

## **Early Childhood Advisory Council**

**January 19, 2017**

### **MINUTES**

#### **Handouts Associated with the Meeting:**

- 2016 Child Care Market Rate Study Summary
- Ohio's Early Intervention System Overview
  - Early Intervention: Ohio's Vision
- Ohio Department of Health Home Visiting Packet
  - OhioMHAS ECMH Packet
- Invest in Children UPK Pay for Success Feasibility Study Overview

**In Attendance:** Valerie Alloy, Anita Armstrong, Todd Barnhouse, Michael Batchelder, Kara Bertke-Wente, Stephanie Wright Byrd, Day Chesney, Joni Close, Icilda Dickerson, Rebekah Dorman, Wendy Grove, Kimberly Hauck, Barbara Haxton, Margaret Hulbert, Shancie Jenkins, Karen Lampe, Robyn Lightcap, Susan Peet, Angel Rhodes, Judy Romano, Stephanie Siddens

**Absent:** Anita Armstrong, Marcia Egbert, Tess Elshoff, Asyia Haile, Barb Haxton, Debe Terhar

**Facilitator:** Jacqueline Romer-Sensky

**Guests:** Maureen Black, Jye Breckenridge, Nathan DeDino, Lynnette Forde, Diane Fox, Theresa Fredericka, Gayle Geitgey, Scott Hasselman, Eric Karolak, Devin Keithley, Katie Kelly, Steven Naber, Emily Rozmus, Stacey Yergin

**Approval of Minutes:** Motion to approve: Judy Romano; Second: Susan Peet; Unanimous approval.

#### **ECAC 2017 Construct:**

*Joni Close, Chair*

The ECAC is moving to a quarterly meeting format. In 2017, the ECAC will meet on:

- January 19
- April 20
- July 20
- October 19

Depending on work group efforts or input/feedback needs, the ECAC or sub-committees may meet on alternative months or host conference calls. The ECAC membership will remain the same for the coming year. The purpose of the ECAC remains constant:

- Pursuant to Ohio Revised Code 3301.90, the governor shall create the early childhood advisory council and shall appoint one of its members to serve as chairperson of the council. The council shall promote family-centered programs and services that acknowledge and support the social, emotional, cognitive, intellectual, and physical development of children and the vital role of families in ensuring the well-being and success of children.

2017 ECAC Priorities will be:

- Further advance the overall birth-to-kindergarten-entry, early childhood system;
- Meet July 1, 2020 (O.R.C. 5104.31) and July 1, 2025 (O.R.C. 5104.29) Step Up To Quality goals for Publicly Funded Child Care, and
- Maintain Early Learning Challenge Grant accomplishments, and pursue opportunities afforded by the Every Student Succeeds Act.

## **2016 Child Care Market Rate Study Summary**

*Dr. Steven Naber, Statistical Consulting Service*

*Kara Bertke-Wente, ODJFS*

The Ohio State University Statistical Consulting Service conducted the federally-required child care market rate survey in 2016 on behalf of ODJFS. Dr. Naber presented an overview of the study's process and findings (See Handout). Articulated survey goals were:

- Develop estimates of the rates providers charge to the public (unsubsidized rates) in several service categories including by provider type, age of the child, and enrollment status.
- Reduce the complexity of subsidy rates across the state by identifying unique groups of counties within which rate structures are essentially the same.

### **Member Discussion**

- Members inquired about the veracity of the response rate for statistical findings. The response rate varied by county (See Handout). The statewide average response rate was 36.92%. Four counties had no usable responses (Carroll, Harrison, Morgan, Wyandot). Eight additional counties did not have data for all 10 rates (Adams, Brown, Fayette, Mercer, Paulding, Putnam, Van Wert, Vinton). OSU used cluster analysis to offset areas where data was not as plentiful. OSU offered to distribute a county-by-county response rate to the membership.
- It was clarified that the survey results did not reflect a sort of providers by whether they had a contract to provide subsidized care. OSU plans to undertake this analysis in the future.
- It was clarified that a 50<sup>th</sup> Percentile Market Rate means 50% of slots are above this number and 50% of slots are below this number for weekly rates.
- OSU has not compared the 2016 rates to the 2014 rates. It can be compared by looking at the on-line survey reports. ODJFS has compared current rates to the market rate survey findings (See Handout).
  - Statistically it verified the appropriateness of shifting to three categories.
  - If change was prioritized based on a comparison of the current payment methodology to the 2016 market rate study, 38 counties would be recommended for a rate increase. The cost of such an increase over the biennium would be an estimated \$65 million.

