# Best Beginnings S.B. 5507 Budget Note Report

# Executive Summary

# Introduction

The Early Learning Council Best Beginnings Committee has been charged with developing the recommendations.

Staff from the Early Learning Division and the OHA Public Health Division are facilitating this process.

Subject matter expertise includes ELD, OHA, DHS, and OSU Family and Community Health with technical assistance from Zero to Three National Center for Infants, Toddlers and Families.

The foundation for developing these recommendations already existed through multiple efforts across state and local agencies:

* The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program—DHHS HRSA federal grants to support home visiting services and systems development
	+ Developed a draft Home Visiting Entry Questionnaire with input from multiple home visiting programs
	+ Developed The Oregon Home Visiting Core Competencies with input from multiple early childhood professionals.
	+ Developing the home visiting data system: Tracking Home visiting Effectiveness for Oregon (THEO)
* The Child and Family Well-being Measures Workgroup Final Report and Recommendations developed jointly by the Early Learning Council and Oregon Health Policy Boards
	+ Library of 67 measures
	+ Developed by a broad group of experts across multiple domains
* Early Childhood professional development system operationalized by the Office of Child Care
	+ Oregon Registry Online
	+ Tiered Quality Rating and Improvement System developed through state Race to the Top grant in support of quality early learning environments

Initially met and defined home visiting: Programs that strengthen family bonds and understanding of human development to support healthy growth and development and family self-sufficiency.

Defined Age range:

* + Primary population: prenatal to 5 years old
	+ Secondary population: 6-8 years old

Convened a series of meetings to explore existing work across the areas identified in the budget note:

* October 13: Convened experts to present on current state of professional development for early childhood providers.
* October 20: Convened experts to present on various metrics and learn about similar work in Vermont and New Mexico.
* October 28: Convened experts to present on home visiting entry/screening tool approaches.

# Charge to the Best Beginnings Committee of the Early Learning Council

Budget note intent:

* To ensure home visiting and early learning program success in reaching children and families in need of services through integrated early learning, health transformation and home visiting systems.
* Budget note was developed out of conversations between ELD and OHA leadership on how best to integrate home visiting within early learning and health system transformation.

Best Beginnings was charged with responding to the following S.B. 5507 Budget Note:

Given the expanded Healthy Families Oregon home visiting funding added to the Early Learning Division’s budget, the Early Learning Division and the Oregon Health Authority are instructed to:

* Develop a set of outcome metrics connected to evidence of impact for consideration by the Early Learning Council and the Oregon Health Policy Board that any home based service that receives state dollars must meet in order to continue to receive state funds, effective July 1, 2016;
* Develop a plan and timeline for integrating the state’s professional development system for early learning providers with the emerging professional development system for home visitors; and
* Develop a common program agnostic screening tool to identify potential parent/child risk factors and intake form for families who are eligible for home visiting services and require implementation by state funded home visiting programs by July 1, 2016.

The Early Learning Division and the Oregon Health Authority shall report on progress to the appropriate legislative committee.

# Recommendations

The following recommendations follow the three components of the Budget Note: Outcome Metrics, Professional Development and Entry Screening Tool.

# Outcomes Metrics Workgroup

Charge: Develop a set of outcome metrics connected to evidence of impact for consideration by the Early Learning Council and the Oregon Health Policy Board that any home based service that receives state dollars must meet in order to continue to receive state funds, effective July 1, 2016.

## Values and Guiding Principles:

The Committee took the approach to build on what metrics were already guiding and driving the work of the Early Learning Hubs and the Coordinated Care Organizations. Home visiting works in both domains and can serve as a critical link between the two systems. In addition, the Committee explored metrics used in other states that have similar home visiting standards and accountabilities, specifically, Vermont and New Mexico. Lastly, the Committee reviewed the Child and Family Well-Being Measures Workgroup report as a source of measures that have been vetted by a committee of experts across many disciplines and developed specifically for Oregon.

Recommendations: Based on this guiding information, the Committee recommends grouping the metrics for home visiting program accountability into five areas:

1. Improved maternal, infant and family health and well-being
2. Prevented childhood accidental injury, abuse and neglect and reduction in crime and family violence
3. Improved school readiness and achievement
4. Improved family self-sufficiency and coordination of community resources
5. Improved equity across all communities

These five areas address the key factors that strengthen family bonds and understanding of human development to support healthy growth and development and family self-sufficiency. While some of the metrics are process oriented, evidence shows that if that metric is met, the child and family experience a positive, preventive or protective outcome.

