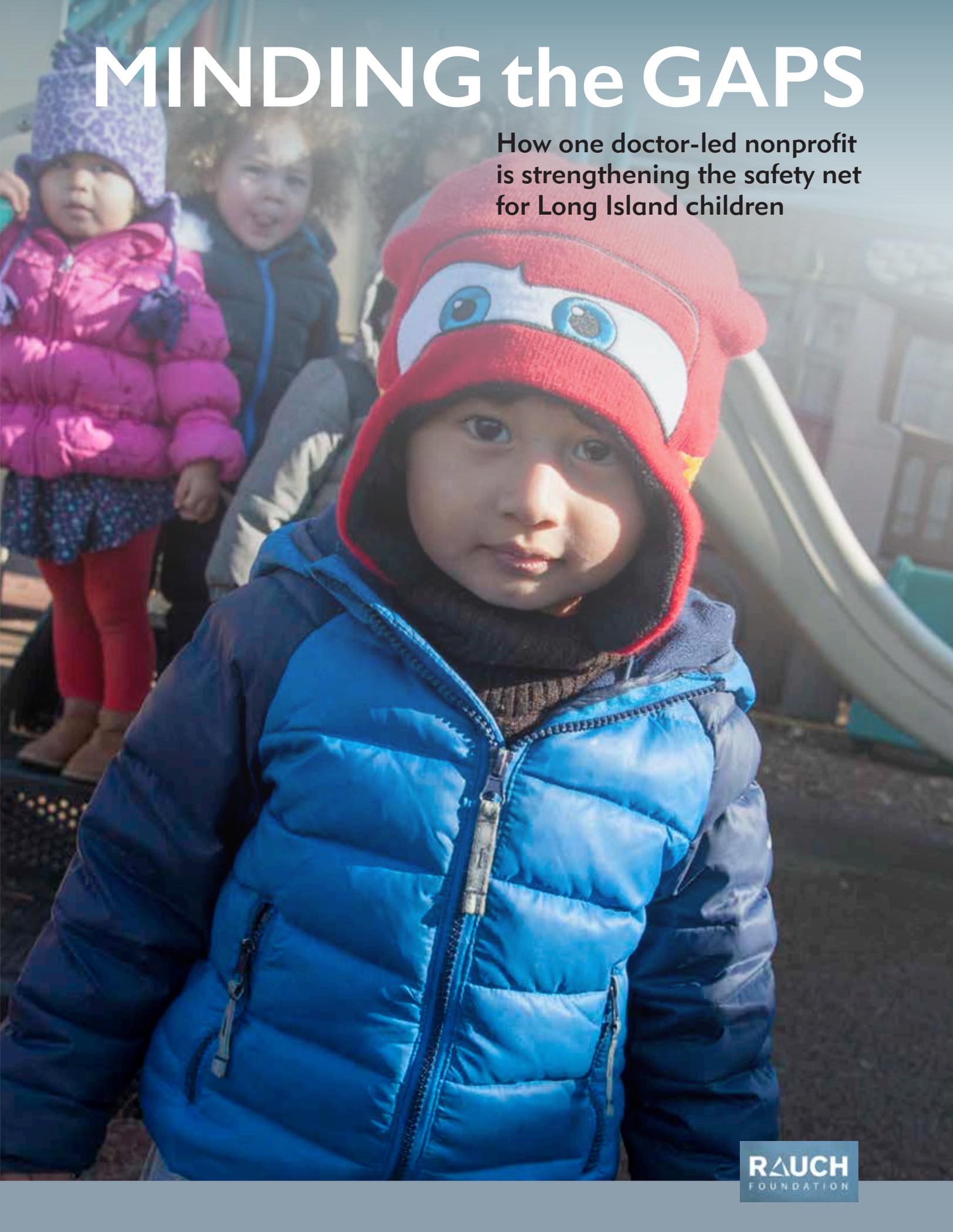


MINDING the GAPS

How one doctor-led nonprofit is strengthening the safety net for Long Island children



BY ELIZABETH MOORE

Toddler at Five Towns Early Learning Center in Inwood.



The number-one problem Brian’s mom wanted to discuss at his well-baby checkup was how to get her 30-month-old toddler to give up his bottle and eat more solid food.

But by the time the two of them had walked into his pediatrician’s Hempstead office in early September, Brian’s doctor already had something serious to talk about, based on the waiting-room paperwork Brian’s mom had just completed.

