

SYMPOSIA SERIES ON SUPPORTING HEALTHY EARLY BRAIN DEVELOPMENT SUMMARY OF FOURTH MEETING

OCTOBER 23, 2014

At Representative Ballweg's request, representatives of the Office of Children's Mental Health (OCMH) - Elizabeth Hudson and Kate McCoy; the Department of Children and Families (DCF) - Sara Buschman, Judy Norman-Nunnery, and Kath McGurk; and the Department of Health Services (DHS) - Kevin Moore; provided information and answered questions regarding suggestions provided in Memo No. 1, *Policy Suggestions for Supporting Healthy Early Brain Development*.

Inventory and Data Sharing

The steering committee began by discussing inventory and data sharing. First, staff from the OCMH explained their integrated data proposal for developing an integrated data system using data on children's social and emotional well-being collected from state agencies such as DCF, DHS, the Department of Public Instruction (DPI), and the Department of Corrections. The information collected from different agencies would then be integrated to provide a comprehensive view of how children receiving services are performing in different areas of their lives, such as school and treatment programs. The effectiveness of these services could then be assessed to inform investment in programs and systems serving children. Staff from OCMH and DCF explained that the OCMH integrated data system has a different focus and would be conducted on a smaller scale than the DCF Race to the Top Early Childhood Longitudinal Data System Project which DCF is developing.

Steering committee members expressed support for the OCMH integrated data proposal and encouraged OCMH to include the proposal in its 2015-17 biennial budget request. In addition, members suggested that OCHM and DCF work together to refine the proposal in order to ensure that it dovetails with, and does not duplicate, DCF's integrated data project. There was consensus among committee members that data collection and sharing is an important way to ensure that the state makes good policy choices.

Second, in response to suggestions provided by Representative Rodriguez regarding the development of a database for the early childcare system, DCF staff described the DCF Race to the Top Early Childhood Longitudinal Data System Project in greater depth and explained that staff continually question and review data collected on early childcare programs. DCF staff estimate it will be two years before the project is completed. DCF staff noted that the Early Childhood Advisory Council's review of early childhood measures and outcomes could assist in the development of an integrated data system.

Third, in response to a suggestion offered by Representative Ballweg, OCMH staff explained that it is in the process of developing an inventory of state and county trauma informed care programs. The inventory will be completed within the next year and will be available to the public.

Early Childhood Care and Education – Youngstar Quality Rating and Improvement System

In response to suggestions made by Representative Rodriguez, DCF staff provided an overview of the marketing initiatives and website portal created in order to inform Wisconsin families about Youngstar. DCF staff then explained the types of incentives currently offered under Youngstar to assist providers in achieving higher star ratings, including microgrants, technical consultants, the TEACH scholarship and the REWARD stipend. DCF staff noted that there has been an increase in the number of children whose families receive the Wisconsin Shares subsidy that are attending three-, four-, and five-star programs. In an effort to help childcare providers attain higher education levels and thereby increase their employers' Youngstar ratings, DCF stated that it will contract with the Wisconsin Technical College System in order for technical colleges to offer additional credit-based programs for providers.

In response to questions from the committee, DCF staff explained that enrolling a child in a five-star rated program is not always the most expensive choice due to demographic and geographic differences across the state. In addition, DCF staff stated that educational requirements and business practices are impediments to many two-star providers who want to achieve a higher rating, but that offering more credit-based programs at technical colleges and offsetting those costs with the TEACH scholarship are ways to help providers attain higher education levels. The TEACH scholarship has been reduced to a 55% coverage, but the Race to the Top funding may be allocated until at least 2016.

Regarding Senator Lassa's suggestion to make continuity of care a factor in the rating system, DCF staff explained that although continuity of care involving the teacher moving with the child is not part of the rating system, the federal government has encouraged states to pay attention to this issue. Requiring a teacher to move with a child would require the teacher to have a vast array of experience and education in order to provide quality care to different age groups. DCF staff noted that retaining quality teachers is a way to earn points toward a higher rating.