### **ODJFS Updates**

*Kara Bertke-Wente, ODJFS*

- More than 90 publicly funded child care programs have received the free curriculum and assessment from ODJFS. Additional requests are still being processed.
- The SUTQ Validation Study is close to completion. The goal is to present findings at the next ECAC meeting.
- ODJFS and ODE hope to present a Career Pathways Proposal at the next meeting.
- The OCLQS (Ohio Child Licensing Quality System) is preparing to go statewide. Teams have evaluated the system and pilots are underway.
- From November 2015 to November 2016 there are 195 fewer licensed child care programs, and 181 fewer licensed programs with agreements to provide publicly-funded child care.
- As of December 2016 there are 1,500 child care programs enrolled in SUTQ. The June 30, 2017 SUTQ enrollment goal is 25% of programs; current SUTQ enrollment stands at 16%.

## **ODE Updates**

*Stephanie Siddens, ODE*

ODE will be posting a high-level summary of the Every Student Succeeds Act Plan to its website <http://education.ohio.gov>. It provides an overview of the State's strategic direction. ODE will e-mail members with updated plan postings in order to solicit member comments.

Implementation of the Early Learning Assessment has been delayed as a child care requirement in order to make updates based on lessons learned from the electronic implementation pilot. ODE is working with ODJFS to determine when best to implement and begin training.

The 2015 Kindergarten Readiness Assessment statewide report will be released shortly. The results show overall improvement. Some preliminary data is on the ODE website.

<http://education.ohio.gov/Topics/Early-Learning/Kindergarten/Ohios-Kindergarten-Readiness-Assessment>

### **Member Discussion**

21<sup>st</sup> Century Grants have been frozen by the federal government. This will impact school-age programs.

## **Early Intervention Update**

*Kimberly Hauck, Nathan DeDino, Diane Fox, ODODD*

An overview of the Early Intervention (EI) system was shared. (See Handouts and video <http://dodd.ohio.gov/IndividualFamilies/MYday/Pages/Education-and-Development.aspx> )

It was stressed that the voluntary system focuses on a family's confidence and skill to assist their child's development. The EI system stresses providing services in settings and routines that are naturally occurring for that child and their family and also typical of their same-age peers.

### **2017 EI System Goals**

- Increase efforts to find infants with suspected delays and disabilities
- Increase equity in EI services provided across the state
- Diversify funding

The Child Find effort is constantly examining new ways to identify children in need of service, including adding referral incentives to deliverable-based hospital contracts. The EI system is exploring the use of technology for service delivery to families. Vision-based service contracts are being awarded to ensure statewide service availability. Increased professional development opportunities are also being offered.

DODD is updating its System of Payment Rule. This rule is different than previous iterations and will soon be open for public comment. It focuses on a 55 unit guarantee (1 hour or a \$100 of assisted technology) of Early Intervention Service for families. For families with the ability to pay will only begin making a financial contribution after the 55 State units.

### **Member Discussion**

- Members discussed how the voluntary system interacts with families involved with the child welfare system, including foster families. DODD has issued revised EI guidance regarding who has the authority to make decisions for a young child involved with the child welfare system.
- States define EI eligibility standards. An estimated 2.5% of children birth-to-three years are enrolled in the EI system. DODD does not have data regarding the percentage of children (prevalence of children with eligible delays or disabilities) who have not been identified for EI services.

- The EI system is working to identify children in need of services earlier. The average age of EI enrollment is 18 months old. Succeeding in earlier identification and referral for EI services is a multi-faceted issue that requires effort across disciplines and with family members.
- It was explained that premature birth, in and of itself, is not a diagnosis for EI services. However, if a pediatrician or family-practice doctor feels the premature birth will result in delays a referral for eligibility can be made.
- It was clarified that all 88 county Boards of Developmental Disabilities have levies. Every county offers some level of funding and service support to the EI system.
- It was shared that EI will no longer be called Help Me Grow. It will be called Ohio's Early Intervention System. The branding of the 1-800 Central Coordination/Site remains under discussion.

### **Help Me Grow/Home Visiting Updates**

*Shancie Jenkins, Jye Breckenridge, ODH*

An overview and discussion of next steps for the voluntary Help Me Grow evidence-based home visiting programs for families at-risk and their children was shared with members (See Handout and Video: <https://www.youtube.com/watch?v=cOGE6rHRTMI>) All families receive four basic services.

- Family driven health & wellness assessment and screenings;
- Research-informed parenting education curriculum;
- Referral and linkage to needed medical and social supports;
- Facilitated transition to an appropriate development-enhancing setting.

Ohio has the largest evidence-based, home visiting program in the nation. There are 27 unique implementing agencies across the state utilizing evidence-based models ODH will be hosting roundtables to garner ideas for additional improvements to the home-visiting system.

Another program utilizing home visitors is the Ohio Infant Mortality Reduction Initiative (OIMRI). OIMRI utilizes Community Health Workers who are trained, credentialed advocates from the targeted communities. OIMRI's purpose is to reduce infant mortality by:

- Improving Maternal Health
- Improving Birth Outcomes
- Improving Infant and Child Health

The Initiative, generally using a community-selected name, operates in 14 communities identified as having the highest infant mortality rate amongst African Americans.

