

Best Beginnings Committee of the Early Learning Council
SB 5507 Interim Budget Note Report

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Executive Summary

The purpose of the SB 5507 Interim Budget Note Report is to provide the Early learning Council (ELC) and Oregon Health Policy Board (OHPB) with preliminary information on a set of recommendations for integrating essential components of the state home visiting system. In addition, the report contains a recommended implementation timeline, information on the current home visiting system and suggests where future investments in the home visiting system could be put to best use.

Home visiting for pregnant women, mothers, infants, and young children has been shown to improve school performance, increase nurturing/stable parent/child relationships, reduce child maltreatment, increase employment rates, and reduce welfare use among participants¹. In recognition of the positive outcomes achieved through home visiting programs and in an effort to create a more family focused system, in 2015, the Oregon legislature included a budget note in HB 5507 that focused on creating a more integrated home visiting system across three key areas: (1) Developing outcome metrics to be used across all of Oregon's state funded home visiting programs; (2) Developing a professional development system that aligns support for the home visiting workforce with the system in place for the rest of the early learning workforce; and (3) Developing a home visiting entry questionnaire that would identifies parent/ child risk factors for consistent use across state funded home visiting programs.

Through a series of eight meetings over a six month period, with the input and consultation of 17 state and national subject matter experts, the following recommendations emerged:

- **Outcome Metrics:** The recommendation is the adoption of five outcome categories² and associated measures for incorporation in 17-19 contracts in create shared and aligned accountability for home visiting programs. The outcome categories are (1) Improved cultural adaptation of programs: All family have equitable access to culturally and linguistically diverse services; (2) Improved maternal, infant, and family health and well-being: Children and families have a health home and are receiving physical, behavioral, and oral health care; (3) Prevention of childhood accidental injury, abuse, and neglect, and reduction in crime and family violence: Children live in stable, attached, and nurturing families, free of abuse, neglect, and violence; (4) Improved school readiness and achievement: Children are physically, socially, and emotionally on track by age three; and (5) Improved family self-sufficiency and coordination of community resources: Families have consistent and stable access to basic needs for their family to support healthy child development.
- **Professional Development:** The recommendation for developing an integrated early childhood professional development system for home visitors includes the development of the following essential components: (1) Tracking professional development through the enhancement of the Oregon Registry Online and the creation of a career lattice for home visitors that mirrors the one available to child care providers and preschool

¹ The PEW Center on the States, 2010.

² See preliminary measurements for each outcome on pages 9-11.

- teachers in Oregon; (2) Developing a model for coaching and mentoring and linking supports for home visitors to Child Care Resource and Referral agencies; (3) Identifying and enhancing existing training resources for home visitors; (4) Strengthening relationships with community colleges and universities in support of cultivating a skilled work force; exploring the use of incentives; (5) Infusing equity into every component of the system to ensure the availability of culturally responsive services; (6) Including home visitors in the next early childhood education workforce study; and (7) Supporting parents as their child's first teachers, and engaging them in supports for their children.
- Home Visiting Entry Questionnaire: The recommendation is for a set of data elements to be collected by every home visiting program, regardless of funding source. There are several data elements found in research evidence that should inform the development of the Home Visiting Entry Questionnaire.

See the implementation timeline at the end of the full report for next steps.

Introduction

In the 2015 legislative session, the Oregon Legislature increased funding for the Healthy Families Oregon program through Senate Bill 5507. As a condition attached to that new funding, the Legislature passed a budget note aimed at better integrating Oregon's collection of home visiting programs into a more cohesive system. The budget note reads as follows:

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 is submitting this report to the Early Learning Council and the Oregon Health Policy Board, in partnership with the Oregon Health Authority, to respond to this directive. In addition to providing recommendations responding to the budget note requirements, this report contains a recommended implementation timeline, information on the current home visiting system (see Appendix documents), and suggests where any future investments in the home visiting system could be put to best use.

Every year 45,000 children are born in Oregon, and approximately 40% of these children are exposed to a well-recognized set of socio-economic, physical, or relational risk factors that adversely impact their health and their ability to develop the cognitive and behavioral foundations necessary for later success in school.