Her answers to a developmental questionnaire were already entered into the electronic record on Dr. Diane Lombardy’s computer screen: Brian hadn’t reached milestones typical even for much younger toddlers – such as naming a color or body parts like his nose or tummy, saying his own name when asked, or talking so that people could understand him most of the time.

“What do you think of the way his language development is coming along?” Dr. Diane Lombardy asked gently, about five minutes into their visit, as the boy warbled gibberish and drove his Lego fire truck in tight, thunderous circles at their feet.

His mom’s bright smile faded. “Not good,” she said. They left that day with a referral for an audiology exam and early-intervention services.

Elizabeth Moore is a freelance writer and former Newsday reporter.



When it comes to child development, the newest science is clear: in the early childhood period, even a few months' head start can make a huge difference.



*Dr. Elizabeth Isakson,
executive director of
Docs for Tots.*

That waiting-room questionnaire has become a standard part of pediatric checkups at Nassau County's community health centers, thanks to the efforts of an Astoria, NY-based nonprofit called Docs for Tots. Lombardy says it has helped her pick up on several cases warranting closer attention. Like most doctors, she never can spend as much time as she wants with her patients, and while Brian's issues would have been hard to miss, more subtle signs of delay too often escape notice during the hectic half-hour appointments that tend to be dominated by worries about diet, digestion and this week's ear infection.

But when it comes to child development, the newest science is clear: in the early childhood period, even a few months' head start can make a huge difference. Since the questionnaire was introduced at the clinics, the rate of referrals has gone up to about one in ten kids, bringing services to many children whose needs might otherwise gone unnoticed until the first day of kindergarten.

"In the old days, people would say, 'Let's wait six months,'" says Dr. Elizabeth Isakson, Docs for Tots' executive director. "But a child's brain develops at such a rate that this is not the time to wait six months."

The developmental screening initiative is just one of several relatively low-cost but high-impact steps being championed by Docs for Tots. Others include work to help pediatricians watch for maternal depression, promoting mental-health support for day care centers, and building a robust regional referral network for children's needs.

What is Docs for Tots?

Docs for Tots doesn't practice medicine or provide any direct services to children.

Instead, it aims to strengthen the safety net for children from birth to 3. It probes for gaps and weaknesses, looks nationwide for the most proven solutions, persuades the people in charge to give those fixes a chance, and then coaches them through putting the changes in place, collecting evidence along the way to assure they are actually making a difference.

Or, as Isakson puts it: "We are taking a quality-improvement approach to the many existing systems that are already working with young children and families. Rather than a new model or intervention, we want to take what exists out there and make them the best they can be."

Quality improvement. Systems. Models. Interventions. That's all just jargon for finding a way to reach the newborn who spends her days wet and hungry in her crib because her mom is too depressed to get out of bed. Or the 2-year-old kicked out of his day care for biting, labelled a juvenile delinquent before he has learned to use a potty. Or Brian, whose worried mom had tried to teach him the color red by showing him a flashcard with a picture of a strawberry. Brian tore the flashcard into pieces.

A mountain of scientific research has accumulated to show how much difference a child's first experiences can make in brain development, setting the stage for success or trouble, health or illness in school, at work and throughout later life. Neuroscientists now broadly agree that genes and experience interact with each other to literally shape the architecture of the developing brain in the first three years of life. The active ingredient in that process is the quality of the child's relationships with parents and other caregivers.

Toxic stress from abuse, neglect or chaos in the first years has been linked to long-term effects on the nervous system that can damage the developing brain and lead to lifelong problems in learning, behavior and physical and mental health. On the other hand, nurturing care exerts a protective influence that can counteract those adverse forces and promote resiliency, studies show.



Child care staff member and child at Five Towns Early Learning Center in Inwood.

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From Neurons to Neighborhoods

In 2000, the National Research Council published a landmark report titled “From Neurons to Neighborhoods,” with a call to action, saying the scientific community had reached a decisive level of confidence that creating and supporting the right conditions for early childhood development was a critically important form of government intervention. By pro-actively addressing the developmental challenges faced by newborns and preschoolers, the research suggested, government would avoid much larger bills decades later for special education, police and prisons, homeless and substance-abuse services and supportive housing.

Suddenly, policy makers began to see pediatricians as uniquely positioned to fix society’s ills.

That recognition spurred the 2003 founding of Docs for Tots, at first as a nationally-oriented, Washington, D.C. nonprofit.

