



1

Learning Objectives

- 1**

Understand the importance of family engagement for ensuring equitable health outcomes
- 2**

Recognize barriers to family engagement within the systems theoretically designed to serve them
- 3**

Identify potential solutions and best practices for improved family engagement across early childhood systems

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“There’s no such thing as a baby...
There is a baby and someone.”
 — D. W. Winnicott

 A circular inset image showing a man in a black cap and blue face mask holding a smiling baby girl in a purple top. The background of the slide is white with yellow and blue circles.

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Centering families

As the Administration for Children and Families explains,
 “strong family engagement is central in promoting children's healthy development and wellness, including:

- social-emotional and behavioral development;
- preparing children for school;
- seamlessly transitioning them to kindergarten; and
- supporting academic achievement in elementary school and beyond.”

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Centering families

Many systems are *intended* to serve families, but are they actually *designed* to serve them?

Continuum of Family Engagement*



- Meaningful family engagement can look different depending on the organization and setting, but at its core, it is an **equitable partnership**.
- Meaningful family engagement engages the *whole family* – not just moms

“I just hope that the voice of parents can be understood and not just heard.”

- Parent Interview Study, Martine Lappé, PhD & Research Team

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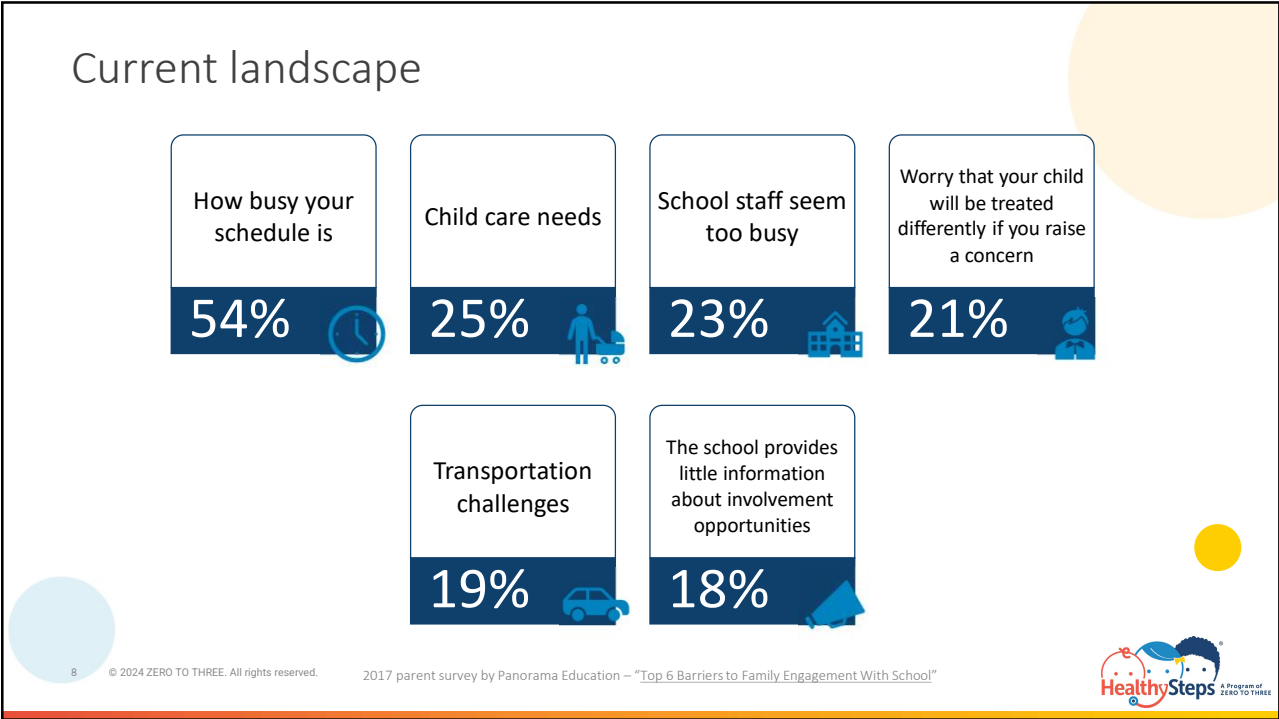
* Adapted from: <https://www.acf.hhs.gov/opre/report/engaging-families-state-initiatives-case-study-lessons-learned>



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Current landscape

- In a [2018 survey](#), Texas families stated they **want to help their children but lack the confidence to support them academically due to uncertainty about how to interact with school personnel**, particularly if there are cultural and language barriers.
- The Texas survey also found that **teachers face several barriers** to family engagement and identified the need for preparation and supports to engage diverse families in their children's learning.
- A [2018 study](#) on family engagement and retention of young children in mental health care found that **key barriers were stigma, lack of integrated health care services, and a shortage of providers** with the necessary expertise in early childhood mental health care.