For the past four years, Oregon has engaged in concurrent health and early education systems reform, with the overarching goal of addressing these entrenched challenges and improving the health and educational outcomes for our youngest Oregonians. Oregon statute lays out the following explicit goals for these efforts:

1. Improve the health of Oregonians through better care at lower costs; and
2. Ensure that children arrive at kindergarten prepared for school and that they are raised in healthy, stable and attached families.

Oregon recognizes that these goals are complex, ambitious and inextricably linked, and that a collective approach is necessary to achieve them. As a result, the two policy bodies overseeing Oregon's transformation (Oregon Health Policy Board and Oregon Early Learning Council) have explicitly tied them together, so that health IS an early learning goal, and early learning IS a health goal. Home visiting services, when implemented correctly, are some of the most effective strategies for impacting these shared goals for new parents, infants and toddlers.

Working Toward an Integrated Home Visiting System

Home visiting for pregnant women/new mothers/families, infants and young children has been shown to improve school performance, increase nurturing/stable parent/child relationships, reduce child maltreatment, increase employment rates, reducing involvement with the criminal justice system, and reduce welfare use among participants³. For example, a study of the Nurse-Family Partnership program (NFP), conducted 15 years after the program began, found that pregnant women who did not receive home visits had more than three times as many criminal convictions as women who participated in NFP. The study also found differences in the amount of time women spent in jail: the differences in rates found by the study indicated that, for every 100 women not offered NFP, they would spend over 100 days in jail, compared to just two days for the 100 women who received NFP.⁴ The program also had an impact on daughters. By age 19, the daughters not served by NFP were nine times more likely to have been convicted than the girls provided NFP services as babies and toddlers.⁵

Early steps have been made toward aligning these systems, accelerated by the state's receipt of a Maternal Infant and Early Childhood Home Visiting (MIECHV) grant. However, plans to truly integrate home visiting services, around the needs of children, families and diverse geographic/racial/ethnic communities, have not yet fully been implemented.

Oregon is home to nationally recognized home visiting programs as well as other promising programs all of which focus on supporting families in their homes. However, without clarity about a common set of metrics for each program, and a more coordinated approach to assessing the needs of families and connecting them to the right program, we will not realize the full population level impact this strong programmatic foundation could help Oregon achieve.

This budget note has allowed the state to advance work, building on past efforts, to integrate our home visiting programs into a true system, where individual child and family needs are identified and matched with the best fit service/support and state and local resources are maximally leveraged.

Process of Developing Recommendations

As the Governor's oversight and governance body for early learning services across the system (per SB 909 and HB 4165) the Early Learning Council (ELC) was charged with setting up and

³ The PEW Center on the States, 2010.

⁴ Luckey, D. W., Olds, D. L., Zhang, W., Henderson, C., Eckenrode, M. K. J., Kitzman, H., & Pettitt, L. (2008). Revised Analysis of 15-Year Outcomes in the Elmira Trial of the Nurse-Family Partnership. Prevention Research Center for Family and Child Health, University of Colorado Department of Pediatrics

⁵ Eckenrode, J., Campa, M., Henderson, C., Cole, R., Kitzman, H., Anson, E., Kimberly Sidora-Arcoleo K., Powers J., and Olds, D. "Long-term Effects of Prenatal and Infancy Nurse Home Visitation on the Life course of Youths: 19-Year Follow-up of a Randomized Trial." Archives of Pediatric and Adolescent Medicine, January 2010, 164(1), 9-15

approving a process through which recommendations to respond to the budget note could be crafted. The ELC is a 19 member appointed policy board that operates with several committees. The ELC chose to refer this work to its "Best Beginnings" policy committee (referenced in this report as the Committee), which focuses on policy issues related to parents and young children prenatally through age-3 and is charged with meeting the ELC goal of ensuring children are raised in healthy, stable, and attached families. The committee also serves as the Advisory Council to the state's multi-site Health Family Oregon (HFO) system, providing guidance and input on the planning and coordination of HFO services and activities.

In order to craft these recommendations the Committee met eight times over six months, beginning with creating a common definition of home visiting and setting the parameters for the age range covered through our work. Home visiting was defined as a service delivery model aimed at:

- Strengthening family bonds;
- Increasing understanding of human development;
- Supporting healthy growth and development; and
- Promoting family self-sufficiency.