Docs for Tots’ original vision was to develop a national network of pediatricians who could leverage their expertise and influence to partner with other child advocates to promote the best practices and scientifically proven interventions for children from birth to 3 years old. Some 2,000 physicians responded with enthusiasm.

But within a few years, it became clear that while a national consensus might be developing around the urgent importance of addressing problems in early childhood, actually getting that done couldn’t be a top-down process. It would have to start with decentralized, home-grown strategies that reached beyond the health-care system to partner with the broader ecosystem of children’s services in

Suddenly, policy makers began to see pediatricians as uniquely positioned to fix society’s ills.

each state and region. That recognition very nearly led to the shuttering of the nonprofit.

So instead, Isakson and her co-director Dina Lieser MD, found backing from the Long Island-based Rauch and Hagedorn foundations for a local re-boot in 2012. (The Hagedorn Foundation recently closed.)

“Dina and I had been bouncing around the idea that it’s too good a brand name,” Isakson said. “We moved it to New York to have a NY-focused concentration, knowing that whatever work we were doing has national implications.”

The new Docs for Tots started as a part-time gig for both of them: Lieser, a longtime leader in early childhood circles, was then director of community pediatrics at Nassau University Medical Center (NUMC), while Isakson, then a board member of the New York Zero-to-Three Network, had her own small children at home.

But they knew they had a powerful idea, one that deserved time to germinate. As independent doctors, they could be both nimble and authoritative in evaluating policy options; the nonprofit they headed could have what Lieser calls a “disruptive – progressive but diplomatic” approach to reform.

If nothing else, the Washington experience had taught them that when doctors talk, people listen.

Docs for Tots (www.docsfortots.org) is a non-profit, non-partisan organization led by pediatricians to promote practices, policies, and investments that will enable young children to thrive. Docs for Tots creates linkages between doctors, policymakers, early childhood practitioners and other stakeholders to ensure that children grow up healthy.



THE STRATEGY

Isakson had worked 15 years at Columbia Presbyterian Medical Center in New York City, serving as chief resident at Children’s Hospital. There she saw firsthand how easily children and families could fall through the cracks, let down by underfunded and misaligned programs and services.

Isakson is a student of systems theory, which holds that the forces that help organizations and social systems survive and perpetuate themselves often have little to do with their nominal purpose. A government agency’s priorities may be shaped more by the last election than by proven policies, for example, while charities may devote inordinate effort to their gala fundraisers, and doctors can’t help but notice which procedures and tests bring in the highest insurance reimbursement. Getting any system to do its job better depends on understanding the forces and incentives that drive it, and learning to work in harmony with them.

Isakson and Lieser decided Docs for Tots should seek to bring everyone to the table to identify problems for which proven solutions might be introduced, and agencies willing to try them. They’d provide intensive technical assistance to introduce those programs, collect rigorous data, and review the results with everyone to decide on next steps.

In a world where silos and turf battles too often prevent cooperation, Docs for Tots aims to serve as a kind of “Switzerland,” says Lieser, who left the organization a year ago to join the federal Department of Health and Human Services. “They don’t have a self-interest in one model or one sector or approach,” Lieser said of Isakson’s team. “They take some of the politics and the edge out of dynamics that can be very palpable sometimes.”

Staff at Elmont Family Health Center.





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DINA LIESER, MD, US DEPT OF HEALTH AND HUMAN SERVICES

Where they began: Developmental Screening

Doing a better job of finding the kids who need help was a natural place to begin. Nationally, only about 1 in 3 children even gets developmental screening like the one that caught Brian’s delays, and New York State’s record has been among the nation’s worst. But after three years of work with Docs for Tots, Nassau’s federally qualified health centers, which see the children at highest risk, now screen about 95 percent of the youngest children they serve.

The screening questionnaires, given at 9, 12, 18, 24 and 30 months, ask whether the child has reached milestones that give clues to cognitive and motor progress, such as whether a 9-month-old says “mama” or pulls herself up to standing, or if a 30-month-old can draw a line and answer questions like “What do you do when you are cold?”

In a system as large as Nassau’s, adding even one new questionnaire to the intake paperwork is a tremendous job, if it is to be handled consistently and correctly. Some patients speak neither English nor Spanish; others are illiterate.

“The most complicated part of it is the staff education – just getting everyone to buy in,” said Dr. Tarika James, medical director of the centers. “It adds to the time required to get a patient triaged; we only have a 30-minute appointment, and already feel we don’t have enough time.”