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THREE MOTHERS, ON THE BRINK

Eleven months, multiple breakdowns, one harrowing realization: They've got to get back up and do it all again tomorrow.

THIS ISN'T BURNOUT, IT'S BETRAYAL

A psychiatrist suggests ways moms can fight back when the system is stacked against them.

HOW TO HELP WORKING PARENTS RIGHT NOW

From flexible schedules to paid leave, what the government, employers and the rest of us can do.

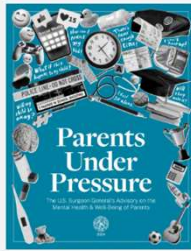
Image credit: *The New York Times* headlines; slide credit: TMW Center for Early Learning and Public Health; [Parent Nation](#) ⇨



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Surgeon General: Parents Are at Their Wits' End. We Can Do Better.

Aug. 28, 2024



Parents Under Pressure: The U.S. Surgeon General Advisory on the Mental Health and Well-Being of Parents

This Surgeon General's Advisory highlights the stressors that impact the mental health and well-being of parents and caregivers, the critical link between parental mental health and children's long-term well-being, and the urgent need to better support parents, caregivers, and families.

Image credit: *The New York Times*; HHS Office of the Surgeon General



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Why Health Care Workers Are Burning Out

With Pandemic Money Gone, Child Care Is an Industry on the Brink

Five months after the expiration of federal funds, running a child care business is more precarious than ever, and many parents struggle to pay tuition, surveys show.

Solving the Mental Health Provider Shortage

Almost half of the U.S. lives in a mental health workforce shortage area.

Image credit: *The New York Times* & *Psychology Today* headlines



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Prioritization of public investment

Annual public spending per child on early childhood care.

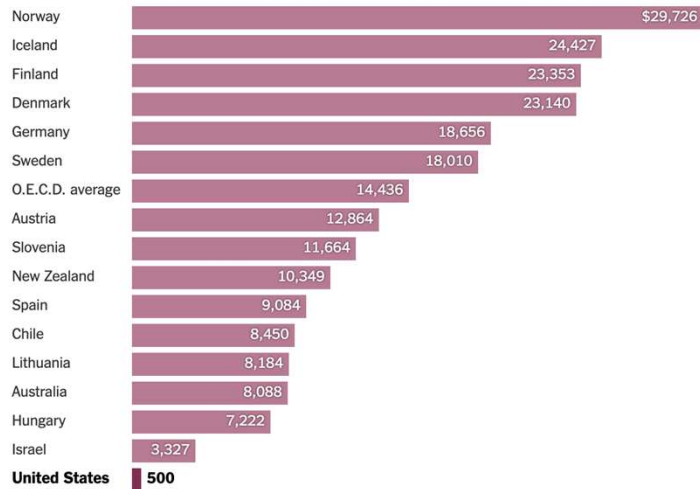


Image credit: *The New York Times*



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Disproportionate experience of poverty

	United States	California
Babies in families with poor or low income	39%	34%
Babies living in poverty	19%	16%
% of Black babies	35%	27%
% of Hispanic babies	25%	21%
% of AI/AN babies	38%	37%*
% of White babies	12%	9%

*Numbers are small; use caution in interpreting.

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SOURCE: *State of Babies Yearbook*, ZERO TO THREE, 2023.



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I had no one coordinating my son's care, to the point that I had a team of over 10 different health care professionals that I was managing at one point in time, and they all had differing opinions of each other.

I was doing it all because there was no one, because our health care system is so fractional. And it's so disseminated that there is not any real care coordination...

- 38-year-old white, married mother of four children, ages 11, 8, 3, & 6 weeks

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Credit: Parent Interview Study, Martine Lappé, PhD & Research Team



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I would always love to have more information or different ways to like assess, you know, how my son is doing, and anything that we could improve upon. **But I do think the downside is that parents already have so many checklists and so many expectations, whether direct or kind of assumed...**

- 37-year-old white, married mother of a 6-month-old son

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Credit: Parent Interview Study, Martine Lappé, PhD & Research Team



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I could see parents being nervous like, 'okay, is this going to be documented like, is somebody going to be calling CPS on me?' I could see that being the main concern for parents' feelings. Or, just feeling like, 'is this a safe space for me to open up about things at home?'

So, I think that it needs to be said: 'This is a safe space to talk about this.' Because I did have a CPS case open against me from [my daughter's] doctor and not going to her visits, and that was extremely hard... and I think that CPS is phenomenal. I think that it is absolutely necessary. I'm glad that they came to my house, and that they were concerned about my child.

But what about parents and their well being? Because if CPS is being called, it's likely that parents' needs are also not being met... And I would like for parents to be advocated for, as well as children..."