ODH maintains a focus on building and maintaining state and local infrastructure that allows home visiting programs to be delivered to fidelity. Current program goals are:

- Improvement in maternal and newborn health
- Reduction in child injuries, abuse, and neglect
- Improved school readiness and achievement
- Reduction in crime or domestic violence
- Improved family economic self-sufficiency
- Improved coordination and referral for community resources and supports

### **Member Discussion**

- ODH plans to revise eligibility as it relates to age for HMG in the near term.
- In the future, the home-visiting system plans to better utilize a family assessment to recommend enrollment in the evidence-based model that may best suit an individual family's needs.
- Members inquired about the timeline for the new data system. The system is in testing mode currently. The current target implementation is November 2017.
- A member advocated for increase payment for home visiting programs.

## **Early Childhood Mental Health (ECMH) Initiatives**

*Dr. Valerie Alloy, OhioMHAS*

OhioMHAS shared that it is emphasizing four core programs at present. (See Handouts). The overall goal is to build social and emotional capacity within families and children to prevent challenging behaviors and issues.

- Ohio Partnership to Prevent PreSchool Expulsion (OPPPE) program and Statewide Hotline operated by Nationwide Children's Hospital (NCH)
  - The OPPPE program is the only such effort nationally.
  - Recent research shows that implicit bias may help explain high preschool expulsion rates for black children. When researchers studied which students the teachers were watching, the data showed that preschool teachers tend to more closely observe blacks than whites, especially black boys, when challenging behaviors are expected.
  - SFY 2017 ECMH-C coverage has been expanded to 6 of the 13 non-funded counties: Allen, Paulding, Putnam, Auglaize, Mercer, and Van Wert.
  - The NCH network hotline fielded 156 calls affecting 177 children from July to December 2016. The hotline numbers are not inclusive of all the activity and referrals occurring via the other funded programs. A more complete data picture will be presented at a later date.
- ECMH Consultant Workforce Expansion
  - 65 new ECMH consultants and 7 master trainers were added in the current budget.
- ECMH Training Institute Train the Trainer in Evidence-Based Practices
  - The sustainability model is a Train-the-Trainers approach. The ECMH Master Trainers have already conducted 153 training sessions covering 52 topics. Additionally, these trainers provide site-level trainings and consultation.
- ECMH Statewide Program Evaluation
  - The evaluation effort ensures research informs continuous improvement. OhioMHAS' data system aids in the effort to understand what leads to better outcomes.
  - Work is underway to include data from the Triple P program and other local initiatives to help build a stronger statewide data base.

OhioMHAS continues its focus on trauma-informed care and showing the early learning field how this knowledge and practice applies to approaches. The goal is developing recognition that behaviors are rooted in something else that has happened to the child. The training and effort helps teach people how to take "toxic stress" into a "safe zone." This helps people apply the appropriate science to their actions with a child or family for better outcomes.

## **Invest in Children: Pay For Success Feasibility Study Overview**

*Dr. Rebekah Dorman, IIC*

Invest in Children was recently awarded one of eight federal grants to conduct a feasibility study regarding the application of a "Pay for Success" model to Cuyahoga County's Universal PreK program. An overview of the study was provided. Grant activities will allow for a deeper exploration of whether it is possible to "monetize" the cost benefits of children completing PreK in the short- and long-term. Case Western Reserve University and Third Sector Capital Partners are working with Invest in Children to conduct the study. (See Handout.)

## **General Updates**

*Dr. Angel Rhodes*

The outlook for the SFY 2018-19 State biennial budget remains tight. It is anticipated the SFY 2018-19 budget will be flat with no expected increases to any early childhood programs. At the same time, no cuts are anticipated to early childhood programs.

On February 16<sup>th</sup> an ECAC Work Group will meet to consider a longer-term approach for the early childhood system. Any ECAC member may participate. The goal is to develop recommendations to support a system that supports the “whole” child. The first meeting will focus on identifying gaps and weaknesses in the system. The list generated in the December ECAC budget call can help inform the process. Please let Dr. Rhodes know if you are interested in participating.

## **General Announcements**

- Tess Elshoff is the President of the State Board of Education. She will remain an ECAC member.
- Yolanda Talley has retired. Icilda Dickerson is now representing the Ohio Department of Medicaid.
- The Early Childhood Mental Health “Skills to Action” Conference will be held April 19-20, 2017 at the Columbus Airport Marriott. ECAC members will receive additional information from Dr. Alloy.

## **Next meeting**

The ECAC next meets on April 20, 2017 from 10:30 a.m. to 2:30 p.m. at OCCRRA.