Docs for Tots’ director of programs, Melissa Passarelli, tackled the challenge with a methodical step-by-step process, starting at Nassau University Medical Center and then each of the community health centers in turn. Lombardy was impressed to see her stop by regularly for months after the initial training, to check whether staff had forgotten any steps or found anything hard to keep up. Pretty soon no one could remember what had ever seemed like such a big deal about it.



Watch Them Grow

Here are a few typical milestones in the Survey of Wellbeing of Young Children, used by pediatricians to gauge developmental progress

9 Months

- Gets to a sitting position by him or herself
- Pulls up to standing
- Calls parent “mama” or “dada” or similar name
- Looks around when parent says things like “Where’s your bottle?” or “Where’s your blanket?”

12 Months

- Picks up food and eats it
- Follows directions – like “Come here” or “Give me the ball”
- Walks across a room without help
- Copies sounds the parent makes

18 months

- Runs
- Names at least five body parts – like nose, hand, or tummy
- Uses words like “me” or “mine”
- Walks up stairs with help

24 months

- Climbs up a ladder at a playground
- Uses words to ask for help
- Names at least one color
- Tries to get you to watch by saying “Look at me”

30 months

- Draws lines
- Washes and dries hands without help (even if you turn on the water)
- Explains the reasons for things, like needing a sweater when it’s cold
- Asks questions beginning with “why” or “how” -- like “Why no cookie?”

“It’s become a routine part of the intake for a physical,” said Hempstead medical assistant Vanessa Gomez in October.

As a result of the screening, Passarelli said roughly one in 10 children screened have ended up receiving early intervention services, a dramatic increase.

“I see them as definitely a support,” said James. “They shone a light on an area we needed to work on, and gave us some tools to work on it, to change our culture a little bit. Without that push, I don’t know that we would have embraced it.”

Docs for Tot’s experience in developmental screening has brought in calls for help and advice from around Long Island and the state, as the need for screening is more widely embraced. Still, over the long run, Isakson believes that keeping the practice going consistently may depend on making it one of the bundle of new requirements Medicaid plans to impose on pediatricians when it shifts to a value-based reimbursement system in 2020.

“They shone a light on an area we needed to work on, and gave us some tools to work on it, to change our culture a little bit.”

DR. TARIKA JAMES, MEDICAL DIRECTOR
NASSAU COUNTY MEDICAL CENTERS

Fourteen-month-old Paris flashed her dimples at her pediatrician like an experienced entertainer, peppering her well-baby checkup with singsong babble and blowing raspberries until she'd used up their power to charm. Then she slid down from her mom's lap to march around Dr. Diane Lombardy's Hempstead office and up to the door. She paused there, then knocked theatrically. She turned around to check that everyone found this adorable. Satisfied, she knocked again, turning again to harvest more smiles.

A neuroscientist might say Paris was modeling the kind of "serve-and-return" interaction that establishes the basic wiring of a healthy human brain, starting with the first gaze exchanged between loving parent and newborn.

For Lombardy, those antics helped to confirm Paris' above-average score on the developmental screening questionnaire her mom had completed just before she walked in, and which had already been entered into the medical record now displayed on the doctor's screen.

The questionnaires, given at 9, 12, 18, 24 and 30 months, are designed to help Nassau's community health centers do a better job of catching cognitive and motor delays early enough, and deliver interventions quickly enough, to help children when they can do the most good.

New York State has one of the nation's worst screening records. But with the support of the Rauch and Hagedorn foundations, Docs for Tots spent three years working with staff to make the screens a part of routine paperwork at the health centers, which serve some 33,000 people.

"This builds it into the appointment so it is a standard part of care, just like height and weight," explains Docs for Tots Executive Director Elizabeth Isakson, M.D. "You don't ever leave the doctor's office without height and weight being measured. And when everything is normal, it gives you a chance to celebrate – 'OK!

Everything is on target! Do you have concerns?'

Lombardy likes that the questionnaires are in both English and Spanish – even more languages might be good, she suggests – and that they alert the doctor to children developing ahead of their peers as well as those lagging. Still, when Paris's check-up was followed by another 14-month-old with almost exactly the same above-average developmental score, Lombardy wanted to make sure the assistant hadn't made some mistake.

Elia, demure in a Mickey Mouse diaper and pink socks with kittens, was as self-contained as Paris had been gregarious, her large brown eyes scanning the room as the doctor switched to Spanish to chat with her mother about *comidas*, *leche*, *jugos*.

