

Early Childhood Planning Team
Meeting Minutes – April 1, 2009

MEETING PARTICIPANTS

Nancy Bischofs, DCF
Sharri da Silva, RN
Karen Roth, FFLC
Melissa Smith, DCF/VISTA
Rose Wilde, DHS
Jennifer Slater, FCLDC
Shea Hardy, DST
Serafina Clarke, DCF

Terra Ralph, DHS
Desiree Nelson, Baby Connection
Peggy Lintula, S. Lane SD/FRC
Sandy Moses, HHS
Heidi Hascall, HPRN
Janece Chapman, CCD
Barb Whiddon, CCD

WELCOME AND SHARING

Rose Wilde Notices went out re: **DHS childcare subsidy**. Many have either changed or been eliminated. Self employed people are now considered able to provide childcare and no longer getting subsidy. Several thousand folks lost subsidies. People who were eligible for reduced co-pay during 1st month are no longer receiving reduced co-pay. One proposed cut that hasn't been implemented yet would impact people who have a noncitizen in the family that previously would have been eligible. Natalie York, AmeriCorps, just started calling DHS families re: Healthy Start. Mostly focusing on TANF clients, but also food stamps & medical. Outreach is to 1st time parents while baby is prenatal. She's reached a few parents who haven't been engaged in services before. She has also been working with transitional age youth through OR family support network, providing support and life skills to youth aged 16-24. I'm applying for an AmeriCorps to continue this work next year.

Terra Ralph Declines to share.

Barb Whidden Is visiting group today. Hoping to learn more about the early childhood programs and community here.

Janece Chapman Business as usual. Seeing more registered families interested in certification. Seeing lots of kids in homes. Even though parents are being laid off and not working, they are keeping their kids in care because they have to go look for work and they don't want to lose their placement if they have them in a quality home.

Barb adds: We lost one center off of Bailey Hill. We lost 24 slots for children under 3. There are a lot of people who are registered who are inquiring about certified family childcare. Some wish to do infant/toddler care and some do not.

Janeece: There will be some more sites opening up in the area, though. Some will have slots for infants & toddlers. So there are more on the horizon.

Sharri da Silva

RN is working on a grant to increase infant/toddler slots. We're also considering working to get a billing system in to access the DHS childcare subsidy. After that we might be able to expand the classroom for infant/toddler slots. Karen Hamilton from HS wanted me to share that early HS RFP is now late April / early May before it comes out.

Melissa Smith

We have had incredible community interest in our Attachment trainings that are based on the Circle of Security model. Both of our upcoming trainings this month are full, and there was so much interest that the trainers agreed to hold two more trainings this month for Head Start workers. Our efforts have resulted in the solidification of a team of local trainers and a reproducible training model.

Heidi Haskall

Is here from Health Policy Research Northwest and will be presenting a report in a bit.

Shea Hardy

Upcoming event happening on April 26th sponsored by the Lane County Birth Network. Invites the group to come and participate in the group or introduce yourselves to the group. It's at DST office, 2nd floor of growers market at 6pm. It'll be like a speed-dating session, so there'll be an opportunity for everyone in the group to network. Nancy will forward email to the group.

Karen Roth

FFLC Annual grassroots garden plant sale. Perennials and annuals, edibles, non-edibles, from 10-5, this Saturday Apr. 4 . Laurie Trieger from LCHAY asked me to mention that on April 15 there is a BCC meeting. There is a item on their agenda to approve the menu labeling issue. We're looking for support from the community.

Summer Food will start June 22 most likely, over 61 sites is more than ever (pending the school districts decision on whether to close early). CCF is working on the promotion with bracelets and a website, www.freelunchforallkids.org.

Sandy Moses

Free training on April 15. It's a best practice brief intervention for pregnant & post partum women who are trying to quit smoking. It'll be here in this room. Mostly focused on the moms, but might help to include the dads too. Folks who work with dads would be welcome. I think it will be helpful no matter what your client base is. You can email Sandy or go to the prevention website where there is a link to the registration.

HBHC initiative safe sleep is a big issue and I've previously passed out **safe sleep materials**. We now have them in **Spanish**. They'll be distributed at our Perinatal health team tomorrow. You can also access them on our website.

Janece: has been handing those out to her sites. Would love to take the Spanish ones out too.

Free training, focusing on breastfeeding. HBHC has identified breastfeeding as one of our six critical focus areas. 2 physicians are presenting. It's for professionals and providers. **June 24 @ LCMH**. Sandy Moses is the contact. HB initiative is creating a **Healthy Babies award** and we're seeking nominations of individuals and agencies who have made a difference in infant mortality.