The intended age range was defined as follows:

- The primary population of focus was defined prenatally to 5 years old.
- A secondary population was also identified as 6-8 years old.

Over the course of eight meetings, the Committee consulted with 17 experts representing ELD, OHA, the Department of Human Services, The Family Ford Foundation, and Oregon Health Sciences University; and received technical assistance and policy advice from Zero to Three.

The Committee also made a commitment to honor previous work that has been done toward the goal of a more integrated home visiting system including:

- The Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a U.S. Department of Health and Human Services Health Resources and Services Administration grant that supports home visiting services and systems development. Through this grant, the state has been able to:
 - Develop a draft Home Visiting Entry Questionnaire and algorithm with input from stakeholders representing multiple home visiting programs (See Appendix A);
 - Develop the Oregon Home Visiting Core Competencies with input from multiple early childhood professionals (See Appendix B); and
 - Facilitate the integration of home visiting professional development with other early childhood professional development such as the Parenting Education and the AEYC conferences; and
- The Child and Family Well-being Measures Workgroup Final Report and Recommendations developed jointly by the Early Learning Council and Oregon

Health Policy Board. As a result of this work, the state has established a library of 67 measures. (See Appendix C)

- Early Childhood professional development system⁶ administered by the Early Learning Division, which includes:
 - Oregon Registry Online system, which tracks the professional development of individuals providing services to children and families; and
 - Tiered Quality Rating and Improvement System developed through the federal Race to the Top grant in support of quality early learning environments.

Given the amount of work already under way in the field, the Committee focused on building recommendations for this report on existing work in order to prevent duplication of efforts. Development of common metrics is critical to our ability to monitor program quality and outcomes. The proposed metrics in this report are a first step toward the development of quality standards for all home visiting programs. From the performance indicators in the metrics, results can be tracked and professional training and development programs can be developed.

Finally, because we know it's important for parents to have choice in the services that support their needs, the development of common data elements at intake will allow for a path to the best fit program for the family, versus a path to whatever program is available. By building on existing system strengths, and inviting the input and engagement of stakeholders and experts, the Committee was able to prepare the recommendations contained in this report.

Workgroup Recommendations

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

Outcomes Metrics

SB 5507 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, 2016.⁷

Values and Guiding Principles:

The Committee was committed to identifying metrics that have been demonstrated as effective in making a difference and took the approach to build on existing metrics that already guide and drive the work of the Early Learning Hubs and the Coordinated Care Organizations. Home visiting works in, and serves as, a critical link between both health and early learning systems.

⁶ Does not yet include home visiting professionals.

⁷ The timeline for implementation is not realistic given the need to notify programs about the metrics and add language and expectations to 17-19 contracts. Outcome measures will be incorporated into contracts in the next biennium.

In addition, the Committee explored metrics used in other states that have similar home visiting standards and accountability systems, 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 categories:

- 1. Improved cultural adaptation of programs: All families have equitable access to culturally and linguistically diverse services.
- 2. Improved maternal, infant, and family health and well-being: Children and families have a health home and are receiving physical, behavioral, and oral health care.
- 3. Prevention of childhood accidental injury, abuse, and neglect, and reduction in crime and family violence: Children live in stable, attached, and nurturing families, free of abuse, neglect, and violence.
- 4. Improved school readiness and achievement: Children are physically, socially, and emotionally on track by age three.
- 5. Improved family self-sufficiency and coordination of community resources: Families have consistent and stable access to basic needs for their family to support healthy child development.

The following outcome measures address key factors that strengthen family bonds and understanding of human development to support healthy growth and development and family self-sufficiency.

1. Improved cultural adaptation of programs: All families have equitable access to culturally and linguistically diverse services.

Measure	Rationale/ Evidence	EL Hubs	CCOs
1.1. Percentage of home visiting programs that have policies and practices to serve culturally diverse populations	Cultural adaptation of policies and practices is essential to ensuring an equitable system of services and is a gold standard component of home visiting programs.	X	X
1.2. Percentage of home visiting programs that have staff who reflect the diversity of the populations served			
1.3. Percentage point disparity of children from priority populations served by home visiting programs compared to the community population of eligibility children			

2. Improved maternal, infant, and family health and well-being: Children and families have a health home and are receiving physical, behavioral, and oral health care.