**1. Improve maternal, infant, and family health and well-being:**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure | Rationale | EL Hubs | CCOs |
| Prenatal care and well-child checks are completed on schedule.  | Prenatal care and regular well-child visits are vital to healthy child development.  | X | X |
| Parent/caregiver screened for depression at intake, prenatally, in the first four weeks after birth, and at 6 and 12 months of child age.  | Maternal/parental depression negatively impacts the healthy attachment of newborns and the emotional wellbeing of the entire family. Linking clients to services is critical. | X | X |

**2. Prevent childhood accidental injury, abuse, and neglect, and reduction in crime and family violence.**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure | Rationale | EL Hubs | CCOs |
| Parent/caregiver assessed for domestic violence at intake and every 12 months.  | Domestic violence impacts the entire family and linking clients to services is critical.  | X |  |
| Parent/caregiver screened for substance use disorder at intake, prenatally, and at 12 months of child age.  | Substance use impacts the entire family and linking clients to services is critical. | X | X |
| Number of substantiated child welfare reports. | This is a key entry point for the prevention and reduction of child maltreatment. |  |  |

**3. Improve school readiness and achievement.**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure | Rationale | EL Hubs | CCOs |
| Child developmental screening in the past 12 months.  | Early identification of developmental delays and referral to services influences outcomes.  | X | X |
| Child socio-emotional screening in the past 12 months, and the home visitor works with the parent to promote socio emotional learning. | Early identification of socio-emotional issues and referral to services influences outcomes.  |  |  |

**4. Improve family self-sufficiency and coordination of community resources.**

|  |  |  |  |
| --- | --- | --- | --- |
| Measure | Rationale | EL Hubs | CCOs |
| Maternal educational achievement | Maternal educational attainment is shown to be the key indicator for family self-sufficiency. | X |  |
| Family screened for food insecurity/hunger | Oregon ranks one of the worst in the nation for food insecurity. Nutrition is a key factor for healthy growth and development. | X |  |
| Patterns of completed referrals and the reasons behind referrals that are not completed (i.e. is it due to a lack of services, family desire, family readiness, or other factors).  | The availability and accessibility of community resources is a vital aspect of the early childhood system to monitor over time. This is a key function of home visiting to assure families are connecting with the services they need and care is coordinated. |  |  |

**5. Improve equity across all communities.**

All measures seek to improve equity of availability and accessibility of services across all communities. All measures should be analyzed by sub-populations and should be reported by race, ethnicity, and country of origin. When inequities are identified, programs need to address that disparity.

Data will be collected using the Tracking Home visiting Effectiveness in Oregon (THEO) data system. This data system was developed using federal Maternal, Infant and Early Childhood Home Visiting (MIECHV) funding as part of home visiting system support and development. It will be rolled out to the program sites supported by MIECHV in 2016, and will be available for home visiting programs to use in early 2017. Reporting can be generated from THEO by program, site, and community and statewide.

## Fiscal Investment and Timeline: July 2016-December 2017

The fiscal investment will include support for THEO development of the fields to collect the data and ongoing support for hosting and maintenance of THEO. In addition, resources will be needed to provide training for sites on the data collection, conduct quality assurance on the data collection and provide analysis of the data annually to determine compliance to the requirement.

|  |  |  |
| --- | --- | --- |
| **JUL-DEC 2016** | **JAN-JUN 2017** | **JUL-DEC 2017** |
| Development of required fields in THEO | Present proposal to Legislature to invest in hosting and maintenance of THEO; training of subsequent users, and support for all users during the 17-19 Biennium.  | Hire/contract to support the training of users, data quality assurance and data analysis  |
| Train end users on data collection |  | Roll out to subsequent programs and sites that receive state funds to support home visiting. |
| Roll out to all MIECHV sites, Public Health Home Visiting, Healthy Families Oregon sites (pending contract) |  |  |

# Professional Development Workgroup

Charge: Develop a plan and timeline for integrating the state’s professional development system for early learning providers with the emerging professional development system for home visitors

## Values and Guiding Principles:

The professional development (PD) workgroup sought to honor the uniqueness of the different home visiting, early learning and child care approaches, while working towards integrating the essential components of a professional development system for state-funded home visiting programs. While our focus for the budget note is on home visiting, there is a bigger opportunity for us to align professional development across the early childhood system, which is a focus of the Early Learning Council.

## Considerations:

The timeline that follows stages out this work from start to finish, beginning with the establishment of a long standing PD workgroup.

* Review the professional

 development efforts currently underway.

* Build on what we have and add cross-system and cross-agency sharing and educational opportunities.
* Explore the types of trainings (seminars, on-line, etc.) and standards of achievement (certificates, higher educational degree track, etc.).
* Explore a “ladder” of educational options available for professional home visitors.
* Address equity in the professional development efforts.