Healthcare

Kevin Moore responded to questions from committee members regarding the creation of a universal application for public benefits and suggestions regarding changes to healthcare programs. Mr. Moore stated that currently there is one application used to apply for both Medicaid and FoodShare. He said that building the technology in order to allow applications for programs with different eligibility criteria across different state agencies, as well as some programs with smaller populations of applicants, would be challenging and may require additional discussion about the cost-benefit analysis if the Legislature wishes to pursue the idea.

Regarding the healthcare suggestions in Memo No. 1 made by Senator Lassa and the Children's Trust Fund (CTF), Mr. Moore explained that DHS and CTF have discussed creating a Medicaid benefits package for individuals who have been screened for adverse

childhood experiences (ACEs) and trauma, but have not determined how this benefit could be designed. Including ACEs and trauma informed care in an HMO contract may be a way to pilot this idea and that Care4Kids could be used as a model. However, DHS has been and will continue to educate healthcare providers and staff about trauma informed care.

In response to a suggestion from Representative Ballweg regarding public health nurse home visits, Mr. Moore stated that both DHS and DCF have home visiting programs that are targeted at specific populations and are funded in different ways.

In response to a suggestion from Representative Berceau requiring hospitals to present specified information to parents of newborns, Mr. Moore noted that hospitals are required to provide information to parents regarding shaken baby syndrome and that the Wisconsin Hospital Association would be in a better position to address her suggestion.

In response to Senator Lassa's suggestion regarding parent peer specialist certifications, Mr. Moore explained that the state is developing criteria for parent peer certification and may be able to use federal funding to develop the certification program. He described how peers are currently utilized in the statewide service teams and said that peers are recognized as part of the larger continuum of care in the state.

Early Childhood Education Scholarship

Regarding Representative Rodriguez' suggestion to create a public-private funding board, DCF staff explained that DCF is working on a public-private proposal which will involve local community stakeholders working with childcare programs in their areas to develop ways to better fund and support those programs. A statewide entity would be created with the input of an advisory council to provide direction, technical assistance, and funding to local efforts.

Regarding Representative Genrich's suggestions regarding an early learning scholarship program, DCF stated they were not familiar with the details of Minnesota's project to provide specific comments; however, DCF is considering whether to send the Wisconsin Shares subsidy payment directly to the parent instead of the provider so that the parent can determine how best to use the state payment.

Early Childhood Care and Education - Childcare and Preschool and Childcare Teachers and Staff

In response to a suggestion from Senator Lassa regarding executive functioning skills in early childhood programs and integrating the Pyramid model into childcare provider requirements, DCF staff explained that DCF contracts with Supporting Families Together to provide training in each Youngstar region for providers and staff. Pyramid training is currently a way in which providers may earn points toward additional stars.

Early Childhood Care and Education – Wisconsin Shares Child Care Subsidy Program

Regarding a suggestion from Senator Lassa regarding continuity of care regardless of changes in a parent's income, DCF staff explained that the agency has been reviewing that issue as part of what the federal block grant may require.

In response to a suggestion from Senator Miller regarding a pilot program for preschool nutrition, DCF stated that a nutrition plan with high nutrition standards is a requirement for achieving a higher star rating under Youngstar. DPI makes its nutrition program model available to childcare programs.

Regarding a suggestion from Senator Lassa relating to the creation of a two-tier income eligibility in order to reduce the likelihood of a child dropping in and out of care due to a parent's fluctuating income, DCF staff explained that the initial eligibility is 185% of the federal poverty level and that a family receiving Wisconsin Shares remains eligible as long as their gross income is at or below 200% of the federal poverty level. DCF staff stated that approximately 3% of families meet this threshold.

In response to Representative Wright's suggestion that reimbursement rates be increased, DCF stated that it has notified the Joint Committee on Finance that reimbursement rates will be increasing on November 9, 2014.

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