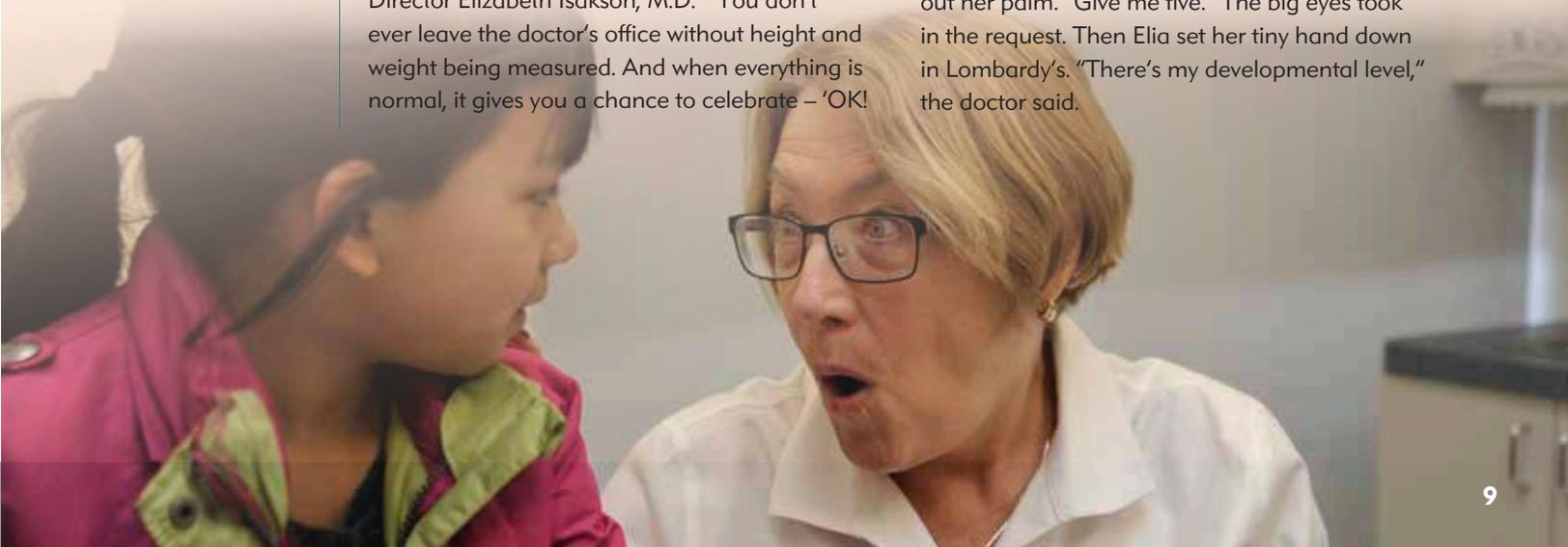
But pretty soon Elia, too, had wriggled down to walk around investigating everything at knee level: drawer pulls, the trash bin (until she was shooed away), and her stroller's belt buckle.

Elia's mother had answered "mucho" to the same questions Paris's mom had answered with "very much." Does she pick up food and eat it? Pull up to standing? Play games like "peekaboo," and call parents by a name like "Mama" or "Dada"? Does she look around when you talk to her? Can she follow directions, and walk across the room without help?

Checking Elia out up on the examining table, Lombardy observed that despite their different personalities, the two toddlers did indeed seem to be close in developmental age.

She paused when she noticed Elia's gaze intent on hers. "You're listening so closely to everything I say!" Lombardy marveled. "Tha tha?" Elia suggested. "I agree," Lombardy said, stretching out her palm. "Give me five." The big eyes took in the request. Then Elia set her tiny hand down in Lombardy's. "There's my developmental level," the doctor said.

Pediatrician Dr. Diane Lombardy and young patient at the Hempstead Medical Center.



Picking Up on Maternal Depression

The relationship it had built with the Nassau centers made it easier for Docs for Tots to persuade them to add another sheet to their intake paperwork: maternal depression screening.

Toxic stress experienced by infants who live in a neglectful or depressed setting causes delays in development and impaired social interaction, studies show. That finding has prompted the American Academy of Pediatrics to recommend that pediatricians screen new mothers for depression when they bring in infants at 1, 2, 4 and 6 months of age –if only for the babies’ sake. New York State estimates depression affects 13 percent of all mothers in New York, and low-income mothers are more likely to be affected, at rates that could range as high as 50 percent.