The following list reflects the multiple factors that need to be considered during the planning and implementation process:

* Budget: Include a budgetary ask that estimates the cost of implementing recommendations for professional development.
* Coaching: Explore how to incorporate mentoring and coaching for home visiting staff into the proposed plan. This includes such things as reflective practice and other supports for staff and supervisors.
* Community Colleges and Universities: Build and strengthen relationships that will help augment support for EL students. This includes: (1) encouraging and exploring funding opportunities for students; and (2) developing curricula that align with Early Childhood standards and home visitor competencies.
* Incentives: What would incentivizing participation in professional development look for universities and students alike? What role might the state play in funding such incentives?
* Equity: infuse into all components of the system. Includes culturally responsive practices, trainings and the availability of tools in appropriate languages.
* Compensation: What does a livable wage look like for home visitors? What is the vision for this/ what would we like to see accomplished here?
* Geography: what nuances exist that will need to be considered for urban, rural, and frontier communities?
* Tracking professional development: Explore the use and applicability of ORO for home visiting purposes. Identify other existing mechanisms.
* Public Engagement: Develop plan for engaging stakeholders, including partners and the public in planning. Identify timeline for engagement and develop clear plan for how input will be solicited, processed and incorporated into planning.
* Policy, structure and influence: Which policy/ program governance structure does this group report to? ELC, OHPB, Joint ELC/OHPB, other?
* Training: What existing resources are there and how could they be leveraged for a larger audience/ purpose? Are trainings on available wrap-around services offered? Identify substantive areas that training needs to cover. How do we build and sustain our ability to train in-state? What are the different training needs across programs?

## Fiscal Investment and Timeline:

The fiscal investment will support staffing and resource support to fully operationalizing the plan developed by the PD workgroup.

|  |
| --- |
| **2016 Timeline** |
| **FEB** | **MAR** | **APR** | **MAY** | **JUN** | **JUL** | **AUG** | **SEP** | **OCT** | **NOV** | **DEC** |
| PD Workgroup meets to finalize recommendation for timeline and implementation plan | BB Committee to review and approve all recommendations from the BN workgroups | Commence regular PD advisory group meetings | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting | Regular PD advisory group meeting |
| Determine membership for long-standing PD advisory group meeting:ELD, PH, DHS, IMH, EI | Update ELC on progress and BN Report recommendations and next steps | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  |
| Identify a lead/ chair | Complete crosswalk of existing competencies: HV, EI-ECSE, CC, Parent Education  |  |  |  |  |  |  |  |  |
| Finalize PD section for BN report | Identify program-specific and common competency areas  |  |  |  |  |  |  |  |  |
| Clarify the goals, vision and guiding principle for this work (BB Committee level) | Develop workplan and assign key tasks and duties |  |  |  |  |  |  |  |  |

# Agnostic Screening Tool

Charge: Develop a common program agnostic screening toolto identify potential parent/child risk factors and intake form for families who are eligible for home visiting services and require implementation by state funded home visiting programs by July 1, 2016.

## Values and Guiding Principles:

The work group utilized the following values and principles to guide our work.

* Honor the local efforts that have preceded this Budget Note and work group.
* Be consistent with early childhood and health systems transformation.
* Establish a common floor and allow for local flexibility.
* Establish and support robust systems to use the tool effectively, equitably and family centered.
* Promote continuous quality improvement in implementation.

## Considerations:

In Oregon, the administration of home visiting services is distributed among the Department of Human Services, Oregon Department of Education and the Oregon Health Authority. Local home visiting service delivery systems are typically funded through a mix of federal, state, local and foundation financing. In recognition of this mix of administration and funding influence on the local delivery systems the work group prioritized the promotion of a common tool that would be universally accepted regardless of whether primary funding was from the state. In other words, the work group wanted to avoid the risk of creating different entry processes for state funded services that were not utilized by the local home visiting network as a whole.

The work group is also aware that many local communities have started down this path. Some have a grant expectation through the Maternal Infant and Early Childhood Home Visiting (MIECHV) funding. Others are aware of these efforts through MIECHV nationally and have initiated local efforts to improve the process for families to access available, local home visiting services. To both honor the work that has preceded this work group and stay consistent with the “tight/loose” philosophy that has driven early learning and health care systems transformation in Oregon, the workgroup focused on recommending core elements for inclusion in any locally developed common entry tool.

A third feature that became evident during the work group discussion is the fact that any tool developed is only as effective as the system that supports it. To that end, there are further deliberations that will require attention such as data systems or other means of communicating information across programs, client privacy and adequate systems to release information, supporting single or multiple points of entry and sufficient training and support in successful, respectful and family centered use of the tool.

