ECIN has learned a great deal from similar efforts across the country, and the team is eager to share lessons learned from mistakes made and from successes. In this spirit, the ECIN team offers the following:

How you begin the work is vitally important. The first principle of this work is putting families and communities at the center. Listening to families from the outset and building relationships of trust with family advocates and community leaders is essential. The brilliance and power of parents when they share their lived

experience is of inestimable value, and providing parents with opportunities and safe spaces to learn to hone their skills in telling their own stories and in serving as champions and leaders is a wise investment. Take the time to make sure you understand who the key stakeholders are in your community and the community issues and dynamics that will inevitably impact your work. Approach work with parents and communities with humility, recognizing that, as one ECIN team member remarked, it is a blessing to be of service to the people with whom you work. This early foundation takes time and patience but pays tremendous dividends.

Internal team relationships, norms and culture deserve attention from the outset. Having a diverse, multidisciplinary team means you will speak across

disciplines and cultures and use language differently. It takes time and intentional effort to work on communications and shared learning. A team operates within the societal context and there are inevitably hierarchies of power to contend with. Coming to this work with an open-minded approach and spirit is key.



Get clear on the mission, framework and design principles that will guide your work. You will quickly encounter many more opportunities to do work than you have resources to do well. Clarity of mission is an essential tool for discerning where to focus your efforts. ECIN's design principles may serve as a good starting point:

1 Focus on the developmental science – Root yourself in the research on how children develop and how families support that development

2 "Nothing about us without us" – Engage in authentic community engagement and co-creation. Treat members of the community not as research subjects, patients, or sources of information, but rather as co-creators of this work. Researchers and clinicians must listen to families' stories, understand their journeys, then co-create innovative approaches. Most importantly, trust parents and families' innate wisdom to know what's best for themselves.

3 Integrate an understanding of systems analysis – Understand where there are levers for systemic change that one's work can pull, and design the work to maximize its potential for systems change.

4 Use data-based decision making – Following the data and using good research methods is key, as is maintaining academic integrity in the evaluation so that shortcuts in the process don't lead to inadequate delivery of services.

5 Be collaborative across institutions – Avoid prioritizing individual institutional interests and center on working collaboratively with all partners, including funders.

6 Recognize and honor the fact that social justice, anti-racism and counter-racism work is an area of expertise and that there are credible people of color who have been doing systems change work for decades. Build real relationships of trust with these leaders, compensate them fairly, and bring them into decision making on matters large and small. Undoing racism is hard work and change can be slow. But it is urgent, necessary and well worth it. It's a muscle that must be trained and a skill that requires practice.

Using these principles, ECIN has completed its first five years of work, demonstrating important lessons for system transformation, making mistakes that it has learned and grown from, and preparing for what it hopes will be an even more focused and productive second act.

For more information
on ECIN, please visit
www.ecin.org

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¹ For more information on protective factors and the Strengthening Families approach, see <https://cssp.org/our-work/project/strengthening-families/>

² Minahil Naveed, *Income Inequality in DC Highest in the Country December 15, 2017*, <https://www.dcfpi.org/all/income-inequality-dc-highest-country/>

³ *Prepared Residents: Household Income by Race and Ward*, Center on the Developing Child at Harvard University (2014). <https://dceconomicstrategy.com/household-income/>

⁴ Beth A. Stroud, *Issue Brief: Systems of Care: A Framework for System Reform in Children's Mental Health*, National Technical Assistance Center for Children's Mental Health, Georgetown University Child Development Center. (2002).

⁵ *Improving the Children's Mental Health System in the District of Columbia*, Children's Law Center, 2012.

⁶ For more information on the Frontiers of Innovation approach, see <https://developingchild.harvard.edu/innovation-application/innovation-approach/>



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