Early Learning Hub of Linn, Benton & Lincoln Counties
Parent Focus Group Minutes

MEETING COMMENCED	8:00am, September 20, 2016 OSU Extension Offices, Tangent
MEETING CALLED BY	Kris Wessel
WORK GROUP MEMBERS PRESENT	Sheri Branigan, Clint Peterson, Bettina Schempf, Kristi May, Regina Ingabire, Renee Smith, Paul Smith, LeAnne Trask, Patty Parsons
VERSION	Final

Agenda topics

DISCUSSION ITEM	Welcome and Introductions (Regina Ingabire)
Introduction of each Initial Representative and what they are hoping to accomplish today.	

DISCUSSION ITEM	Introduction of Pollywog Project (Kristi May)
Initially there was a request from a Samaritan Health Care Navigator to move the registration of prenatal classes to another department because of the time that they were expending.	
The request reached Julie Manning at Samaritan Marketing, who is also a member of the Early Learning Hub Governing Board, and she had the idea of combining the Hub's resources and partners with Samaritan's resources and partners to take on and expand into something that could combine ASQs, early education classes, well-child visits, etc.	
We decided that Linn-Benton Community College Parenting Education would be the perfect medium for not only taking on Samaritan's prenatal classes, but then moving those same new families into "the system" and get them involved in further parenting education and other services that they might find that they need, such as relief nursery, mental health, child care, etc.,	
We put together a project proposal for the CCO, and submitted to Kim Whitley. It was approved and personnel has been brought in to carry the project forward: Kris Wessel as a Project Manager, and Sheri Branigan as an Alignment Coordinator.	
The project is moving forward and is in the process of being branded by the Madison Avenue Collective (MAC) in Corvallis. A name, The Pollywog Project, and a logo have just been created, and a website is in process and should be completed in December. We also have business cards, stationary, etc. to help us to become an identifiable resource.	
We also have a signed contract with VistaLogic, who is creating a database for us. They are specialists in creating an interface that will collect data from what you are currently doing, and then give you access to that data. The plan is to have that data flow to RHIC, home visitors, etc.	
VistaLogic is in the "discovery phase" and they are talking with some of our partners to figure out exactly what we need. They have over 800 "tables" that are already created, and they will be able to customize one of those existing tables that will work for our needs. Currently there are 9 tables that look like they will work for us, and they can be expanded to include additional tables, if our needs change or increase.	
As we have researched our needs, we have found other projects that people are working on, and we don't want to overlap with them, but to work to include them and their work.	
This group here today is an evaluation team that will help us to shepherd us into the next phase, setting up elements that we will need to build on. We also want to have collaboration and figure out the next steps and the ultimate goal of the project.	

Our pilot is set to start in December at the Albany Hospital with the Maternity Health Coordinators (health navigators) there, and then move on to the Lebanon Hospital, then Corvallis Hospital (Good Sam) and the Corvallis Clinic. (We have also found that the Lincoln City Hospital doesn't have health navigators and we are working on how we are going to work around there.) The Navigators will be working directly with the families, and we want to be an uber resource for the navigators.
The new project name "The Pollywog Project" is meant to convey youth, growth, health, families. The variation in color continues the illusion of change, and the lines over the logo represent the ripple effect. The tag line "Preparing parents for healthy families" is an alliteration of "Pollywog" and it represents a continuation of the growth and change for families.
There were some comments from the team that "preparing parents" is a passive statement. They would prefer that we swap the words around to "Parents preparing for healthy families". We will talk to the MAC about making the change.
We need to have partners that can help us to bring families to the table and get them involved in the Pollywog Project. We want to reach all families.
There is also a cultural aspect to this because in some cultures, parenting education is not done. One message will not play the same to all cultures, and we'll need to tailor our message to be suitable for all.
The Health Care Integration Work Group of the Hub is working on a transformation grant from the CCO, and is paying attention to what the Pollywog Project is doing, so that they can integrate the ASQ into the project. The goal is to bring all of the early learning provider created ASQs into the RHIC system so that medical providers will have access to them. Trying to bridge the local agencies "cost of scale" with the ability to get the RHIC system. Lots of organizations don't have electronic health records.

