

Joint Early Learning Council (ELC)/Oregon Health Policy Board (OHPB) Subcommittee

Meeting Minutes: 4/2/13

800 NE Oregon Street, Room 1D, Portland, OR, 9-noon

Members in attendance: Pam Curtis, Tina Edlund, Janet Dougherty-Smith, Carla McKelvey, Jada Rupley, Mike Bonetto (by phone), Erinn Kelley-Siel (by phone)

Members absent: Teri Thalhofer

Staff in attendance: Dana Hargunani, Jennifer Gilbert

1. Meeting Minutes

Subcommittee members approved the 3/4/13 meeting minutes with two clarifications. In Action Item 2 on Early Identification/Screening, the minutes will be changed to the CPT (not CBT) for developmental screening from the Prioritized List can be added to both well child checks and other visits. In Action Item 3, further clarification was made to the ASQ recommendation. The minutes were clarified to reflect Carla McKelvey's recommendation that the ASQ recommendation not be specific to any particular edition.

2. Response to Joint Subcommittee Recommendations

At the 3/5/13 OHPB meeting, the Joint Subcommittee recommendations were accepted in full with the exception of Action 3 on governance. Dr. McKelvey requested that the recommendations be clarified to ensure cross- representation of CCOs and Hubs on each other's governance structures. Also Dr. Bruce Goldberg acknowledged the importance of not straining the CCOs with additional responsibilities during their infancy.

At the 3/14/13 ELC meeting, the ELC accepted the recommendations fully with the addition to Action Item 2 of local education agencies to the workgroup on care coordination /case management.

There was discussion on how recommendations/amendments be brought back to the ELC and OHPB. This included the challenges of differing levels of details on the recommendations desired by the ELC and the OHPB. In addition, the implementation of the recommendations may be challenging because of the different stages of development of the CCOs and the ELC's Hubs.

3. Legislative Updates

HB 2013: Pam Curtis and Jada Rupley provided an update on the status and implications of HB 2013. This bill expands Home Visiting (Healthy Families) from covering only first born child to all children. Also the current bill describes Hubs as five highly funded demonstration sites. Pam noted that there is no provision to serve all children with this current bill, which is a diversion from the Governor's vision.

This is a very different model from HB 2222, which proposes a phased approach for Hubs across the state which would cover all children.

HB 3234: This is an internal move of the ELC into the Department of Education to consolidate programs, which is similar to the consolidation of healthcare by the OHA.

4. Metrics/Outcomes

The group reviewed the DHS/ELC/OEIB/OHA Metric Crosswalk. The subsequent discussion was framed around these questions:

- What are potential “power” metrics (e.g. metrics that can be used to measure cross-systems accountability towards shared outcomes)?
- Where can we find better alignment among the metrics (e.g. measure outcomes in the same way)?
- Which metrics are missing, new or emerging from the Crosswalk list?

The group discussion on power metrics focused on:

- How to share accountability for metrics?
- What are the incentives?
 - Pam Curtis mentioned a state project that’s testing social innovation financing, which could provide incentives through power metrics for demonstration communities
- How much of the metric(s) are shared?
- What are we measuring?
 - process vs. outcome metrics
 - incremental outcomes vs. layered outcomes
- What is our vision? How do we get there?

Potential “power” metrics

- Kindergarten readiness (including component relating to child self regulation)
- Developmental screening
- Family stability
- Prenatal care
- Coordination of services (eg., a group accountability metric across ELC, OHA, DHS)
- School attendance
- Mental health (depression/substance abuse/alcohol) screening and coordination
- % of children participating in quality early learning
- Reductions in foster care

Potential areas for improved metric coordination across OHA/ELC/DHS

- Behavioral health (mental health and substance abuse including SBIRT)
- Family stability (food/housing/employment security)
- Trauma/adverse childhood events (ACEs)

Potential measures to consider (not currently included in crosswalk)

- Effective contraceptive use/pregnancy intendedness
- Obesity/nutrition/physical activity
- Immunizations
- Care transition
- Measures relating to equity
- Adverse childhood experiences (ACEs)
- Housing stability
- Food security

Pam Curtis proposed organizing these power metrics into four main groups:

1) School readiness

- Kindergarten readiness assessment
- Attendance
- Physical activity

2) Early identification/Preventive care

- Prenatal care
- Screening/Follow-up
- Immunization

3) Family stability

- Mental health
- Foster care reduction
- Contraceptive use
- Adverse Childhood Experiences (ACEs)
- Housing, food