Finally, the work group discussed the value of continuous quality improvement in this, and any statewide implementation. There must be opportunities to assess the effectiveness of implementation and adjust as necessary.

In the discussion the work group considered five forms that currently exist. These include, The Home Visiting Entry Questionnaire (HVEQ) developed for use in MIECHV, the New Baby Questionnaire (NBQ) used by Healthy Families Oregon, The Family Coordinated 0-5 years Referral Exchange (Family C0RE) used in Yamhill County, the Early Learning Family Support Referral Form (ELFSRF) used in Marion County and the Early Intervention Early Childhood Special Education (EI/ECSE) Universal Referral Form. The work group agreed to prioritize elements that were common in at least three of the five forms considered as being those elements we would recommend for state use. In addition, there were a couple of elements that emerged as a best practice, such as the inquiry regarding whether the number from which the family is calling is okay to call back if disconnected that are also recommended. In the table that follows, the elements in green met the criteria for inclusion and the elements in blue are recommended by at least one of the work group members.

| **Element or Data Point** | **Form** |
| --- | --- |
| **HVEQ** | **NBQ** | **Family C0RE** | **ELFSRF** | **EI/ECSE Universal** |
| Referral source, contact, follow up | X | NA | X | X | X |
| Reason for call | X |  |  |  |  |
| Are you currently receiving HV services (or in past) | X |  |  |  |  |
| Parent[[1]](#footnote-1) name | X | X | X | X | X |
| Parent racial/ethnic identity | X | X |  |  |  |
| Parent age – date of birth (teen parent) |  | X | X | X |  |
| Parent marital status | X | X |  |  |  |
| Parent educational attainment |  | X |  |  |  |
| Parent developmental delays or disability |  |  | X | X |  |
| History of incarceration |  |  |  | X |  |
| Household employment/income | X | X |  | X |  |
| Migrant or seasonal work |  |  |  | X |  |
| Relationship to child | X | X | X | X | X |
| Preferred language | X | X | X | X | X |
| Other languages spoken |  | X |  |  |  |
| Baby’s name | X | X | X | X | X |
| Baby’s racial/ethnic identity |  | X |  |  |  |
| Address | X |  | X | X | X |
| Phone (s) | X |  | X | X | X |
| Voice/text message agreement | X |  |  |  |  |
| Is this a number to call if disconnected? | X |  |  |  |  |
| Do you have health insurance? | X | X |  |  |  |
| Does the baby have health insurance? |  | X |  |  |  |
| Do you have a regular family doctor? | X |  |  |  |  |
| Are you pregnant? If yes, due date? | X | X | X |  |  |
| Did you see a healthcare provider in first 14 weeks? |  | X |  |  |  |
| During the entire pregnancy, did you seek health care 5 or more times? |  | X |  |  |  |
| Do you know the sex of the child? |  | X |  |  |  |
| Is this your first pregnancy? If no, how many children? | X | X |  |  |  |
| Other child’s(ren’s) name(s) | X | X |  |  |  |
| Are you connected with WIC? | X |  |  |  |  |
| Receives TANF,SSI, SNAP |  |  |  | X |  |
| Do you have health, development concerns regarding your child(ren) | X | X | X | X | X |
| Infant feeding or weight gain concerns |  | X | X | X |  |
| Assistance with breastfeeding |  |  |  | X |  |
| Child risk/diagnosis for developmental delays |  | X | X | X |  |
| Parenting confidence/parenting support |  | X | X | X |  |
| Challenging child behaviors |  |  | X | X |  |
| Family housing stability |  | X | X | X |  |
| Food security/insecurity |  | X | X | X |  |
| Maternal depression/Anxiety |  | X | X | X |  |
| Domestic violence |  |  | X |  |  |
| Family relationships |  | X |  |  |  |
| Other supportive relationships (connectedness or isolation) |  | X | X | X |  |
| Substance misuse |  | X | X | X |  |
| Tobacco use |  |  | X | X |  |
| Medical condition |  |  | X |  |  |
| Anything else we should know? | X | X |  | X |  |
| Explicit consent from parent | X | X |  | X | X |

## Fiscal Investment and Timeline:

There are two primary fiscal implications. The first is the time and travel that would be required of the Early Learning Division and the Oregon Health Authority to support the implementation of effective systems of support. Based on experience, implementation of this approach requires robust understanding and trust among the service providers. This requires time and support.