CONCLUSION	We will talk to the MAC about making the "preparing parents" change.

DISCUSSION ITEM	Project Principles/Goals

Reading through the goals—which are taken directly from the initial proposal to the CCO—we need to set up "check-ins" with the families to make sure that they get the services that they need. ● **Tailor Services.**
We're going to have to get everyone to sit down together and play well together. ● **Cooperation amongst partners.**
Would like to see a system where we can evaluate how well the different groups are being represented and included. ● **Systematic and regular reflection for inclusiveness.**
The RHIC system is willing to try any aspect of what we are suggesting, as long as we can keep the records secure. We are aiming for perfection, but we want to take first steps and then modify to get there. ● **RHIC is a bridge partner to Health care records.**
We also want to be sure that we are building sustainability into the system so that once people are relying on it, it will continue to be there. ● **Access sustainability.**
It would be helpful to set up an evaluation for the pilot portion of the project, so that we can tell if we are meeting or exceeding our goals. ● **Evaluate at roll out and beyond.**
We would like to make sure that we are not invasive into these family's lives. Sometimes these big systems want something from families, at any cost. ● **Allow families choice and options.**
The Maternity Care Coordinators wanted to make sure that there is an "opt out" function so that they don't get any calls from us. We also want to be able to give them the ability to "re-attach" at a later time, if they wish. **(See above)**
Is the opt out a negative thing or a positive thing? Or is it circumstantial? From a healthcare perspective, we would want everybody to "opt in". We want to normalize, and this is a way to do that. Is there a way to indicate why they are opting out – multiple children, no time, transportation, child care issues, etc. Can we keep track of those issues? This would at least show us where the gaps are and what we can do to correct them. ● **Follow up to identify reasons for "opting out", missing classes etc.**
The current thinking is that everyone is "in" until they opt out. ● **Everyone is an opt in unless notified otherwise.**

The idea is that when a pregnant woman meets with the Maternity Health Care worker, is this service just part of the package? Each hospital and each health care coordinator is doing things differently: different classes, different names for things, etc. Pam Collier, the one who instigated all of this work, has the "tightest" presentation and when she talks to families, she signs them up for classes' right then on a paper registration form. Our idea is to have the Pollywog on Pam's computer screen, and she can input their basic information.

- **Initial contact information from MMC, within three days, the Pollywog people will contact them by phone and talk them through what classes they would like to take, if they have additional children that might like a sibling class, etc. Families can opt out at that time, or sign up for additional classes and services.**

The initial problem is that if a parent indicates that they would like prenatal classes, etc., and Pam puts it the Pollywog system, it becomes HIPPA protected because it is now a health record, and we'll have to have a release. If the family puts their information in the Pollywog system, there is no need for a release. Also, we currently have no way to know if they actually attend the classes or not.

The releases and HIPPA and forms, etc. is very complicated and has to be done absolutely correctly. There are umbrella releases that we might be able to use, but we don't know yet. We are talking to a group in Portland that does multiple releases with multiple organizations (like we are probably going to be doing), and they spent a lot of time getting their attorneys to review and approve what their verbiage is. We're hoping they will share some of that information with us.

- **Releases for parents that include partners is the ideal- on form**

We have spent a lot of time with Pam Collier asking questions and offering various scenarios. Pam is especially looking for more automatic ways to refer a family to an organization, such as Family Tree. We don't want families to have to fill out forms multiple times with the same information. Everything is being done with paper copies, and there is the possibility of errors or loss.

We'll start with four Maternity Care Coordinators (MCC) and a health navigator, and then increase our capacity to other hospitals, and other birthing options, such as Doulas, midwifes, etc. Agencies can assist by reminding their families to meet with the MCC or navigator.