- 26-year-old Native American single mother of a 3-year-old daughter

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Credit: Parent Interview Study, Martine Lappé, PhD & Research Team



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I've always had private insurance from my parents... and so when I was like 26 or 27 I lost that, I think like 6 months after [my daughter] was born and I had to navigate Medi-Cal... [and] that was so traumatizing. **I've never experienced that kind of rudeness, and just because I received public benefits?** [...] So, it's advertised that you can still receive high quality care through Medi-Cal when, really, that was not the case. And it's really unfortunate... Like this is not the way it should be.

- 29-year-old African American, married mother of a 3-year-old daughter

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Credit: Parent Interview Study, Martine Lappé, PhD & Research Team



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Emily's Story

“ I am a mother from the Bronx that endured great adversity and lack of resources while raising my now 18-year-old son. From domestic violence shelters to being told ‘teen mothers from the Bronx don't know anything,’ and much more, **urban areas are riddled with stereotypes that are eventually embedded into our DNA and make us hesitant to ask NECESSARY questions about our child's development and needs... much less to ask questions about our own needs!** These same resources, while more notably available, still seem inaccessible to most.

The social-emotional needs of so many 0–3-year-olds go unmet because families in low-income areas aren't presented with the information so they can be better informed and prevent, to the best of their abilities, long-term impacts of not rendering proper medical care—physical and mental.

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Emily Caraballo-Jimenez

Jun 13, 2016 · 🌱

You come across people in life that are meant to be for whatever the reason... No matter how many years go by, no matter how many conversations are or aren't had, no matter what the high or low points are- they are just in your

Even now, when I encounter someone who THINKS they can speak or treat myself or others in a demeaning manner because we are from a particular socioeconomic background, I think of her and remind myself there are people in the world, in OUR community that are willing to fight the good fight along our sides no matter how different they may be on paper, in color, or in any other way that others seem to feel gives them an upper hand.

son, I already had this strong sense of advocacy to get him the services he needed and not to be treated as another Bronx teen mom stereotype... but man oh man (or woman lol), when I met Dr. Briggs she lit several fires under me that I didn't know existed and even if I had known they were there, I wouldn't have had the courage to let them burn! When people ask me why I am so passionate about helping advocate for the community, she is one of the four people I give a tremendous amount of thanks to.

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Barriers to family engagement

- **Lack of trust/comfort**
 - Culturally sensitive care
 - Importance of pediatric primary care, especially in the first few years
 - Need professionals who have the bandwidth to make it a comfortable/comprehensive setting
- **Lack of access to services and connection between services**, particularly for lower-income and rural communities
 - Closing the referral loop (many barriers, including changing phone #s and addresses)
 - Transportation; language; formats – lack of accessibility, inconsistencies across services
 - Provider/professional resources and capacity makes it harder for them to support (or even identify the need for support)
- **Funding/investment**
 - Paying for treatment, not prevention/promotion; mental block against dyadic approach (stuck thinking in individuals as the patient)
 - Lack of reliable, robust data can make it hard to understand specific challenges and make the case for investment

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Solutions/Strategies

- A **robust workforce that is well-trained** to provide culturally sensitive, dyadic care and services, especially in pediatric primary care
 - Empowering caregivers as the expert(s) on their child(ren) – making sure they have the appropriate information, resources, and support to set them up for success
- **Team-based approaches** that support improved delivery of services and connection/coordination between systems (not just one person's responsibility)
 - Importance of pediatric primary care as a connector
- Evidence-based **information/resources** for families available in multiple formats, languages – informed by family needs (surveys, advisory groups, etc.)
- **Technology and processes** that support improved coordination and data collection across systems – and the will and investment to roll them out widely and consistently
- **Public investment** supporting all the above

★ Center family voices in all aspects – “nothing about us, without us” ★

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Pediatric Setting

- ACCESS** | Almost all families take their babies to see a pediatric primary care provider
- TRUST** | Parents trust their pediatric primary care provider
- ACCEPTED** | The pediatric office is a non-stigmatizing setting
- FREQUENT** | New parents attend 12-13 well-child visits within the first 3 years of life; half occur in the first year

