

Early Childhood Planning Team
Meeting Minutes - Feb. 4, 2009

MEETING PARTICIPANTS

Nancy Bischofs, DCF	Cheryl Henderson, EC Cares
Sharri da Silva, RN	Sandy Moses, LC H&HS
Sue Norton, LCC R&R	Pam Stuver, LCPH
Janeese Chapman, CCD	Rose Wilde, DHS
Karen Roth, FFLC	Karen Hamilton, Head Start
Melissa Smith, DCF/VISTA	Jennifer Webster, HOPE Coalition
Megan Turner, PBC	Susan Stearns, 100% Access
Heather Murphy, FRN	

WELCOME AND SHARING

- Cheryl Henderson** EC CARES is waiting for the 09-11 budget to come out and are being proactive around planning to anticipate possible cuts. *Child care work group: sub group:* The Gateway community group is working on opening a childcare center. They are having a hard time getting a contact in this group. **Does anyone know about it?**
- Sandy Moses** HBHC joint meeting with FEAT: this Friday from 8-10 in the Lane County Mental Health meeting room. All are welcome. Sandy passed out resources for helping clients quit smoking. They are offering a free training with Jennifer Jordan (public health). **Please let your staff know.** Safe sleep (FIMR) materials and brochures targeting fathers, full color copies available to download from website: www.lanecounty.org/prevention. Posters for dads are also available. "Support is more than diaper duty."
- Megan Turner** Pearl Buck will be cutting some staff hours, but preserving basic services in their families with special needs program. She has been hearing great things from her client who is also getting services from DST and wants to publicly recognize the great work they're doing.
- Pam Stuver** Thanks Karen Roth for speaking at CCF meeting about menu labeling. This is still in process in the Commission system but she'll keep us updated. FIMR review of cases is still in process. They will have 2 years of data by end of fiscal year. Smoking, obesity in young people, and unhealthy behaviors, unsafe sleep are all big factors.
- Heather Murphy** FRN is also meeting around budget cuts. They cut a part time position based on projected cuts for this biennium. Their development person retired. There was a

tremendous hiring pool; they hired Heather Edwards for that position, who started today. There were a lot of January grant deadlines. The Programs are keeping busy.

Melissa Smith

Distributed Project Homeless Connect Save the date cards & a list of acronyms. Training: Building Healthy Child-Caregiver Attachment based on the Circle of Security (COS) model will be on April 4 & 9. We will send out materials with more details ASAP.

Megan: Expressed concern around COS techniques being applicable for working with special needs folks and asked for feedback.

Sharri: Depends on individual clients & skills. It's a great set of skills to learn and use when you find it appropriate.

Heather: It's a great concept & set of tools for you as well. It's very intensive for long term thorough extended trainings, but at the basic level the principles are very overarching and can benefit everybody.

Cheryl: It's good to learn more about healthy attachment.

Karen Roth

Handed out fliers from extension service that FFLC gives out for your clients: "Nutrition on a limited budget." Please encourage people to visit the food box pantry.

RE: Do clients have to show proof of anything to receive food boxes?

No. They simply need to fill out a brief form, self declaration & address.

FYI: Re peanut butter recall: All products with peanut butter or peanut oil. Locally made peanut butters haven't been recalled yet. More concerned about food with peanut butter inside them than actual peanut butter, like handy snacks, granola bars. **You can call FFLC & ask for Shirley or look @ CDC website.** (www.cdc.gov has entire list of all recalled products.)

Janeece Chapman

Correction on minutes from last time: Quality indicator project doesn't increase reg. family visits. It's a project of its own that goes out to reg. centers. Annual Reg Visits's are for reg. families. These are 2 different programs that went into effect on January first. Upstairs rule in effect now too. Workloads are doubled.

Sue Norton

Budget cuts in this biennium, deficit 700,000 – 2.4 mill @ college level. They are waiting on the Governor's budget. Community colleges are now seeing 5% increase in enrollment in addition to people seeking additional training. Bond funding & appropriations with rebuilding, will be hiring to fill those. **Those dollars can't support regular instructional pieces of the college so we'll see these jobs come open while others are cut.** Lane Family Connections (now FCLDC) starting to serve Douglas County out of their office at LCC and hired a new position to build capacity. There is a job open in Roseburg (.5-.75 FTE) to do community work. Waiting for word on funding for R&R services.

Discussion around Dual Immersion Childcare program & possibility of taking over the old Security First Childcare space on 18th St.