Yet Nassau’s centers had picked up on depression in only 1.6 percent of new mothers they served in 2016, Docs for Tots found. The pediatric chart does include two questions aimed at depression, but it turned out they weren’t being asked regularly. So Passarelli and health liaison Laraib Humayun started a second round of intensive staff coaching, one center at a time, starting with Elmont.

“This is for those moms who are flying under the radar, and everyone thinks they are fine, when they really aren’t doing OK and could use some extra support,” Passarelli said. Doctors who are unembarrassed to raise the topic soon see how much relief those mothers experience just being able to talk about it.

“We encourage them to frame the conversation with moms in a way that emphasizes the importance of treating this for the child’s health as well as their own,” Humayun added, noting that tends to motivate mothers to get help during a period when research shows they’re entirely focused on the baby’s well-being.



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MELISSA PASSARELLI, DOC FOR TOTS
DIRECTOR OF PROGRAMS

A mom and her daughter at the Elmont Family Health Center.



Maternal depression is treatable, the pediatricians now reassure them, and a wide variety of good options are available throughout Long Island, ranging from psychiatry and psychotherapy to basic support groups and peer-to-peer counseling. Humayun makes sure every staff member who comes in contact with a mom has a copy of her resource guide to referral options around the region. And the center is stocked with bilingual palm cards listing the 24-hour hotline number of the West Islip-based Postpartum Resource Center of New York.

Of the first seven new mothers screened in Elmont, one scored at high risk for depression, and was referred for follow-up; another five scored at low or moderate risk, and were given palm cards.

"You have no idea how much I want this," said Lombardy, the Hempstead pediatrician. A better way to reach and help depressed mothers is long overdue, agreed Suanne Kowal-Connelly, director of pediatric quality at the centers, who has worked closely with Docs for Tots.

"I've seen families where I felt very uneasy... where a parent didn't look like they were okay mentally," Kowal-Connelly said. "The baby might not show any signs at first -- but you can't really see that, because you don't have the time to spend."

But what about private-practice pediatricians, who see most of Long Island's children?

In August, the American Board of Medical Specialties announced that physicians who adopt maternal depression screenings following Docs for Tots' protocols can apply that work toward their maintenance-of-certification requirements. Docs for Tots already offers the same incentive for developmental screenings.

"Doctors across the land have to go through a process of maintaining certification by implementing some quality improvement," Lieser



notes. "Very often, doctors realize, 'Oh, no time for me to do that,' and they go online and find some random thing so they can check off boxes."

It's yet another application of systems theory: By offering maternal screening protocols as a way physicians can keep their credentials up to date, "Docs for Tots... is making it user-friendly for them."

Early Childhood Mental Health Consultations

While its work was under way at the county's health clinics, Docs for Tots launched a project to assist Nassau's youngest children in the places they are likely to spend the most time outside their home: child-care centers.

Nationally, recognition is growing that more support should be provided for the mental health of both children and staff in day care. Because it is a poorly paid profession, and most centers have few resources for coping with disruptive or distressed children, kids are three times as likely to be expelled from day care as from K-12 schools, studies show. Tough experiences in day care can have an outsize impact at an age when the very foundation of a child's social and emotional health is being laid.

Melissa Passarelli, Doc for Tots' Director of Programs (left) and Health Liaison Laraib Humayun.

Docs for Tots is “giving us a place where we can all sit together and discuss our ideas and try to build these partnerships that are so vital to families to get the care they need.”



SUANNE KOWAL-CONNELLY
DIRECTOR OF PEDIATRIC QUALITY
NASSAU COUNTY HEALTH CENTERS

Working with federal Superstorm Sandy aid, Docs for Tots and the Child Care Council of Nassau recently completed a three-year project to assist South Shore child-care centers and families affected by the storm. To do so, they adopted a successful approach now used statewide in Connecticut.

That grant has run out. But building on their experience, the Child Care Council’s director Jan Barbieri, a veteran children’s advocate, has been exploring cost-effective ways of replicating the program regionally. Docs for Tots, meanwhile, is part of a group exploring how New York might one day follow Connecticut’s example statewide.

Help Me Grow – Long Island

The compelling research on those early years has made it clear that robust networking among diverse agencies – a safety net—is essential to catching vulnerable children before they fall.

Twelve states, including New York, have formed “Collaborative Innovation and Improvement Networks,” as part of Health and Human Service Administration’s Early Childhood Comprehensive Systems Impact Grant, bringing together an alphabet soup of their government and nonprofit entities involved with children. Docs for Tots was chosen to represent and convene agencies across Long Island. As its first project, the Long Island network is setting up a highly regarded program called Help Me Grow – Long Island, set to roll out in January.