Measure	Rationale/Evidence	EL Hubs	CCOs
2.1. Percentage of pregnant women who receive adequate prenatal care	Prenatal care is widely considered the most productive and cost-effective way to support the delivery of a healthy baby.	X	X
2.2.A Percentage of all mothers screened for depression both pre- and perinatally	Maternal depression prior to or following the birth of a child is highly prevalent in Oregon and left untreated may be detrimental to the mother, family, and well-being of the child.	X	X
2.2.B. Percentage of all mothers screened and referred for depression who engage in treatment			
2.3. Percentage of all children with 6 or more well-child visits by 15 months of age	Regular well-child visits are one of the best ways to detect physical, developmental, and social-emotional problems in infants. They are also an opportunity for providers to offer guidance and counseling to parents and are considered a component of gold standard programs.		

3. Prevention of childhood accidental injury, abuse, and neglect, and reduction in crime and family violence: Children live in stable, attached, and nurturing families, free of abuse, neglect, and violence

Measure	Rationale/Evidence	EL Hubs	CCOs
3.1.A. Percentage of mothers screened for substance abuse	Substance abuse and domestic violence are detrimental to family stability and harmony, and create a toxic environment for the health and well-being of the child both pre- and perinatally.	X	X
3.1.B. Percentage of mothers screened and referred for substance abuse treatment, who engage in treatment			
3.2.A. Percentage of families screened for domestic violence		X	
3.2.B. Percentage of families screened and referred for domestic violence treatment who engage in treatment			

3.3. Percentage of mothers who demonstrate improved parenting skills	Parenting skills are essential in developing a warm, nurturing, and attached parent-child bond that improved child development.		
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4. Improve school readiness and achievement: Children are physically, socially, and emotionally on track by age three.

Measure	Rationale/Evidence	EL Hubs	CCOs
4.1. Percentage of children with a developmental screen completed by three years of age	Developmental and social-emotional screening helps detect delays or disabilities early in life and increase the likelihood of specialty care during this critical developmental period that may improve school readiness.	X	X
4.2. Percentage of children with a social-emotional screen by three years of age Or Percent of children served who are a 3 or 4 on the approaches to learning domain of the Kindergarten Assessment		X	X
Percentage of children identified as having a possible developmental disability or delay based on developmental screening who receive specialized follow-up services			

5. Improve family self-sufficiency and coordination of community resources: Families have consistent and stable access to basic needs for their family to support healthy child development.

Measure	Rationale/Evidence	EL Hubs	CCOs
5.1 Percentage of families identified without food insecurity	Improvements in child and family health and well-being are most likely to occur when basic needs are met and community services are aligned, coordinated, and	X	

5.2. Average length of time from referral to receipt of community services to meet basic needs and improve self-sufficiency

consistent in order to help families become self-sufficient.

In order to effectively collect and track this data, there is a need to expand the current home visiting data system capacity to enable participation of all funded programs.

Professional Development

SB 5507 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. A comprehensive professional development legislative concept has been developed for the 2017 session. While child care has made great strides in this area, there is room for growth, as home visitors require a unique skillset that may require additional professional development resources.

Considerations and Recommendations:

There are multiple factors that need to be considered during the planning and implementation process, including the following:

- Tracking professional development: Fully develop a career lattice for home visitors that mirrors the one available to child care providers and preschool teachers in Oregon. Build the tracking of professional development for home visitors into the Oregon Registry Online to track their professional advancement.
- Coaching: Develop a model for cross program mentoring and coaching for home visitors through the “focus network” professional support model. As Child Care Resource and Referral agencies continue to shift from referral agencies to professional development and support agencies, include professional training and support for home visitors into the array of services offered.
- Training: Determine what the existing training resources are and how they could be leveraged for a larger audience/ purpose. This includes identifying available trainings on wrap-around services; identifying substantive areas that need to be covered; determining how to build our state’s capacity to train; identifying training needs across programs; and ensuring adequate opportunities for parent education.

