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TO: Hub Metrics Workgroup

FROM: Tom George, Research Specialist

DATE: September 1, 2015

RE: Recommendations for medium and long-term indicators for *Healthy, Stable, and Attached Families*

OVERVIEW:

The Early Learning Council adopted the *Report on the Hub Metrics Committee* at their January 29, 2015, meeting. Information from the report was subsequently included in the *Early Learning Hub Report to the Legislature* delivered on February 4th. At that time, the Hub Metrics Committee sought recommendations from the Child and Family Well-being Measures Workgroup for medium and long-term indicators for the hub goal of Healthy, Stable, and Attached Families. The Workgroup recently finished the final selection of measures for a metrics library and dashboard. The ELD is requesting the Metrics Committee select a small set of medium and long-term indicators to submit for approval to the ELC so that hubs can develop strategies to address these indicators during their current strategic plan development period.

MEASURES FOR MEDIUM AND LONG-TERM INDICATORS OF HEALTHY, STABLE, & ATTACHED FAMILIES

On August 13, 2015, the Child and Family Well-being Measures Workgroup adopted eight measures to recommend to the ELC/OHPB Joint Policy Committee regarding joint accountability measures. Their recommendations (*and relation to current Hub metrics*) are below:

Joint Accountability Measures

- #166 Kindergarten Assessment (*currently included in Kindergarten Readiness metrics*)
- #223 Kindergarten Attendance (*currently included in Kindergarten Readiness metrics*)
- #218 The % of children referred to EI, screened, evaluated and receiving services (*not a metric*)
- #188 The percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year (*not a metric*)



- #141 Well-Child Visits in the 3rd, 4th, 5th, 6th Years of Life (*related metric of Well-child Visits by 15 Months is currently a short-term Healthy, Stable, and Attached metric*)
- #84 Developmental Screening by 36 Months (*currently included in Kinder. Readiness metrics*)
- #177 Among CYSHN (Children & Youth with Special Health Needs) who needed counseling, the % who received all needed care (*not a metric*)
- #178 Among CYSHN who needed specialized services, the % who received all needed care (*not a metric*)
- #TBD Food Insecurity Screening (ready by 2017) (*not a metric*)

In addition, some of the remaining measures selected by the committee are shared measures, but were not considered joint accountability measures. The following were determined by ELD staff to be relevant to the work of the Hubs:

- # 36 Rates of child abuse and neglect per 1000
- # 10 % of children in foster care in out of home placement by race and ethnicity
- # 29 % of child population spending at least one day in foster care during federal fiscal year
- # 245 % of children who live in supportive neighborhoods
- # 211 Child care and education availability as measured by slots per 100 children
- # 228 % of children who would be below the poverty line without safety net programs and % who are below the poverty line with safety net programs.
- # 76 Increase in percentage of children that turned 2 during the measurement year that had specific vaccines
- # 164 Frequency of reading to young children

RECOMMENDATIONS FOR HEALTHY, STABLE, AND ATTACHED FAMILIES METRICS

ELD Staff considered the above measures with respect to the data source, data frequency, and the Hub metrics principles developed by the Metrics Committee. The principles are:

- Metrics should reflect the impact of Hubs across goals in a way that is focused, transformative, and clear about where the Hubs have true impact.
- Metrics should show a meaningful difference for children, families and the community.
- Metrics must reflect the necessity of collective action, fostering engagement from parents and Community Based Organizations, as well as the health, human services, K12, early education and the private sectors.
- Metrics should reflect the stages of development with a logical progression toward high level outcomes and goals.
- Metrics should reinforce a focus on reducing disparities for target populations.



- Metrics should support a strength based approach to the work.
- Metrics must have a data source that is readily accessible, reliable and valid.

The following measures, with a brief rationale, are suggested for further consideration by the Metrics Committee.

36 Rates of child abuse and neglect per 1000 (by race/ethnicity)

This metric is clearly related to the goal and is meaningful for children, families, and the community. It reflects current cross-agency efforts of DHS and the ELD, and is a concern across all sectors of the Hubs. Disparities are evident in the child welfare system, and hubs are committed to reducing disparities. The data are publically available through DHS and are updated frequently, and data by race/ethnicity could be obtained.

76 Increase in percentage of children that turned 2 during the measurement year that had specific vaccines

This metric is clearly related to the health of the child, which in turn promotes stable and attached families, and is meaningful for the entire community. It requires collaboration among health and a host of early learning services. Data are readily available from OHA and can be updated at least annually. Data can be stratified by race/ethnicity.

164 Frequency of reading to young children

This metric promotes stable and attached families and is vital for kindergarten readiness. It is influenced by a strong collaboration among early learning, K-12, and families. Disparities are evident in kindergarten readiness. The metric has been chosen as an internal ELD metric. However, the data come from a survey from an external organization and has to be specially requested. In addition, the survey is only about to become an annual survey, with initial results not available until 2017. Further it is unknown if the data will be available at the county level, but given it is a national survey it is doubtful.

#188 The percentage of children less than 4 years of age on Medicaid who received preventive dental services from a dental provider in the year

This metric is clearly related to the health of the child, which in turn promotes stable and attached families. Oral health is not reflected in other metrics and requires collaboration among health and early learning services. Data are readily available from OHA, although as with all OHA data is limited to children on Medicaid. Data can be stratified by race/ethnicity, and it can be updated at least annually.

#218 The percentage of children referred to EI, screened, evaluated and receiving services

This metric is similar to the existing hub metric for developmental screenings. It is clearly related to the health of the child, which in turn promotes stable and attached families. It reflects close system coordination in order to ensure children receive required services. Data can be stratified by race/ethnicity. The CFWB workgroup indicates the data are readily available, but the frequency of updates is not specified.