Help Me Grow isn’t an agency, but a plan for organizing the existing ones to do a better job of reaching and helping at-risk children. The Help Me Grow system has been adopted in 20 states, and its first New York affiliate, in Western New York, has been helping Docs for Tots apply the concept on Long Island.

The Help Me Grow plan calls for promotion of early developmental screening. Its centerpiece is a call center and information clearinghouse to steer doctors and parents to appropriate services in their community. Long Island’s Help Me Grow telephone line will come from United Way’s 2-1-1 system, while a dedicated care coordinator hired by Docs for Tots will work out of the Nassau Child Care Council’s Garden City offices fielding calls about children 0 to 5, and connecting them with help of all kinds.

“Here in Nassau County, Docs for Tots might be the only organization that is pulling together MDs with community partners, giving us a place where we can all sit together and discuss our ideas and try to build these partnerships that are so vital to families to get the care they need,” said Kowal-Connolly. “They bring us, physically, to the same table, and that makes a world of difference.”

The emergency at the South Shore day-care center was small but loud: A 4-year-old girl had just torn off her clothes in a tantrum, and was refusing to put them back on. Her teacher had hustled her into an empty room to shield her from the eyes of classmates. There the enraged child lay in the middle of the floor in her underwear, kicking and hollering.

Now what?

Fortunately, an early childhood mental health consultant happened to be at the center that day, under a program coordinated by Docs for Tots and the Child Care Council of Nassau.

Behavior that might trigger a 911 call if adults did it - biting, punching, stealing or even disrobing - are all in a day's work with toddlers and preschoolers, an age group that is still learning the basics of physical self-control, explains Gillian Kessinger, the Child Care Council consultant who helped restore order that day.

Trouble is, early-childhood teachers typically get low pay, little training and few of the supports that help the public schools keep things on an even keel, like nurses and counselors, or even predictable lunch and bathroom breaks. All too often, day care centers are forced to cope with disruptive behavior by simply expelling children,

at three times the rate of the public schools.

"Expulsion is a symptom," explains Docs for Tots Director Elizabeth Isakson, M.D. "Sometimes it can be a symptom of issues with the child. Or, issues with the teacher, who may be totally stressed and unsupported. Sometimes it's a symptom of ... chaos in the center.

"What can we tweak at home, and what can we tweak at school to make things better for this kid? ... If a kid has difficulty sleeping at night, that home problem makes the child's behavior problematic during the day at child care...We're looking to see, what are the fixable issues?"

Docs for Tots knew one program already proven to work: Connecticut's Early Childhood Consultation Partnership (ECCP), adopted statewide after randomized control trials demonstrated its effectiveness.

The opportunity to try it on Long Island came after Superstorm Sandy, which had caused mayhem at childcare centers in its path, and turmoil for teachers, children and parents already coping with chaos from flood damage at home.

Learning to handle normal stress is part of healthy development. But toxic stress - too much stress, over too prolonged a period - can overload a very young child's body and still-forming

Children listening to story time at Five Towns Early Learning Center in Inwood - one of the communities devastated by Superstorm Sandy.



brain, inflicting lifelong damage to learning, behavior and even physical health.

Kessinger admits she felt sheepish starting work in September 2014, two years after the storm, and expected to be told she was no longer needed.

Instead, parents and teachers asked, What took you so long? Lost homes, wrecked neighborhoods, the chaos of motels and relatives' sofas and struggles with contractors and FEMA were taking an ongoing toll on everyone.

The impacts went far beyond the flashlight playtime that was still popular in one center, where the director had stocked them in classrooms to empower kids coping with long hours of darkness at home.

Another large center had been wiped out by the storm, and two years later was still housed in a building not set up for preschoolers. The teachers were sick of having to walk the kids down the hall to the bathroom. Many teachers were themselves still in temporary homes, bitterly incredulous that rebuilding was taking so long.

A director confided worries that a key teacher had never bounced back after Sandy, and that her apparent depression might be affecting the children. A mother recounted her experience giving birth during the storm, while flooding was destroying their home. With no place to go after discharge from the hospital, the family had lived in their car for more than six months. Now the baby was two, and she saw signs that that rough beginning had affected his development.

Kessinger's task was to gently refocus everyone on what is most important with very young children: building resiliency, attending to the present moment, and laying a strong foundational rooting in social and emotional wellness.