Jennifer Slater

We have new brochures. Please don't use the old ones. Please call her and she will send more. Latino Family Conference is happening Apr. 4. I think it'll be big this year. We've offered the Douglas Co. coordinator position to someone; will be .75 FTE and then .5 after July. We're having a meet & greet Apr. 18 in Douglas Co. for providers and agencies to meet us and get to know us + free training. **May 7 Provider Annual Appreciation Event** is at HS Whiteaker. Last year we had the walls lined with agency booths and it was wonderful for getting information out to the providers. Provider feedback was very positive on having the agency booths there. Suggests interested agencies bring bilingual staff as there are many Spanish speaking providers.

Peggy Lintula

South Lane Family Resource Center. We are really seeing an increase in families coming to the center, including many people who are out of work. Our district closed its school based preschools so a lot of families are coming to us as a result.

Desiree Nelson

RN and lactation specialist. Came today to talk about **Baby Connection**. It's a local service at BT3. Demonstration for

evidence based approach for assisting women in supporting their feeding choice. We have a high rate of breastfeeding initiation at Riverbend. We have 10 steps to successful breastfeeding, only 30% of maternity centers actually practice. Baby Connection is a demonstration of the 10th step, which is long term follow up care, education and support. There is no funding, it's all volunteer based. We've been able to go on for over a year now. Maternal child workers are trained to have some baseline skills. In addition, there is interest at PHMG and also LC Prevention in looking at a coalition that gives time and attention to this. As medical agencies or a community, it's important that we collapse it into one consolidated effort so that we aren't duplicating our efforts. Reaching out to Healthy Start has been our priority at BC, as women who are low income with high risk factors are the least successful at breastfeeding.

Rose adds: Natalie is referring people to BC as well as He S when she does her work.

Desiree: We have RN's & board certified lactation consultants. We see women who are not breastfeeding as well. There are 6-8 people who facilitate the whole service. We would like to collect data because that's what physicians are more interested in. We've been talking with OSU about the possibility of getting a student to help with data collection and we've been keeping records with an eye in that direction. It's drop-in. It's for everyone. It's no cost. Another important piece is the internships that we offer. That is the way that we build the skills to expand it.

Heidi: There are quite a few NIH grants out now that might be applicable to help you do it.

Sandy: You have to see it to appreciate it. Just the connections people make. There were also dads and grandparents.

Serafina: went there for herself recently and agrees that it was an amazing environment. It's a great opportunity that they have this service.

Nancy: And it fits with our infant mortality focus. It's a great service.

Discussion ensued about the community support that it creates for the mothers. After a while they come just to see the other moms, and they begin to help and teach each other. We see about 20 families per week.

Serafina Clarke

I don't have much to share. I'll talk more in the childcare section.

Nancy Bischofs

Quick Healthy Start update. Legal notice in the paper this Sunday looking for letters of qualification. We'll do a 2 step process to ask for letters from agencies who think they can meet the Healthy Families America credentialing to be an He S site. Only those agencies that pre-qualify can apply for the RFP. We're taking a 30% budget cut, though, so we're not sure whether we'll put the RFPs out this spring.

Rose Wilde

Lane workforce partnership has a **hotline** going **for laid off workers**, but also for broad array of issues. 682-7200 or www.laneworkforce.org. Rose will send info to Nancy to send it out.

PRESENTATION

Heidi Hascall, MA.

Reducing Child Maltreatment: A Preliminary Assessment of Home Visiting Services in LC, OR. (LCCCF, ECPT, HBHC) Please refer to the attached copy of the slideshow for details on this report.

Health Policy Research Northwest, a local nonprofit.

Background

CCF started outreach efforts to identify needs of families and children. Resulted in detailed plan of identified issues, one of them: Reducing Child Maltreatment is the focus of this report.

The focus is on evidence-based home visitation as a way to reduce child maltreatment. Survey was designed to collect descriptive info on services that are available here in order to maximize local services. Originally designed by ECPT and supplemented with questions from home visiting effectiveness surveys.

Six subject areas of survey include:

- Primary goals of program
- Target populations
- Services provided
- Financial requirements
- Intended length of program
- Qualifications of staff

RESULTS Highlights

41 Respondents representing 21 agencies.
90 % voluntary services. See slides for results details.
Most cited reason for conducting home visit: provide parental support.

Only 5% are providing job training, yet most measure their success by increasing parental employment, so there may be an unmet need there.

Target populations: 30 of 41 programs work with more than one population. Most serve infants or toddlers or low income adults. As the children age past 2, many services decline.

Fewer services are available for adults with disabilities.

Greater than 60% of programs don't have financial eligibility requirements.

1/3 of the programs couldn't quantify # of visits a client receives per month. Time required to complete home visit: most reported 1-2 hours.

26- 40% of programs serve their clients for 2 years or longer.

Wide range in # of clients served per month.

Average caseload per month: 23 agencies stated average caseload is greater than 10 clients per month. We looked at those agencies in particular to see if there is a greater need. 7 of those agencies are government-based. 10 stated primary reason is providing parental education, 3 for overcoming barriers, 3 is child safety. See slides for many more details.