- Community Colleges and Universities: Build and strengthen relationships that will help augment support for early learning professionals. This includes: (1) encouraging and exploring funding opportunities for students; (2) developing curricula that align with EL standards and home visitor competencies, and (3) working to ensure work currently happening to put in place articulation agreements for community based training, community college coursework and university degrees for child care providers and preschool teachers extends to home visitors as well.
- Incentives: Determine the most effective way of incentivizing both universities and students to participate in professional development opportunities and what role the state should 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: Develop a vision for what a livable wage would look like and include Home Visiting workforce in the next workforce study.
- Geography: Identify the nuances that exist across urban, rural, and frontier communities that will need to be considered.
- Parent Engagement: Develop plan for engaging parents, as the first teachers, on how to support their children. This includes strategizing on ways to identify and support those who are coaching parents of young children.

Home Visiting Entry Questionnaire

SB 5507 Charge: 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.

Values and Guiding Principles:

The workgroup used a number of principles to guide discussions and the development of recommendations. First, it sought to honor the state and local efforts that have preceded this Budget Note and workgroup. The group also prioritized the needs of families to ensure that they are connected to the most appropriate resource. Finally, an emphasis was placed on ensuring quality throughout the process and connecting the data elements collected to broader system outcomes.

Considerations and Recommendations:

Research evidence shows the following indicators are strongly related to foster care entry.⁸

- *Inadequate prenatal care/smoking during pregnancy
- *Low birth weight (< 2500 grams)
- Birth abnormality

⁸ Center for Evidence Based Policy, "Pay for Prevention Final Report," Matt Chwierut, Pam Curtis, Chris Kelleher, 2015

- *Diagnosed with (recent) psychiatric issue/prior psychiatric events
- Substance abuse
- *Single mother or father unknown.
- *Mom on public assistance (SNAP, WIC, TANF, disability)
- *Any public assistance
- *Conviction of either parent
- Substandard housing
- * Mother didn't graduate high school

*indicates data elements with the greatest likelihood of predicting foster care entry.

This should be used to inform the development of the Home Visiting Entry Questionnaire. It is important to note that the presence of risks does not mean that a mother or father cannot become a loving and supportive parent, but can indicate that the family may need support to build their skills and become the parents they wish to be.

In Oregon, home visiting programs are administered in the Oregon Department of Education, Oregon Health Authority, and Department of Human Services. Local home visiting service delivery systems are typically funded through a blend of federal, state, local, and foundation financing. In recognition of this mix of administration and funding influence on the local delivery systems, the workgroup prioritized the promotion of a set of common data elements that would be universally collected regardless of the primary funding source. In addition, the workgroup aimed 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. There are a number of communities across the state that have already developed and implemented a common entry process. As such, it was considered important to explore existing efforts and processes underway in the state across the different home visiting programs.

Through the workgroup discussion process, it became evident that any questionnaire developed is only as effective as its system of support. 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 to be successful, respectful and family centered in the use of any tool.

The workgroup reviewed five existing examples of questionnaires: (1) The Home Visiting Entry Questionnaire (HVEQ) developed for use in MIECHV; (2) The New Baby Questionnaire (NBQ) used by Healthy Families Oregon; (3) The Family Coordinated 0-5 years Referral Exchange (Family CORE) used in Yamhill County; (4) The Early Learning Family Support Referral Form (ELFSRF) used in Marion County; and (5) The Early Intervention Early Childhood Special Education (EI/ECSE) Universal Referral Form. The workgroup prioritized elements that were common in at least three of the five forms as recommended core elements for state use and what the evidence review shows are the factors most likely to create poor outcomes for families. In addition, there were a couple of elements that emerged as a best practices, 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.

Fiscal and Administrative Considerations

In order to fully implement these recommendations, changes to the way the state finances and administers home visiting services must occur. It is outside the scope of this report to recommend what those changes should be, however, the Committee strongly recommends the Governor's Education Cabinet and Healthy and Human Services Cabinet discuss the work outlined in this report and factor the cost of implementation into discussions leading up to the release of the Governor's Recommended Budget in December 2016.