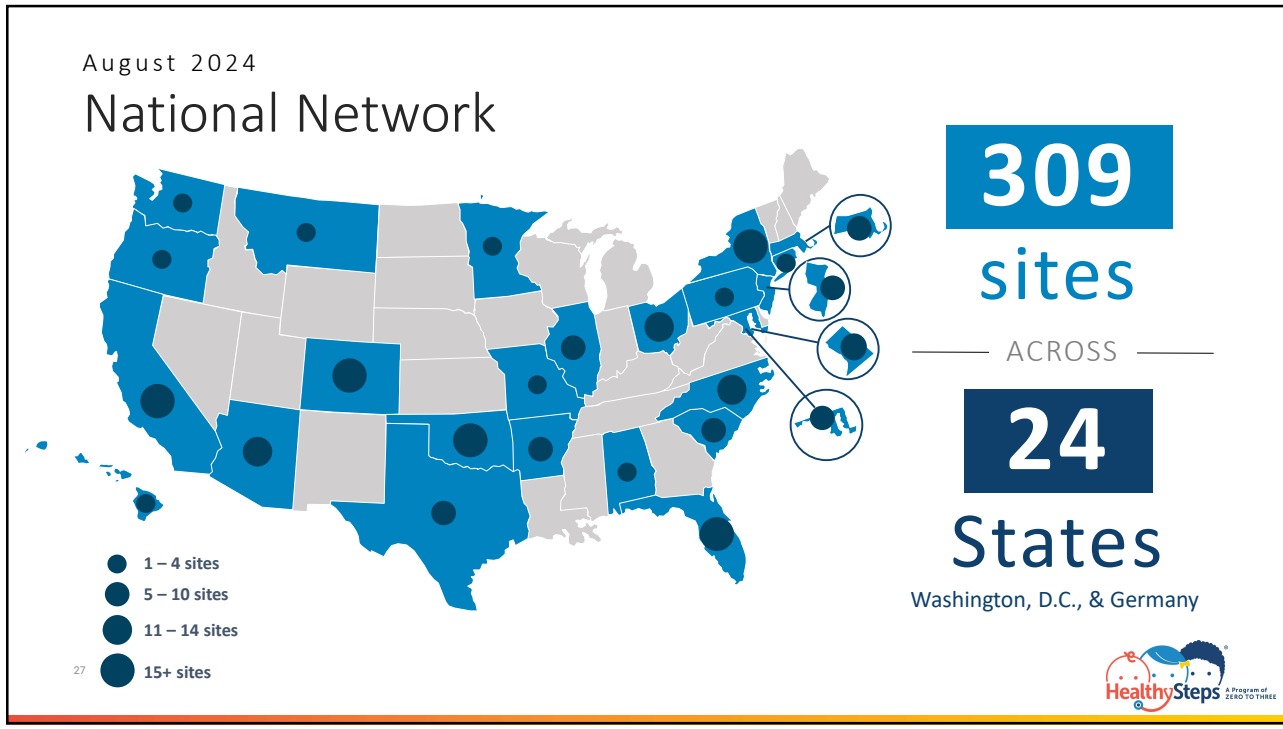
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HealthySteps in California

- Grown from 1 site in 2018 to 28 sites reaching nearly 50,000 children and their families*
 - 9 sites in onboarding, reaching ~18,500 additional children
- 10 new HealthySteps sites in Orange County and more to come in Riverside and San Bernardino Counties
 - Made possible in partnership with **First 5** and local health plans (**CalOptima** and **IEHP**)
- Expansion in Los Angeles supported by philanthropic investments from the Conrad N. Hilton and Tikun Olam Foundations

* Data as of 9/16/24


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“ My family has recently moved from another state to CA and my son was previously receiving services for his disability. I was very concerned about having to start the process all over again in a new state and wasn't sure how long it would take. **I was honestly dreading it, thinking my son would go months without therapy. I was surprised at the first visit to my son's pediatrician to establish care and get the referral process started** for his services, [the HealthySteps Specialist] entered the room and began discussing everything from regional, school district, and Rady's services. She provided all the contact information for everyone, and she also checked in every couple of weeks to discuss the progress of getting my son assessed.

The organization and resources that were provided by the HealthySteps Specialist was so helpful to me, as a caretaker/advocate. [...] This program is so beneficial to the development of children with special needs.

- HealthySteps parent, Rady Children's Hospital



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HealthySteps Core Components

- Child Developmental, Social-Emotional & Behavioral Screenings
- Care Coordination & Systems Navigation
- Screenings for Family Needs
e.g., PPD, other risk factors, SDOH
- Positive Parenting Guidance & Information
- Family Support Line
e.g., phone, text, email, online portal
- Early Learning Resources
- Child Development & Behavior Consults
- Ongoing, Preventive Team-Based Well-Child Visits



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“ I noticed that [the child’s grandmother, her primary caregiver] has had a lot of questions about the CPS system, stating that she does not feel her social worker is very supportive, does not know how she can gain educational rights, and does not understand how to advocate for [her granddaughter]. During my calls, I provided her with guidance on navigating the system and encouraged her to call CASA [Court Appointed Special Advocates for Children] for a referral. She never knew about CASA before and was also thankful for helping me guide her through the process.

Her granddaughter is now on the waiting list for CASA and **she remains hopeful that she can continue to advocate for [her granddaughter]** with HealthySteps guidance, [Rady Children's Developmental Evaluation Clinic (DEC)] mental health support, and (soon to be) CASA's help. I am continuing to follow the family to ensure that CASA starts and to answer any questions she may have along the way regarding advocacy.