She also worked to adjust their expectations: Three-year olds do hit and bite sometimes. They don't always fall asleep on cue during naptime, or sit still for more than five or 10 minutes of "circle time," either. And she encouraged the teachers to stop putting so much pressure on themselves to prepare the kids for the K-12 system's academic standards and testing.

One day-care director eventually confessed that living through Sandy had indeed changed her priorities. What did she think mattered most now? "That the children should have a good day," Kessinger said.

Faced with the crisis of the underwear tantrum, Kessinger's response boiled down to much the same thing.

Step one: Meet basic needs. In soothing tones, Kessinger and the teacher assured the child that they understood she didn't want to get dressed right now. But here, they said, was a cup of water in case she was thirsty, and a blanket in case she was cold. They slipped out to the hall while the director stayed to keep watch.

The tantrum had been sparked by a dispute over a storybook, the teacher explained. This little girl was the middle child in a two-income family, and brighter than most. With a new baby sister at home, she was spending 14 hours a day in child care at the moment. That's a very long day for a preschooler.

"When you are four, and someone takes the book you wanted, it can be devastating," Kessinger said.

Step two: Make a plan. They decided to call home if no progress was made within seven minutes. But within a minute or two, the little girl had helped herself to the water. A minute or two after that, she pulled the blanket over her feet. At that point, the director suggested that if her feet were cold, she could put her socks back on – if she wanted to. The socks went on.

Eventually, the child finished dressing herself, stood up, opened the door, accepted the teacher's outstretched hand and went peaceably back to class to read that book, now long since discarded.

Step three: Care for the caregiver. Crisis averted, Kessinger now nudged the director to remember the needs of the teacher, who came out of the classroom looking like she'd been run over. Why not take a few minutes for yourself, and maybe have a cup of tea, they suggested? Her eyes went wide.

"All we had to say to her was, 'That was hard, and you did really well,' Kessinger said. "I've seen her several times since then, and every time, she says 'That was just what I needed.'"

Medicaid, and the future

In July, the state announced a new focus for its Medicaid redesign called “The First 1000 Days on Medicaid,” and tasked dozens of stakeholders, including Docs for Tots, with recommending 10 specific investments Medicaid could make in the health of very young children. Help Me Grow and developmental screening are part of the mix.

More than half of New York’s children now get health care through Medicaid or the Children’s Health Insurance Program (CHIP), but they are a relatively low-cost population: far more of Medicaid’s spending goes to care for the elderly and disabled.

Once again, systems theory highlights the challenges: Children’s small share of the cost pie has given health care administrators less incentive to focus on their needs. Problems solved or avoided at the start of life won’t deliver most healthcare savings in time to deliver plaudits or promotions for most of today’s decision makers. And Medicaid spending on developmental screening would probably produce its first savings in special education costs, anyway - which is somebody else’s budget line, Isakson notes.

“That’s ultimately how we take what we’ve been doing practice by practice, clinic by clinic and doc by doc, and...get to scale”

DR. ELISABETH ISAKSON
EXECUTIVE DIRECTOR, DOCS FOR TOTS

Still, she believes the “First 1,000 Days” initiative shows the state is willing to try anything with a chance of helping New York shrink the ranks of its Medicaid “super-users” suffering from clusters of mental health problems, substance abuse, emphysema, diabetes and other chronic diseases associated with toxic stress in early childhood.

So Docs for Tots is doing its progressive-but-diplomatic best to seize the political moment in Albany. After all, since this nonprofit was rebooted six years ago, Isakson has never been shy about its ambition: to “change every practice across New York State.” And for that, Medicaid holds the key.

“That’s ultimately how we take what we’ve been doing practice by practice, clinic by clinic and doc by doc,” she says, “and...get to scale.”

*Child at Five Towns
Early Learning
Center in Inwood.*



Docs for Tots (www.docsfortots.org) is a non-profit, non-partisan organization led by pediatricians to promote practices, policies, and investments that will enable young children to thrive. Docs for Tots creates linkages between doctors, policymakers, early childhood practitioners and other stakeholders to ensure that children grow up healthy.

The Rauch Foundation (www.rauchfoundation.org) is a Long Island-based family foundation that invests in ideas and organizations that spark and sustain early success in children and systemic change in our communities. The Foundation was established in 1961 by Louis Rauch and Philip Rauch, Jr. Funding for the Foundation was made possible by the success of the Ideal Corporation, an auto parts manufacturer founded in 1913 by their father, Philip Rauch, Sr.

The Rauch Foundation is a funder of Docs for Tots.



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