About ½ of all agencies serving a target population have high caseloads.

3 factors that seem to contribute to high caseloads:

- Limited enrollment criteria
- Long service periods
- Large geographic area covered

Only 3 agencies reported having no qualifications for staff, majority require a Bachelors degree.

16 of 34 respondents serve all of LC. Remaining agencies serve mostly Eugene & Springfield.

CONCLUSIONS

Opportunities:

- Increase the number of families receiving home visiting services
- Optimize the existing programs
- Improve the efficiency

Limitations

The way we distributed the survey can introduce a bias and may not have included rural folks.

RECOMMENDATIONS

Increase the number of home visiting staff by developing a comprehensive home visiting training program.

- Create a home visiting model that would not require a college education. Similar to the community health worker model.

Nancy adds: There is a program in the works at Linn-Benton community college to create a Home Visitor Certification Program.

Evaluate the cost and benefits of scaling back the duration of home visiting services to increase the number of families served.

- In this time of increased caseloads and decreasing funding it might be necessary to re-evaluate how services are provided.
(This point sparked a lot of discussion about the limitations of the survey and the wide range of agencies that were included. The need to look at the best practices around prevention and the scope of the entire service as a field. Lay-health advisors and group work as a way to increase community service capacity.)

Increase the number of programs that integrate child safety, job training and overcoming barriers.

- If the goal is to decrease child maltreatment then integrating child safety should be a top priority.

Create tools to measure success.

- Many of the stated measures of success are difficult to measure. It is recommended to create a standard tool to measure outcomes across programs.

Explore the resources available in nonmetropolitan home visiting programs.

Next steps: Discussion:

Serafina: We will pick up the details of this report and analysis in a newly formed **home visiting group**, but I think the group as a whole could benefit from chewing on the information and saying, “Now that we know what we have here, what are we going to do about it?” This is the only beginning. Heidi is going to come and do a 2nd presentation to the CCF.

Nancy: We’ll take some of this data and look at it as staff, then bring that work group together and decide what to do with the data. Ways to incorporate this into evidence-based practices.

Serafina: It’s a good time for it. With budgets being limited, we need to look at ways to do our work differently. We can look at the range of services available and see if there may be ways of shifting things to make sure we’re doing the most that we can.

Group likes the idea of making **a tool to measure outcomes** more accurately, re: reducing child maltreatment.

Discussion around how to use the survey to compile **better resources** to give to families, health and safety stuff, specific to various target pops.

Sandy: Larger picture is infant and family health. I think there’s potential need in all families. What we’re talking about is increasing capacity, but also the quality, and **what kind of information is being shared?** I.e. Is everybody talking about the same thing when they talk about safe sleep? The answer is “No.” So, we need to work on consistency around these issues. Training community health workers, but also in terms of what all the programs are transmitting in terms of information. I do want to stress though that we need to focus on best practice.

If you’d like to be part of the **Home Visiting Work Group**, let Nancy know. We’ll get more information out to you.

CHILDCARE WORKGROUP

Serafina Clarke

We’ll be presenting to the CCF this month on the collective work that the community, as well as the ECPT and LFC has been doing around the focus of increasing infant/ toddler childcare. What’s been interesting to me is trying to capture the spotlights, such as some of the home childcare trying to increase their licensure. I’m wondering if this has much to do with all the interest that’s been publicized in Florence with the new sites that are opening. When a community gets a focus on the issue, how do you capture the

ripple effects of all this behind-the-scenes work in the larger community? It's been very interesting to look back over the last year of our work.

Jennifer Slater We also have some informal **survey results** that we'll be presenting as well. It was given to providers on their **barriers to caring for infants and toddlers**, so that should give us some info on our next steps.

Serafina Clarke We looked at a **supply and demand analysis** and what we discovered is that there are a number of children that have been born and their parents are both working, but we don't know where they are. They're likely in the homes of relatives and friends, but what kind of care are they receiving? These numbers are estimates for LC. Anytime we can localize it and wrap our heads around the numbers, it helps to conceptualize what is actually happening.

Jennifer Slater We also focus on **quality of care** in our subgroup. Not just talking about increasing slots, but what kind of slots are we creating?

Rose and Janece mentioned the need to do some **community education around the 7 quality childcare indicators**. Maybe the ECPT could do some of its media work around public education re: What is quality childcare? Promoting awareness of these indicators may prompt the parents to start asking the providers about these indicators. It may encourage the providers to work to become stronger in those areas.

Barb added that it might also increase the retention of childcare staff, which is a big issue.

Janece: Childcare is a big business. We have a report on how childcare impacts the community if anyone is interested.

Discussion around how it's typical for registered families to increase during tough economic times.

NEXT AGENDA

Media

Early Head Start- Karen Hamilton

Childcare survey results