LAUNCH Young Child Wellness Council (YCWC)

October 8, 2014

MEETING NOTES

YCWC Attendees: Meg McElroy, Elizabeth Carroll, Barbara Ferre, Jeanne Lemieux, Beth Gebstadt, Maxine Fookson, Sherri Alderman, Katherin Flower, Bruce Spilde, Amy Chandler, Helen Bellanca, Nancy Anderson, Beth Gebstadt, Diane Tutch,

Working Group (staff & contractors): Cate Drinan, Beth Green, Bill Baney (PSU), Emily Berndt, Curtis Waterbury, Raina Davis (211info), Peg King (OPS), Elana Emlen (LAUNCH)

Visitor: Aimee Craig, Oregon Early Learning Division

Announcements and updates

Cate said she had been asked about the "Two Generation Approach", related to ACEs. Jeanne said she has a paper on, and Beth Green said that there was federal research done 15 years ago. Beth Gebstadt added that the Aspen Institute put out something about it 2 years ago. They are sharing links.

Helen said that there is a new State committee on Child & Family wellbeing, commissioned by the joint Early Learning Council-Oregon Health Policy Board. They will share metrics on wellbeing. She is co-chairing with Tim Rusk (Deschutes). They will meet monthly and have the first metrics in the summer. This group takes public testimony. Dana Hargunani and Rita Moore are organizing it.

Nancy shared information about Pathways, which was produced by the Casey Foundation. *(Note: It was sent out to the YCWC right after this meeting.)* It's a terrific planning tool, birth to 3rd grade reading.

Sherri said that she is co-leading a group with Robin Hill-Dunbar to explore the infant mental health endorsement in Oregon. They are working with Zero-to-Three. MIECHV has funding to purchase a licensure if that is the group chooses. She also said that they have conducted two trainings for child care providers to do developmental screening. The Train-the-Trainer is December 4-5 and the application link was shared with YCWC right after the meeting.

Family Wellbeing Screen

Helen Bellanca explained that the Oregon Perinatal Collaborative has a Maternity Model of Care subcommittee. Integration of behavioral health was its top priority. This subcommittee has been working on a screening tool that every pre-natal provider can use at the initial appointment. A medical assistant or nurse would use the screen as an interview tool and flag information for the clinician.

She asked the YCWC to weigh in on content, not format. The first section covers demographics. Maxine said that the Coalition of Communities of Color has a way to ask about race and ethnicity. Jeanne added that as a state, we need *one* way to ask this question. Meg said that HB 2134 gave guidance to OHA and DHS about how to gather information on demographics.

Other comments included:

- Separating pregnancy and pregnancy intentions questions to create comfort level.
- "Father involved" – need language for same sex couples. Helen said that engaging fathers is a big issue in public health.
- The questions all seem negative. If it's the initial visit with the pregnant woman, leading with these questions is scary. Helen said that this is part of formatting. There will be introductory statements. They can also put resilience first.
- Suggestion to do focus groups with patients to ask "what would be the best way to form this question?" Helen said that they do have a practice that is doing that.
- Ask about the partner. Helen said that it is tricky to ask about adults who are not patients. A supportive partner could go into the resilience section… "Who is supporting you in this pregnancy?"
- Start with "How are you feeling about this pregnancy?" That is trauma informed way.
- During pregnancy, there are steps in parent development. Tap into that by asking, "What is your biggest hope? Biggest fear?" Find out if mom has modified her social sphere.

Helen asked if it matters that the person administering the screen is not a counselor? For the most part, it will be a medical assistant. The training for administering it will include recommendations, like "if you see X, don't do the whole screen at once." The questions are all from validated tools. The information has to be able to go into Electronic Health Records (EHR).

A secondary purpose is to communicate to the state the lack of resources in communities. What are the gaps by community? The yes/no makes it easy to enter into the HER and aggregate for the state. The YCWC recommended a trauma informed approach.

Helen explained that originally, Legacy Midwifery saw many patients with substance abuse and behavioral and mental health concerns. They wanted to get funds to hire someone, but needed to know more in order to know if it should be an addictions counselor? A generalist? They surveyed for anxiety and depression and knew how much FTE was needed.

Erin asked if Community Health Workers might play a role. Elana said that CHWs have come up in many YCWC discussions and that we can have the Community Capacitation Center come in November to talk about CHWs.

211info

Elana explained that our LAUNCH grant includes promoting young child wellness. We do this by encouraging families to connect with 211info to get child behavior and development information and, when needed, referral to services. Over the years 211info has tried different methods of outreach. In our final year of LAUNCH, we are circling back to working with professionals who connect with parents. Emily said that they have a long list of organizations to contact, including many types of health care providers. Raina Davis is the new outreach specialist.

The average wait time for the general 211 line is 5-6 minutes on busy days. If you call for rent assistance on the first day of the month, there is a wait. There is no wait time for 211info Family (in 5 counties, including ours), and also the Maternal Child Health specialist. Text and email gets quick response.

Barb suggested having an option like "if you're a health care provider, push ___" She said that if you're with a patient, a 6 minute wait is long. It would help with physicians if 211 has that option.

(Note: After this meeting we decided to try having the messaging in the 5 counties say "or if you're a health care provider, press 5" so we can accommodate this need. We'll give it a try in November or December.)

Next steps

We will hear about Community Health Workers in November, and also take a look at proposed marketing materials for 211info.