Karen Hamilton

Follow up on menu labeling: CCF agreed to encourage the Board of County Commissioners to support the measure and move it forward. Each CCF member took the form to their agencies to see if they can support it. There are cuts happening this biennium to HS. The timing is weird with Federal Stimulus Package: \$2.1 billion in package with HS & early HS serv. will be allocated to states & regions. It looks very promising **if we can submit a grant that involves all the 0-3 partners and work on something that addresses the needs of this county.** We will have to submit these cuts in the interim by cutting hours and supplies to save positions and services until we can apply for the grants. We are fairly confident that things will change.

There needs to be a discussion around being ready to talk about **ideas for county-wide preparation for grant plan.** Maybe this month once the stimulus package is out? I think we should get the specifics of the package and then move forward with how we want to prioritize or expand services locally-- we don't have a 0-3 early HS program in LC. Healthy Start, BT3, RN does some services in this area. When you design an early HS program, you want a menu of these services to offer people from home visitors to a center. **Karen will convene the meeting to work on this LC plan** when the timing is appropriate. Invites the group to **think about what the core services are that we could use to maximize the strength of the program we will design.** Keeping in mind that it must fit national HS quality standards and meet eligibility requirements.

Heather: School based preschools in Cottage Grove are closed and the community is brainstorming about how HS, FRN, & other partners might come in and plug in to meet the needs of the community collaboratively. Infant care is almost nonexistent.

Nancy: Focus areas re: infant/toddler, home visiting, increasing services; We're poised to move forward with that.

Karen H.: We have to show the need through percentages, not numbers.

Nancy: OR has one of highest unemployment rates. We should show this by county.

Sue: Encourages using **childcare workgroup as a venue** for these discussions and data gathering.

Karen H. Just met with CG group to work on the preschool issue. Exploring how HS could help that situation. There are 170 kids in full day program and the parents must be eligible for childcare based on their work day. **Many families are losing jobs and the need is for part day program.** We can't make it work for full day unless they are eligible for childcare subsidy. We're talking about making some of our full day slots into part day slots and thus double the # of kids that we can serve in that area. Examining ways to utilize existing spaces in other agencies and provide congruent services for the kids in those programs. The space must be larger based on square footage per child (the general rule is about 1000 sq. feet per child). EC CARES is

running a half day classroom in S LANE RN, from 3-5 in a large classroom. This space may be available for part day.

HS has new posters. **Please replace old ones with the new one.**

**Jennifer Webster/
Rose Wilde**

HOPE Coalition & NRO. There is a state funded effort to reduce adolescent pregnancy and to offer resources to teen parents because of an increased need for these services. The HOPE coalition is looking for a new home. DHS is limited in how it can provide staff support to the effort. Mission is not abstinence but healthy adolescent reproductive health.

Rose asks if the Commission might want to get involved and how that would look.

Sandy invites Rose to bring it up at HBHC meeting this Friday. Perinatal health team might be a better fit than ECPT.

WORK GROUPS

Childcare Group Next meeting is **February 11th, 3:45 at the Network Charter School**. That group is interested in starting childcare in the future. They are also interested in doing a City Club program on childcare. ORI is doing an analysis of the responses of 137 surveys of infant toddler care providers. They are also looking at what it means to increase infant toddler childcare using state data about working moms. Family childcare has limited slots and how they fill slots is up to them.

Questions they are addressing: How many slots are available? How do we show increases? Which data streams to report on? How do we increase quality?

The Florence project is happening with CCF support. They are very close to having funds to buy module to place on school district site there. They are moving ahead steadily.

OR childcare research partnership published research review on effective investments on childcare.

Questions they addressed include: Do professional development investments make difference in child outcomes? Do provider behaviors affect children? Which investments and programs really make a difference? Which types of best practice training work best?

Findings: Training projects with service providers, ongoing or series, then providing coaching are what makes the biggest difference. This review may impact what will get funded and how our programs offer trainings. This could also impact what we move into for the next biennium.

View it here:

www.hhs.oregonstate.edu/hdfs/occrp-information Download in pdf.

SUSAN STEARNS

100% Access

Gave handouts to the group and provided a quick overview. **The goal of the program is to improve and increase existing services to help people without access to health insurance.** The numbers of uninsured are growing. OHP is harder to get on and difficult to navigate. The Federal Budget had some good news. The state DHS office is working on interesting local options to expand enrollment for kids. There may be a way ECPT can jump on and help that happen on a local level.

Appreciates being invited today.

100% Access was formed in the wake of 2004 United Way (UW) needs assessment/community survey. Healthcare numbers were higher than ever before. This needs assessment looked at how best to engage healthcare and human serv. stakeholders at community levels, how to increase access to care on a local level, and how to coordinate existing services. The goal behind the community survey was to make sure that we are poised to coordinate a delivery system for our community when/if healthcare reform comes back onto the political agenda. The growing number of uninsured is straining every UW service agency and network, whose agencies aren't focused on medical care. It is also straining nonprofit employees, in addition to the rising costs of healthcare. The hope is that this will position us for future reform.