4) Improvement / System coordination

- Care coordination and transition
- Health home
- Data alignment

Joint Early Learning Council (ELC)/Oregon Health Policy Board (OHPB) Subcommittee

Meeting Minutes: 4/2/13

800 NE Oregon Street, Room 1D, Portland, OR, 9-noon

Additional discussion regarding metrics:

- Timing and staging are critical; messaging will be important to implement changes
- Process will include both alignment and “letting go” of the way things used to be measured
- Must measure what we really want to drive in order to make change and reach goals.

Kindergarten Readiness Assessment (KRA) as an outcome measure (handout):

After reviewing the handout, the discussion was framed with two main questions:

- What are the recommendations we need in the next six months to make kindergarten readiness a reality as a shared measure?
- What does shared accountability mean? (e.g., what do we need from each board or council?)

Carla McKelvey provided statewide child immunizations as an example as a shared goal, process and accountability across multiple entities (eg., ALERTweb).

Pam Curtis commented on the KRA alignment schematic. She proposed starting the schematic at birth, when children would receive their first screening and the SSID/MMIS data link would be created. If prenatal screening was introduced, the data link would need to be created earlier.

Regarding the new early learning data system’s role in the KRA, the group discussed:

- Can education, health and human services all have one child ID number?
- What are the barriers to health care providers accepting information from KRAs or screening done by education?
- Privacy and data sharing
- Shared accountability / Incentives

Other discussion points around the KRA included:

- Need for a community care plan / shared care plan
- How to message and how to engage parents
- What resources do we need (for recommendations)?
- What does Kindergarten readiness mean?
- Incentive funds in governor’s budget – how are they connected to metrics and the ELC?
- How many metrics are shared (shared accountability)?
 - Testing social innovation financing. Perhaps that can be an incentive for metrics?

5. Screening, Early Identification

The group discussion on screening was framed with the question: what is the Subcommittee's role in statewide screening?

Race to the Top and Early Childhood Comprehensive Systems Grants (handout)

The group briefly reviewed the summary handout of the RTT and ECCS grants.

Screening tools implementation overview (handout)

After reviewing the handout, the group discussion was framed with these questions:

- What is missing?
- What areas should the subcommittee address?
- What other information do you need from staff?

The discussion focused on the following areas:

- To make an explicit link from developmental screening to kindergarten readiness
- Workforce training – There is much diversity of workers (e.g., non-traditional health care workers) who will need to be trained and use tools
- Can you have a developmentally appropriate child who is not kindergarten ready?
- The group discussed developmental screening tools in health care, and not feeling comfortable naming one yet.
- The role of the Joint Subcommittee. Pam Curtis suggested that we create the “what” in policy, and the “how” will be implemented by future staff.

Draft Healthcare Provider Survey (handout)

The committee reviewed the draft survey on general developmental screening among healthcare providers and decided to delay surveying providers at this time. First the group would like to communicate with the provider community about barriers to screening, and determine more specifically the most effective questions and timing for a survey.

For the next meeting, the group asked staff to focus on implementation information around workforce training and referrals.

6. MIECHV Grant

Cate Wilcox, OHA Section Manager of Maternal & Child Health, provided a summary of the planned

Joint Early Learning Council (ELC)/Oregon Health Policy Board (OHPB) Subcommittee

Meeting Minutes: 4/2/13

800 NE Oregon Street, Room 1D, Portland, OR, 9-noon

Home Visiting data system as funded by a Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant. The Home Visiting data system intends to align with other early learning data systems, including the ELC and CCO data systems. This system would be cloud-based and modular, where families would have access to the information. Their grant process has moved forward based on funding guidelines with a September 14 goal for their Request for Proposals.

Pam Curtis commented that the May 2012 ELC Data System Workgroup report called for the Home Visiting Data System to be the initial phase of the new Early Childhood Data System.

The group discussed the need for the Home Visiting data system to align with other early learning data system efforts, including the ELC, OHA and DHS, before moving forward with the grant process. The group decided to convene a meeting of those stakeholders to ensure that the Home Visiting data system grant integrates smoothly with other data early system efforts.

4. Future meetings

The next meeting is scheduled for June 4, 9-noon at the Portland State Office Building 1D.