- HealthySteps Specialist, Rady Children’s Hospital

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HealthySteps Service Delivery Model

TIER 3
COMPREHENSIVE SERVICES
FAMILIES MOST AT RISK


TIER 2
SHORT-TERM SUPPORT
MILD CONCERNS

TIER 1
UNIVERSAL SERVICES

SERVICES INCLUDE

- Ongoing, preventive team-based well-child visits
- Child development & behavior consults
- Care coordination & systems navigation
- Positive parenting guidance & information
- Early learning resources
- Child developmental, social-emotional & behavioral screenings
- Screening for family needs
 - MATERNAL DEPRESSION
 - OTHER RISK FACTORS
 - SOCIAL DETERMINANTS OF HEALTH
- Family support line
 - PHONE, TEXT, EMAIL, ONLINE PORTAL

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HealthySteps Specialist Competencies

RESOURCE

Knowledge & Skills	Dispositions	The HealthySteps Specialist
	Area 1: Diversity, Equity, Inclusion, Accessibility & Belonging (DEIAB)	
	Area 2: Child Development & Well-Being	The Caregiver-Child Relationship
	Area 3: The Caregiving Relationship	
	Area 4: Caregiver & Family Well-Being	Contexts
	Area 5: Health Care Systems	
	Area 6: Community & Early Childhood Systems of Care	
	Area 7: The HealthySteps National Network	
Area 8: Supervision for HealthySteps Specialists	The HealthySteps Specialist Supervisor	

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“

It's always finding the delicate balance of delivery, right? **And not making it feel like the parents aren't doing enough. Because parents are already struggling as it is to try and feel like they're doing the right thing...** That's kind of by far the most important thing... It's just that delivery that can make such a difference.

- 29-year-old Salvadoran American, married father of a 19-month-old son

”

“


[Our HealthySteps Specialist] always listens without judgment and takes her time with us. She sent us home with an immediate resource but also let us know she was going to do her own research to find a better match for our family's situation. To know that she cared enough to do that is amazing.”

- HealthySteps parent, Rady Children's Hospital

”

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Credit for first quote: Parent Interview Study, Martine Lappé, PhD & Research Team



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RESOURCE

HealthySteps Training & Resources

Free resources for the HealthySteps network (and beyond):

- eLearning courses
- Supporting implementation and training resources (e.g., [DEIAB assessment](#) for the HS Specialist and practice staff)
- Quarterly webinars
- HealthySteps Connect

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My HealthySteps Specialist was able to understand my culture and it made it easy to speak to her about my son's health and what he needs help with.

- Hope
HealthySteps parent and Family Advisor

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HealthySteps Caregiver Resources

RESOURCE

WHAT'S UP? AGE-BASED NEWSLETTERS

Developmental newsletters, written with caregivers of infants and toddlers in mind. Each issue follows the well-child visit schedule and includes what to expect from ages 0-3, Q&As, and tips for supporting development.

EARLY LEARNING HANDOUT SERIES

Each handout follows the well-child visit schedule and suggests no- and low-cost activities to enhance caregivers' ability to stimulate their baby's development and promote school readiness. Activities are offered in the following areas: language, managing feelings, science & math, problem-solving, physical skills, and art & music.

TOPICAL HANDOUTS

Short articles written for caregivers, that provide information on a range of infant and toddler topics (sleep, feeding, tantrums, etc.). These materials include helpful takeaways for caregivers to address particular concerns.

SPARKS PARENT VIDEO SERIES

A free, online video curriculum for caregivers that blends social-emotional-cognitive development with medical, safety, sleep and nutrition topics, and promotes positive parenting behaviors. Aligned with the WCV schedule; can be provided as anticipatory guidance or caregivers can sign up to receive via text.

<https://www.healthysteps.org/your-child/>
 Available in Arabic, Bengali, English, and Spanish
 Coming soon: Haitian Creole, Simplified Chinese, and Vietnamese

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A Smart Investment

CHILD-FOCUSED INTERVENTIONS

- Oral health
- Asthma*
- Appropriate use of care for ambulatory sensitive conditions
- Flu vaccine

ADULT-FOCUSED INTERVENTIONS

- Breastfeeding
- Postpartum maternal depression
- Intimate partner violence
- Healthy birth spacing
- Smoking cessation

Annual Savings to Medicaid


163% AVERAGE ANNUAL ROI

Includes analyses at state, health system, and site levels with both well-established and new sites, leveraging the HealthySteps cost savings model developed by Manatt Health.

For every \$1 invested in HealthySteps, an estimated \$2.63 in savings is realized by state Medicaid agencies each year.

*Asthma is a *recently* added cost savings intervention and therefore is not captured in the 163% annual ROI calculation.

