

Innovation around optimized Child Wellness Programming

- **Main Point – It is almost entirely NOT about the child – rather – it is almost entirely about the ‘nest’ within which the child is created, incubated, birthed, and grown. We must create healthy ‘nests’ and quit trying to just fix the children. This is the point.**
 - ***Related – Pride, honor, dignity – Self Confidence. The primary driver of health outcomes (and education success, healthy marriages, socioeconomic success) is self-confidence. The more you do ‘to life’ the better life goes and the more ‘life does to you’ the worse life goes. Our core goal of our services at an individual level is, therefore, self-confidence.***
 - ***Self-confidence in everyone – and everyone being comfortable in their own skin – and confident in their abilities in human relationships - is at the core of a healthy ‘nest’.***
 - ***Restoration of multi-generational cultural fabric supporting individuals/families.***
- **Principles**
 - In Healthcare we get ‘moments in time’ that we need to leverage. The excitement about pregnancy and newborns are such times. It is also true that the earlier the identification of any difficulties or challenges, the more likely that intervention will make a significant difference.
 - ***Children thrive if the ‘nest’ within which they are born/raised is healthy. They don’t make independent decisions until much older. It is therefore imperative that the ‘nest’ be as optimally healthy as possible – parents, grandparents, aunts, uncles, cousins, siblings, and other friends/family/household members.***
 - Therefore, everything we do around children needs to not be child-centric, it needs to be ‘nest’ centric – optimizing the adults and environment within which the child exists.
 - So, specific steps we are taking....in healthcare service design – tribally owned, customer-owner driven, and at full population scale...
 - **Children in family all-ages family clinics** – but with integrated pediatricians and pediatric and early childhood – and pregnancy - experts. Also pulling in key expertise – BHC’s, CRS, RD, Rx, Psych, etc.
 - Integrated Pediatrician sees all children at least 4X – and additionally on demand or on schedule if any complexity.
 - **Pregnancy and birth and post-birth in All-Ages Clinic** – one conversation – not split apart because of medical service fragmentation due to built around medical staff convenience.
 - **Massive investment in Parent Partnering** and actively teaching/coaching/mentoring the entire web of people connected to the ‘nest’.
 - **Attention to generational traumas** and effective, in-depth ways to break/change these powerful, pervasive cycles.
 - **Comprehensive, full depth, full population scale centers of excellence service** for children with particularly complex needs.
 - **Being fully present in supportive relationship during times of intense crisis.**
Alaska Cares – Alaska Native/tribal hired individuals to be present in partnership during clinical and legal process related to violence.

- **Integrated Peds in All- Ages**
 - Placement of Pediatricians, Pediatric Case Managers, Pediatric BHC's, Pediatric Dieticians – all imbedded and integrated into the All-Ages Family Primary Care Clinics.
 - Parents get generalist AND pediatrician – no longer a choice between them.
 - Mandated 4 Pediatrician visits – 6 weeks, 6 months, 18 months, 3 years. Be sure to not miss developmental delay issues and avoid development of chronic conditions.
 - Additional support/visits on demand from staff or parents any time – and ongoing involvement with those children with special needs of any sort.
 - Expert support in Integrated Care Teams in Primary Care – Behaviorists, Social Work, Dieticians, Pharmacists, Psych,
- **New Generations**
 - Parent Partner for all – everyone – Mild/Med/Intensive (includes Nutaqsiivik)
 - Pre-conception/Prenatal/Birth/First 1000 days – one episode of support/care
 - Physical/Mental/Nutritional/Intellectual – all addressed with intentionality.
 - Single Parenting Framework (Strengthening Families)/Curricula (Parents as Teachers) – used everywhere by everyone – active ownership of how to parent well for everyone.
- **CFDS – Child and Family Developmental Services**
 - Neurodevelopmental expertise – PT, OT, Speech, BCBA, RBT, etc.
 - Statewide, using lots of video/virtual support.
- **FWW – Family Wellness Warriors**
 - Breaking generational cycles of violence. Aimed primarily at the 'nest' of influential adults, not so much at acute situations of abusive behavior.
 - Several 'versions' – allowing for religious or non-religious strengths to be drawn upon.
- **Alaska Cares**
 - Single location for all children experiencing physical and sexual violence operated under Providence - pulls in police, OCS, and medical staff. SCF has always available person throughout the entire experience and to connect back into ongoing services at SCF.
- **Teen/Adolescent – Allcove (Calif)/Foundry (BC)/HeadSpace (Aussie)**
 - Powerfully effective teen/adolescent/young adult programs – conceptual

Changes Needed at Payment/Policy Level

- Paying for BHC's, Parent Partners (BHC, BHA, Coaches), Integrated/Co-located experts, supportive companion partners, and all levels of CFDS folks – Therapists, BCBA's, etc. - FWW.
- Money – keep All-Inclusive rate for visit, but also pay for partners, coaches, case management.
 - Daily rate – in Alaska now covers bachelor and master level BH folks in addition to LPN/RN/Physician for Intensive Case Management functions. Caseloads of 10-20 for these most intensive BH challenged individuals becomes possible.
 - Special Funding – examples – Special Diabetes money through I.H.S, multiyear grants through SAMHSA (example Nutaqsiivik based on Family Nurse Partnership model)
 - Compact payment but with reporting accountability for specific outcomes maybe?
- Licensing/regulatory changes to allow many categories of non-physicians to legally to lots of things – to include the Health Aides – medical, behavioral, dental – to be spread to urban and non-Alaska locations more widely.
- Expertise to model/learn from. Tribal organizations often don't have the internal expertise or experience around the full range of optimally available programs. For example, how to make supportive housing available and culturally appropriate for highly challenged children/youth/adults at scale (a big hole in our current system). I.H.S supporting role.