The new website will also have some prenatal content, so that families that choose to not see a MCC before they deliver will at least have access to the information.

The initial phone call with Pollywog will be very gentle and family-oriented, and we will offer them choices about future contact (phone or email), as well as an overview of some of the services and classes that are available.

Will the MCC be able to pass information along to Pollywog before the initial call? Such as, this mom is 8 months pregnant and hasn't seen a doctor yet, or what language they speak in their home. All of this information is very helpful and will be hugely important to the Pollywog caller, and we want to have that built into the system.

- **Pollywog contact form should include primary language spoken in the home.**

The initial MCC has to be a quality person with great job skills since they are the first contact. If that initial contact goes badly, the rest of it will probably go badly.

We also want to be sure and collaborate with the Home Visiting people, and the Healthy Families people, and the DHS people so that we are giving families every service that they could possibly need, and keep serving them throughout the years.

We want to create a system that parents can enter into at any point – when they become foster parents, or grandparents who are raising their grandchildren, etc.

We want to know what happened on the back end of a class: did they enjoy it, would they like to attend another one, why they didn't attend, etc.

- **Recommend to Samaritan they use evaluations post class. Note information shared by families.**

Some parents will not want to be on the radar with any agencies, so they will probably opt out, but most parents love their kids and want to do what's best for them.

Families will be a good referral for us also, if they have a good experience. We want to make sure that they have a good experience and will begin telling their friends and families about us.

There's a lot of low-hanging fruit, and we can only go "up" with our services.

A definition of success would be something like "some" percentage of mothers will engage with Pollywog during the pilot period, and then on-going through the process (maybe with different numbers at different stages). Is it registering, is it attending, is it signing up for more services/classes?

- **Initial data points listed below**

How many children are delivered at each hospital in a year? That would need to be our baseline number.

If we refer the family to a service, was the service full? Did they get wait-listed? Was it the correct service? Was Pollywog advised of what happened with this family?

Would like to see the Pollywog staff and the agencies supporting Pollywog to be concerned about inclusion but not intrusion into the lives of these families. We want to monitor to make sure that it happens and what it looks like.
Will also be creating a "priority list" for parents of things that are available and steps to follow, such as immunization schedules, well-baby visits, parent/baby classes, story time at the library, food banks, child care, meal services, etc., Some of this stuff will be included on the website so that it is available for parents to view for themselves, and then contact us to set it up.
On the website we are building a portal that will have a short sign-in sheet for parents to review.
How can we meet our goals?
MOUs, initially with the partners that are at the table, but expanding to include other services that we know are out there. Sometimes formalizing relationships is a detriment to an established working relationship.
The state has been pushing Hubs to use "Declarations of Cooperation" (DOC), but we like to see people at the table rather than pieces of paper. ● **DOC to be reviewed for use**
The RHIC system has a "sharing document" that requires signatures and legal counsel.
Could one of our goals be to evaluate if and how soon Pollywog contacts the family? We need to know why or why not to help us improve services. Closed loop referrals are complicated…
It was suggested that we look to Amazon as a model for closed loop referrals: they follow-up and follow-up and follow-up, and wish lists, and emails, etc.
Maybe add to our website on the contact page a list of services and they would check the ones that they are interested in, such as WIC or TANF, and then things like group sessions or one-on-one.
How do we catch families who had their babies in some other part of the state and then come home to our region?
211 is in the process of adding a new person who will be housed at Linn-Benton Community College, and she will be building up the data for our area.
We might also have an issue with people needing the services, but not qualifying for the services. How do we re-route them to other services that might be able to help them?

