

Early Learning Hub of Linn, Benton & Lincoln Counties Health Care Integration Work Group Meeting Minutes

MEETING COMMENCED	9:30 am, March 8, 2022 Online via Zoom
MEETING CALLED BY	Deanna Barclay
WORKGROUP MEMBERS PRESENT	Tania Bailey, Deanna Barclay, Kimberly Bittick, Monica Boylan, Belit Burke, Karol Elizondo, Rebecca Fowler, Mike Jerpbak, Nicole Kalita, Linda Lang, Debbie McPheeters, Sommer McLeish, Miranda Miller, Sadie Peterson, Nef Pizano, Barbara Pool, Stephanie Reiling, Bettina Schempf, Amy Yardley
PRESENTER	Katie Walsh, Population Insights Program Manager
STAFF MEMBERS PRESENT	Connie Adams, Kristi Collins, Antonia Huerta, Sam Rounsavell, Carmen Santacruz, Kelly Schell, LeAnne Trask
RECORDED	Yes

Agenda topics

DISCUSSION ITEM	Welcome and Introductions
Workgroup Members introduced themselves.	
It was noted that this Workgroup now has a Committee Chair and Co-Chair. Deanna Barclay, Chair. Katie Walsh, Co-Chair	

SPECIAL PRESENTATION	Samaritan Metric: Data Presentation
Katie presented an overview of the IHN-CCO Social-Emotional Health Data. This included population demographics for IHN members aged 0-5 years and OHA Reach data. The Workgroup discussed the data and the gaps in social-emotional health services.	
<p>The Workgroup shared initial thoughts about the data:</p> <ul style="list-style-type: none"> • Surprise at the crime rate in Lincoln county and a discussion of how crime is linked to poverty and health outcomes. • Surprise that Social-Emotional health assessments are so low. There are staff shortages, and parents did not schedule well-child visits at the same rate during the pandemic. Sports were suspended, so fewer sports physicals were scheduled as well. These factors reduce the rate of Social-Emotional assessments. • Discussion that many screenings are happening for families when home visiting nurses, relief nurseries, Head Start preschools, and others do ASQ assessments. That data is not captured in the medical record or IHN data. • There was a discussion of the focus on IHN families and whether other populations would also be included. The majority of our local population is IHN, so this will help us target the 	

largest population. This is the available data and makes an excellent place to start. IHN population is also at the highest risk, so targeted interventions that have the most impact on this population will affect all populations in our communities. We want to use this group to hear more about populations that are not IHN and gather feedback and experiences from this Workgroup.

The Workgroup shared initial thoughts about major gaps in social-emotional health services:

- Family Connects in Benton county will soon be universal.
- Community needs are very high, but funding cannot meet these needs. Parents can't find or afford services. Lack of providers. Lack of insurance coverage. High deductibles and charges.
- Data does not capture social service agencies and all the places where social-emotional screenings occur. Having more social-emotional screenings or capturing the data from the already happening screenings may create challenges in getting services for the newly identified needs.
- Workforce development is needed to service these needs. Extra resources and more staffing are needed.
- Looking for an electronic health record that could be supported to capture more data across the community.
- Can a home visiting nurse be a social-emotional health service provider? Nurses are having trouble connecting families to appropriate resources to meet their needs. Yes, not just providers, but nurses, doulas, etc., do count.
- Can local health departments send out codes to have their work be captured in this data? This is a significant opportunity to focus on.
- ASQ screenings are being duplicated. We need a more centralized system. Pollywog is working on this. These screenings need to be reflected in the data.
- Social-Emotional ASQs, in addition to the general ASQ screenings, are being done at the relief nurseries and by pediatricians. Linn County Health nurses have recently received training on Social-Emotional ASQs, and they will be offering this soon.
- ASQ data is often parent-reported. Sometimes a home visitor can do the ASQs with parents.
- ASQ are copyrighted and cannot be sent out electronically, so Samaritan is looking at a different tool that would be able to be shared electronically.

The Workgroup shared initial thoughts about what social-emotional services are available for parents/guardians and families:

- The Latino community often receives the ASQ in English and has difficulty responding. Also, the health literacy in Latino and Mam communities is lower, and families are hesitant to answer screening questions because they may not understand their purpose. There is a role for the County Health departments to assist these families.
- The ASQ may be culturally biased. Some children may score low, not because they can't complete a task but because it is not a cultural value the families have worked on.
- There is a lack of mental health services for parents

Katie invited the Workgroup members to consider the discussion questions and email those answers to her directly if they prefer.

DISCUSSION ITEM

Family Connects Update

Connie shared a legislative update. Oregon Senate Bill 1555 is making progress towards being signed into law. This bill includes language that clarifies the insurance coverage for universal home visiting and requires insurance companies to cover the costs in whole. Senate Bill 1555 is going to the Governor’s office for signature. This is a positive step.

Connie shared provider outreach news. Family Connects is excited to have five minutes at the beginning of each system meeting for Samaritan pediatricians and OB-GYNs. This is a short opportunity for the Family Connects nurses to share some data and information, maybe a little story about recent visits, to keep the program in the providers’ minds. We hope this will generate more referrals from the provider offices.

Connie gave an overview of the January data.

DISCUSSION ITEM	Pollywog Update
LeAnne shared the Pollywog updates and analytics for the database, website, newsletter, and social media.	

DISCUSSION ITEM	IHN-CCO/Samaritan Update
Linda shared that IHN is very interested in getting a personal voice in their research. They would like feedback on how payment plans are impacting families and are reaching out specifically to populations that have been historically marginalized or disadvantaged for that.	

NEXT MEETING	9:30 am, April 12, 2022 Online via Zoom
MEETING ADJOURNED	10:46 am