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RESOURCE


A Smart Investment

- Without a payment model to support dyadic services in primary care, we are unable to serve families effectively and are therefore forced to wait until a mental health diagnosis develops to provide a billable service.
 - By the time this happens, the trajectory of mental illness has already set in, and it is often too late to stop it.
- With a pathway to pay for primary-care based dyadic behavioral health services (i.e., “dyadic billing”), programs like HealthySteps can support a workforce with the ability to transform the way we care for babies, young children, and their families on a population level.




Resources

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Timely/Continued Care and Vaccinations



- ✓ Timely and complete well-child visits
- ✓ Reduced disparities in well-child visit attendance
- ✓ Timely and up-to-date vaccinations
- ✓ Better continuity of care

TIMELY AND COMPLETE WELL-CHILD VISITS

- HS children were more likely to **attend all of the first 10 recommended well-child visits**, more likely to **attend 6 or more visits in the first 15 months of life** (a key indicator of quality care), and were twice as likely to **attend specific visits** and for **visits to be on time**^{3,4,10,14,15,16}
- Three HS sites found a **reduced disparity between well-child visit attendance and insurance coverage**: attendance rates for sites serving high proportions of children with Medicaid were on par with rates for children with commercial insurance¹
- 🔗 **Black and Hispanic** HS children with Medicaid insurance received more well-child visits and were more likely to see the same provider during a one-year period than their counterparts³


TIMELY AND UP-TO-DATE VACCINATIONS


- HS children were up to 1.6x more likely to receive **timely vaccinations** and 1.4x more likely to be **up to date on vaccinations by age 2**^{4,10,13}

BETTER CONTINUITY OF CARE

- **Continuity of care with the same provider was significantly better** for HS children and families were **nearly twice as likely to remain with the practice** through 20 months^{3,17,18}
- **HS children with Medicaid insurance received more well-child visits and were more likely see the same provider** during a one-year period than their counterparts³

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 **Emerging evidence** includes research that has not yet been published in a peer-reviewed journal or presented at an academic/scientific conference.





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Screening and Connection to Services

- ✓ Early identification of child and family needs
- ✓ Improved connection to services


ADDRESSING CHILD NEEDS


- HS children were **8x more likely to receive a developmental assessment** and had significantly **higher rates of developmental and other nonmedical referrals**.^{4,5,6}
- A network of three HS sites (two with dedicated community health workers) found nearly **90% of families were successfully connected with needed community services**⁷
- One HS site with a dedicated family services coordinator **quadrupled its early intervention (EI) successful referral rate** after implementing HS⁸
-  Among HS children with Medicaid, **receipt of any developmental screening was 1.4x higher** for HS children; **screening rates for Hispanic and Black HS children were 1.6 – 1.7x higher** than their counterparts.³
-  Among children with Medicaid, HS children had **higher rates EI service receipt** (14% vs. 9%) which also **held true for Hispanic HS children** compared with their counterparts (17% vs. 11%).³

ADDRESSING FAMILY NEEDS


- HS mothers had significantly **higher rates of maternal depression referrals** and were **4x more likely to receive information on community resources**.⁴
-  HS mothers with Medicaid had **higher rates of receipt of family planning services and postpartum care**.³

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 **Emerging evidence** includes research that has not yet been published in a peer-reviewed journal or presented at an academic/scientific conference.




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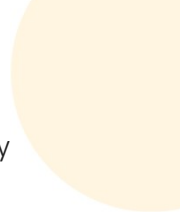


 [A family that immigrated from Guatemala came in], having a language barrier and being unfamiliar with the U.S. health system. They had a baby and did not yet have health coverage or employment.

Upon receiving HealthySteps screenings, needs were identified, and referrals and resources were offered. With our help, the parents found jobs, applied for welfare benefits, obtained Medi-Cal insurance for PT. Both parents are adjusting well and keeping up with PT appointments. Family is no longer having financial difficulties.

– HS Specialist & Community Health Worker team, Riverside University Health System

This is all I know and it’s the only place that I really feel safe and accepted. 


- Anna, HealthySteps parent

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Practice Impacts



- ✓ Parents more satisfied with their care
- ✓ Equitable care


INCREASED PATIENT SATISFACTION

- HS families were significantly more likely to report **practice staff went out of the way for them**, that they **relied on practice staff for advice** (rather than a friend or relative) and that they **received needed emotional support**^{4,22}
- HS families **rated their provider as more competent and caring** and were significantly more likely to believe that the **health plan cared** about them and to **recommend their clinic** to a friend or family member^{9,22}

MORE EQUITABLE CARE

- One HS site with integrated behavioral care found that **families received equitable advice regardless of race, ethnicity, or language**, suggesting that HS can help mitigate existing disparities in the quality of pediatric primary care²⁸

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Data Collection

- Data helps us better understand the current landscape of disparities and how to address those disparities we uncover as we strive to provide more equitable care.
- Barriers to collecting race, ethnicity, and language data include:
 - a **lack of standardization** of data collection in health care settings;
 - **limited (federally defined) categories** families can choose from, which often do not reflect how they identify; and
 - **families' concerns around privacy** and potential discrimination based on their racial or ethnic identity.