Healthcare safety net clinics (VIM, School based, Whitebird, etc) had not previously met in a room together before this time. They have been convening safety net clinics for the last 4 years to increase the understanding of who does what and how to coordinate and refer better. This has allowed them to increase communication among all healthcare stakeholders and to suspend politics and focus on community.

A comprehensive analysis was made of all claims of ER's across LC for the last 3 years. The information collected includes: who accesses, uninsured vs. insured, what people were accessing service for, etc. We are one of few communities in the country with these types of data sets and we should use this data to develop strategies to target specific public health issues. For example, connect people to preventative care.

We also need to coordinate education of healthcare staff about Human Services that are available.

MAP Medical Access Program: Identify earlier uninsured/no OHP eligible, get them connected to a system of care. Has worked with HS, finding uninsured and assisting with enrolling in OHP. Help keep people on OHP when they are eligible, will reduce # of uninsured, work to coordinate care. People will get care earlier, reduce need for more expensive care later like ER, and reduce chronic illnesses.

Question of whether we'll see the real data on \$ saved as a community: It won't happen overnight but we will know that we as a community are better coordinating to make sure that people are receiving the services that they're eligible for.

Page 2 of slides shows website that is being developed in collaboration with HS. There is a **registry/database of uninsured**, so you don't have to start all over again at each healthcare provider (re: health record/tracking of lifelong services). This will show that someone has been screened for OHP in the last 6 months, track who goes to which medical center, etc. This should increase better services for families. The website will also track prescriptions. This could enable a doctor or pharmacist review of all medications the person's on and avoid over-prescription. This could also help the uninsured get access to free Rx programs. This program is in the early stages, but we are very excited about future potential.

Other database piece: Can have a core care coordinator who can do follow up on surrounding issues. This **care coordinator** can keep a record of client management (transportation needs, etc.) This may increase doctor willingness to see the uninsured if they know that case management can deal with surrounding issues & connecting them to ongoing care, and it won't fall onto medical office staff.

The website also has ability to have a provider list. This guarantee that partners of 100% access will share fairly the service need of uninsured people in our community (fairly distributing the uninsured across the medical community. That's how OHP works.) increases medical professionals' willingness to be involved.

Step 1: Make the case of how we coordinate that care.

Step 2: Start to look at which reimbursement systems might be possible.

Access to website is currently limited because it contains protected information. Right now it's in the pilot stages with specific sites. Eventually it will be open to the social service network. It is a challenge for the medical system to find the uninsured and get them plugged in. The social service network is on the front line and has access to those folks.

Karen H.: Our charge is to be working on coordinating efforts like this. I think the CCF and the BCC needs to know about it. This is a huge piece of the report card that we've been talking about (re: healthcare and poverty in general in LC). It's our responsibility to know about this work and the huge collaborative effort that's being done in our community.

Heather: This is really frustrating for our staff even just for immunizations or how difficult it is for a family to track their own history. I'd love to have someone come and talk to our staff, understanding it from the family's perspective. They're not seeing the same doctor twice or even the same clinic.

Susan S.: Despite budget woes all over the place, this is truly the best time to coordinate across the programs. There's a swing toward patient centered care. Organizational survival is going to necessitate innovation and collaboration.
www.100percentaccess.org .

State level: The Governor tried to promote the Healthy Kids program from 2 years ago. Though there are many issues with the program, it would give access to all people under age 18. There may be some federal/state momentum to increase access for kids. The State has revised Healthy kids work before this session and has 2 plans now.

The State now realizes that DHS can't enroll all the kids and is moving toward working with community partners/non-healthcare agencies and seeking potential grants to help with OHP screening.

The State is also looking at idea of per head successfully enrolled child to have incentive payment to follow that successful enrollment. Organizations/nonprofits could help with screening and enrolling and could get grant dollars for that and/or get a \$ bonus per child. Those programs are set up and ready to roll if approved. DHS understands that they have to work collaboratively and will need friends & partners to help with the screening.

www.oregonhelps.org Unofficial online screening for state administered programs.
Criticism is that it won't get you far.

www.211lane.org for I&R community referrals. To get help and to give help.

Discussion around making information exchange go both ways, re: Can ECPT members & partners use 100% Access network to get information and resources out to the healthcare system. A worthy endeavor the CCF staff to take a look at. Take it to the whole commission?