The second fiscal consideration would is only a factor if the state chooses to collect the data from the local providers for the purpose of analysis and continuous quality improvement. There would be costs to implementing a shared or interoperable system or for collecting the information for processing at the state level.

|  |  |  |  |
| --- | --- | --- | --- |
| **MAR** | **APR** | **MAY** | **JUN** |
| Work Group develop recommendations |  |  | Support local communities to implement |
| Present to Best Beginnings |  |  |  |
| Present to Early Learning Council |  |  |  |
| Develop tool kit and support system |  |

# Global Timeline

|  | **2016** | **2017** |
| --- | --- | --- |
|  | **Jan-Mar** | **Apr-Jun** | **Jul-Sep** | **Oct-Dec** | **Jan-Mar** | **Apr-Jun** | **Jul-Sep** | **Oct-Dec** |
| **Outcome Metrics**  |  |  | Development of required fields in THEO | Present proposal to Legislature to invest in hosting and maintenance of THEO; training of subsequent users, and support for all users during the 17-19 Biennium. | Hire/contract to support the training of users, data quality assurance and data analysis  |
|  |  | Train end users on data collection | Roll out to subsequent programs and sites that receive state funds to support home visiting. |
|  |  | Roll out to all MIECHV sites, Public Health Home Visiting, Healthy Families Oregon sites (pending contract) |  |  |
| **Professional Development**  | PD Workgroup meets to finalize recommendation for timeline and implementation plan | Commence regular PD advisory group meetings | Regular PD advisory group meeting | Regular PD advisory group meeting |  |  |  |  |
| BB Committee to review and approve all recommendations from the BN workgroups | Update ELC on progress and BN Report recommendations and next steps | Chair Updates on work progress, decision points, questions, etc. to the BB Committee | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  |  |  |  |
| Determine membership for long-standing PD advisory group meeting: ELD, PH, DHS, IMH, EI | Complete crosswalk of existing competencies: HV, EI-ECSE, CC, Parent Education  |  |  |  |  |  |  |
| Identify a lead/ chair | Identify program-specific and common competency areas  |  |  |  |  |  |  |
| Finalize PD section for BN report | Develop workplan and assign key tasks and duties |  |  |  |  |  |  |
| Clarify the goals, vision and guiding principle for this work (BB Committee level) | Regular PD advisory group meeting |  |  |  |  |  |  |
|  | Chair Updates on work progress, decision points, questions, etc. to the BB Committee |  |  |  |  |  |  |
| **Agnostic Screening Tool** | Work Group develop recommendations | Develop toolkit and support system |  |  |  |  |  |  |
| Present to Best Beginnings | Support local communities to implement |  |  |  |  |  |
| Present to Early Learning Council |  |  |  |  |  |  |  |

# Appendices

# Best Beginnings Committee Membership

# Martha Brooks, Committee Chair

# Beth Green, Director of Early Childhood & Family Support Research – Portland State University

# Christy Cox, Early Childhood Development Program Officer, Ford Family Foundation

# Donalda Dodson, Executive Director, Oregon Child Development Coalition

# Elena Rivera, Health Policy & Program Advisor- Children’s Institute

# James Barta, Legislative Director, Children First for Oregon

# Janet Dougherty-Smith, Early Learning Council Member

# Jessica Britt, HFO Program Manager – Umatilla & Union Counties

# Lindsey Manfrin, Public Health Manager- Yamhill Public Health

# Marguerite Kenagy, HFO Program Manager – Marion & Polk Counties

# Mercedes Castle, Pedagogical Director PDX MC

# Salam Noor, Early Learning Council Member

# Theresa Martinez, Early Learning Coordinator, Eastern OR Early Learning Hub

# Budget Note Workgroup Membership

Martha Brooks - Chair

Benjamin Hazelton (OHA)

Beth Green (Committee member)

Caroline Neunzert (OHSU)

Cate Wilcox (OHA)

Cynthia Ikata (OHA)

Donalda Dodson (Committee member)

Erin Deahn (ELD)

James Barta (Committee member)

Jason Walling - Rep by Stacy Lake (DHS)

Jamie Colvard (Zero-Three Technical Asst.)

Janet Dougherty-Smith (Committee member)

Kim Fredlund - Rep by Lawrence Piper (DHS)

Lari Peterson (OHA)

Lawrence Piper (DHS)

Lisa Pinheiro (ELD)

Marguerite Kenagy (Committee member)

Mercedes Castle

Nakeshia Knight-Coyle (ELD)

Nancy Johnson-Dorn (ODE)

Sandy Gorsage (ELD)

Sherri Alderman (OHA)

Todd Greaves (ELD)

Home Visiting Brief

1. For this form parent includes biological parent, guardian and primary caregiver [↑](#footnote-ref-1)