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RESOURCE

Data Collection Best Practices


Considerations for staff

They may feel more comfortable asking patients personal questions if they understand what disparities exist, why they occur, and what their role is in identifying and addressing disparities.

Considerations for families

They may be more willing to participate in data collection when they understand how the data will be used to monitor and improve the quality of care, and when they have developed a trusting relationship with the person asking.


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RESOURCE

Data Collection: Epic® Turbocharger Package




Current electronic health records (EHR) platforms are rarely equipped to adequately capture pediatric and family-based behavioral and social care needs, leaving practitioners with minimally effective documentation and collaborative tools to deliver care.

- We worked with a health IT consulting firm to design a HealthySteps workflow in Epic® that would help improve the team-based pediatric care experience by streamlining documentation and reporting, reducing clinician burden, and improving efficiency—allowing providers to have more meaningful and consistent interactions with patients and their families.
- This workflow is now available as a complimentary collection of records (the Epic® HealthySteps Turbocharger Package), allowing practices to import and integrate the workflow guidelines more quickly and easily.

“[The Turbocharger supports] seamless communication amongst all providers with a family.”

– HealthySteps Specialist, Rady Children’s Hospital

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Family-Centric Design

RESOURCE



Examples of formalized family engagement approaches at ZERO TO THREE:

- HealthySteps Family Advisors
- Pediatrics Supporting Parents
- Safe Babies Parent Leaders

Helpful resource: Family Voices' [Family Engagement in Systems Assessment Tools](#) (FESAT)

- Self-assessment that early childhood organizations can use to plan, assess, and improve family engagement in policies, programs, and other systems-level initiatives.

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Family Advisory Purpose Statement

The HealthySteps Family Advisory Group supports the expansion of services to help make materials and programming more approachable and user friendly for real life families. We are deeply dedicated to an all-inclusive experience for every family, every dynamic, every (healthy) step of the way!

healthysteps.org



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RESOURCE


Call to Action – We Can't Wait → We *Don't* Wait

- **Think about your work, the system(s) you're a part of and/or have influence over.**
 - Are there things you can start doing on your own? Are there things that may be feasible on a larger scale?
- **Share resources with your team, especially leadership when possible; ask:**
 - “How do we think about family engagement as part of our work and overall guiding strategy?”
 - “Did you know that there is [RESOURCE] from [CREDIBLE SOURCE]?”

Consider different ways to share... is it in a conversation with your supervisor and/or supervisees, in a team meeting, in a digital channel, a brown bag lunch and learn.


Are there others you work with that are willing to advocate with you?
- **What positive outcome(s) will this approach offer? Make sure that's part of your pitch.**
 - When possible, include tangible examples of professionals and families validating the value of implementing the resource/strategy
 - Back it up with data when possible

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RESOURCE




Advocacy Resources

Visit ZERO TO THREE's Think Babies™ website for [advocacy resources](#), including resources and templates for events that center family voices in your advocacy.