DISCUSSION ITEM	Outline Process / Embed Evaluation Methodologies
Expectant families Timeline –	
1st contact with Maternity Care Coordinator, other community agencies, or on-line form / No Wrong Door	
Opt out / everybody is automatically "in"	
Gather basic demographic info, what services they are interested in (broad categories), language spoken in home, where did the referral come from (info from the input form—their log-in?), disclaimer about sharing the data with partners.	
Pass along to Pollywog staff	
Phone call with Pollywog staff which will generate an alert to the person who input them into the system in the first place, give option to opt out (with method for later reattaching), review method of future contact, wish list approach (free parenting classes, etc.), "would you like me to contact ### for you, or do you want their phone number to call them yourself?" (warm permission), watching for families that are high risk and will need extra services (MCC or other agencies could let us know that), do they have a medical home and navigator, Home Visiting, etc.	
Pollywog staff should also keep a list of what services were discussed and referred to because some agencies want to know what other services are being used. We will also need to be able to know that the family is actively engaged with another agency and that information captured.	
Does Pollywog have a list of services? Family Connections has a list and we are working to build that out so that we have a better list. We will also need the partners to keep us apprised of what services they offer. Do we have the ability to track when agencies are full and can't take any more? No yet, but we want to be able to do that.	

DISCUSSION ITEM	Data Collection
Document at what point the family chooses to opt out and why.	
Have Pollywog staff document why they didn't contact the family: bad phone number, etc.	
How many babies are born in each county each year, so we know what we are shooting at.	
How do we train people to use Pollywog?	
For the alert: we got the family, we got them into services or we got them into alternative services because they didn't qualify for it. We need to send Pam something useful and relevant, and something to make her feel good about what she's doing.	
Samaritan doesn't have a method for tracking referrals at this point, so we don't have a baseline for our efforts. Also, no baseline for number of people who have attended their classes. Can get the number of families who attended Lamaze classes if they are Oregon Health Plan (OHP) because the OHP pays for it.	

DISCUSSION ITEM	Pilot Information
Will have everybody trained up on VistaLogic prior to the start of the pilot, in December. Pilot is going to run for 3 months?	
Will be starting the pilot with just Albany General Hospital and their MCCs.	
Who will be doing the data mining?	
Will need more conversation with the MCCs, Samaritan, partners, and the CCO.	

DISCUSSION ITEM	Miscellaneous Info
How many people are we planning to staff the Pollywog with? We'll need someone to administer the website and the database, someone to train on the database, and people to answer the phones and continue to gather information. We will be creating a staffing model soon and submitting it for approval.	
Will we be using the Parenting Success Network (PSN) website for the classes? No, because the website isn't suitable. It will be cheaper to build a completely new site with calendar than to fix all the things that are wrong with the PSN network. Will continue to link with it, but the Pollywog site will be much more robust.	
There might be problems with Samaritan's classes because the names of the classes are inconsistent, classes vary in length and number of sessions, and the prices of classes are different in each county. Could be confusing to the Pollywog staff who are registering people. Pam says that she never turns anyone away from a class if they can't afford it, but we don't have the authority to make a call like that.	

DISCUSSION ITEM	Timeline for Evaluation Team
Kris will write up a short progress report each month, and share it with this group.	
The closed loop referral system is the most important thing to the partners. Please keep that process in the forefront for partners.	
Ask the MAC about having PSN calendar events populate the Pollywog calendar.	
Have at least one more face-to-face meeting with this group before the launch.	
Would like to have a "grand opening" for the Pollywog Project when we officially launch the website.	
Need information from small agencies that might be involved, such as the Pregnancy Center in Sweet Home, and find out what their capabilities are. Need to make it as simple as possible for the small agencies. We don't want any cost to fall on the small agencies.	
Want to know about website progression: are we on point?	
Want to know about the VistaLogic modules and how that is coming together.	
Would like to have baselines for some of the numbers, so that we can know how we're doing. Julie Manning?	

Would like to see a sample of the intake form, and review it as a group. The MCCs and the website should be looking at the same form.
Would like to see a sample of the work flow and how it is projected to run.

NEXT MEETING	Tuesday, November 1, 2016
Meeting will be held from 1-4:00pm at LBCC Mt. Jefferson Room (CC-210).	
MEETING ADJOURNED	1:38pm