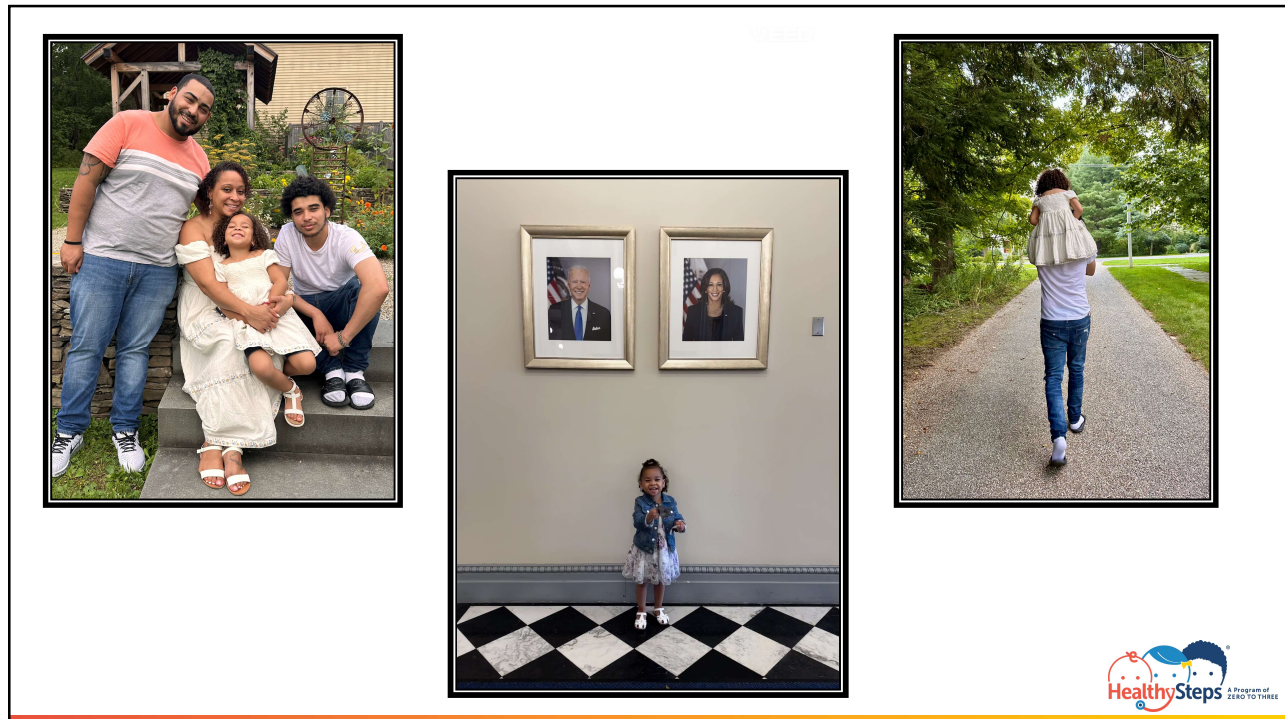


- INFANT-TODDLER ADVOCACY TRAINING
- INFANT-TODDLER PROGRAM SITE VISIT
- INFANT-TODDLER POLICY FORUM
- FAMILY LISTENING SESSION
- ENGAGING FAMILIES IN POLICY CHANGE

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“ We need advocates for families that can't advocate for themselves. Maybe because they don't have the capacity to, they don't have the means to, the list goes on. But I feel like it's not fair to let people slip through the cracks.

Why not have a safety net?

And the medical system has let me slip through the cracks quite a bit... so I think having advocates connected to it would help.

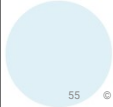
- 26-year-old Native American, single mother of a 3-year-old daughter

54 © 2024 ZERO TO THREE. All rights reserved. Credit: Parent Interview Study, Martine Lappé, PhD & Research Team

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“ What I like most about HealthySteps is having someone at the pediatrician’s office looking out for my family’s best interests. The communication and the amount of support received is heartwarming.

- Karma, HealthySteps parent & Family Advisor



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Thank You

 HealthySteps.org
 [@HealthyStepsZTT](https://twitter.com/HealthyStepsZTT)



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Appendix




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HealthySteps Alignment with California's Dyadic Benefit

		SERVICES INCLUDE
TIER 3 COMPREHENSIVE SERVICES FAMILIES MOST AT RISK	Dyadic Behavioral Health Well-Child Visits (H1011)	Ongoing, preventive team-based well-child visits
TIER 2 SHORT-TERM SUPPORT MILD CONCERNS	Comprehensive Community Supports (H2015) Family Training & Counseling for Child Development (T1027) Psychoeducational Services (H2027) Psychotherapy when risk factors present (Dx code Z65.9)*	Child development & behavior consults Care coordination & systems navigation Positive parenting guidance & information Early learning resources
TIER 1 UNIVERSAL SERVICES	FFS reimbursement for screenings on top of well child visit payment (i.e., Developmental, ACES, Substance Misuse, Depression)	Child developmental, social-emotional & behavioral screenings Screening for family needs -MATERNAL DEPRESSION -OTHER RISK FACTORS -SOCIAL DETERMINANTS OF HEALTH Child development support line -PHONE, TEXT, EMAIL, ONLINE PORTAL

58 © 2024 ZERO TO THREE. All rights reserved. *MA and NY also allow this flexibility
 CA billing & coding resources: <https://www.healthysteps.org/resource/california-sustainability-resources/>



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RESOURCE

Parent Leaders: Keys for Implementation

- There is a **high level of commitment** to support parent leadership.
- There are **at least two parent leaders** to support each other and represent parent voice at the site, state, or national level.
- There is an **identified staff support person** within the program committed to parent leaders that can provide a reflective space and can ensure parent leaders have adequate preparation, time to debrief, and support within the team.
- There is **clarity of everyone's role**, and it is clearly explained to all, including parent leaders.
- Parent leaders have the **information and resources they need to participate** (for example, virtual accessibility, interpreters, etc.).
- Parent leaders have **equal voice/partnership** with the other professionals on the team.
- Parent leaders are **representative** of the races, ethnicities, gender, cultures of the state/site demographics.
- Parent leaders are able to **bridge the gap** between families and other professionals **in the decision-making process of practice change**.
- Parent leaders are **active participants** in priority initiatives/collaboratives.

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Adapted from ZERO TO THREE, Safe Babies, "[Parent Leaders Are Vital for Stronger Early Childhood Systems](#)," 2023.