



Child & Family Wellbeing Committee

October 14, 2020

1-2:30 pm

Join by Zoom:

<https://zoom.us/j/409812744>

Attendees: Laura Balestreri MD (Pediatrician, Medical Director of Pediatrics, Rogue Community Health), Cheyenne Anderson (Siskiyou Community Health Center), Mandy Galbraith (Siskiyou Community Health Center), Riki Rosenthal (Jackson Care Connect), Carrie Prechtel (AllCare Health), Diana Bennington (The Family Connection), Susan Fischer-Maki (AllCare Health), Mary Hough MD (Pediatrician, Southern Oregon Pediatrics), Jennifer Gustafson (AllCare Health)

Hub Staff: René Brandon, Chelsea Reinhart, Vicki Risner

Agenda

1. Welcome and Introductions

Question: *How are your families doing (a month post-fire)?*

Riki Rosenthal, Starting Strong Program Specialist, Jackson Care Connect. I mostly connected with our perinatal population. We are doing a lot of care coordination through our regional care team. We are working closely with providers and partners for resources for those who were affected by the fires. We were part of The MARK at the Expo and continued to do a lot of that work independently. As far as Starting Strong, our physical location has been closed due to COVID. I just started a virtual ordering process so we'll start having more contact with members moving forward. So far, our members that I've interacted with are doing okay. We did have one Starting Strong family lose everything. We worked to make sure that they had car seats available for the kiddos, at least the basics of what they needed for the kids through Starting Strong.

Carrie Prechtel, Community Engagement Manager, Allcare Health. I do know that we made 600 calls to members that we knew were in evacuation zones. We are currently tracking 80 some pregnant members who are being case managed to make sure that they have what they need since they had to relocate from their homes in the evacuation zones. We're trying to track our members who were affected.

Cheyenne Anderson, Quality Department, Siskiyou Community Health Center &

Mandy Galbraith, Healthy Start, Healthy Families, Siskiyou Community Health Center

The fires didn't affect Josephine County that bad. But in Jackson County we had a lot of families asking for diapers and wipes because even if their house wasn't burned, they didn't have access to diapers and wipes because the shelves at all stores were emptied. We stocked up on those and got them to Medford as soon as we could. We stored items for some locations because their buildings were being threatened by the fires. That's how we helped the fire victims.

Laura Balestreri, Pediatrician, Medical Director of Pediatrics, Rogue Community Health. I started Rogue the week before the fires. We reached out, we were at the Expo, helped patients refill medications while they were evacuated. While I haven't had direct contact with our families, I know that they are continuing to support them.

Diana Bennington with the Family Connection which is the local parenting hub. The best way to find resources for your families around parenting is to go on our website, TheFamilyConnect.org or our Facebook page. At the time of the fires, we were about 4 weeks into one of our Latinx parenting programs called Abriendo Puertas. Of the families that were in that program, of the 10 people attending, 7 were affected directly. Our parenting educators were really able to wrap supports around them and made sure that they knew all about the Mark area where you could just go to the Mexican consulate that's there. We connected them to resources with a really warm hand off. That was amazing that our parenting educators were able to do that for them. As far as our other parenting programs, if there were fire victims in those programs they weren't very vocal about it. Our parent educators were connecting families to resources as well as our Facebook page has been pushing out fire resources.

RB: With regards to the Spanish speaking families that were affected, do you have a sense of how easily they were able to access information that they needed to move forward? I heard that's it's been really all over the place depending on how those families were already connected to resources.

DB: Our impression was that if they didn't already have the contact person that it would have been very challenging for them to find resources in Spanish and to know where to go, and in which order and steps to do them.

RB: Thank you. We're trying to collect information on what worked and what did not work for Spanish speaking families.

Susan Fischer-Maki, Health & Education Manager, AllCare Health. My main direct connection with families has been helping partners set up pop up events here in Josephine County. Really what families are calling for is additional supports to continue beyond what the pandemic and fires have brought into the forefront of their minds. This has given us a platform to push through some things that we've known has been needed for a long time.

RB: It's good to remember that there are some opportunities and learning moments that we will have through all of this that has happened in 2020 that will lead to some different ways of doing business in the future. That's the silver lining for sure.

Mary Hough, Pediatrician, Southern Oregon Pediatrics. The families are slightly better now. The first week was the absolute trauma of what's going to happen. It was very hard for them to get information. Most of the families are resettled, very closely crowded with other family members. It's not surprising that we are seeing COVID rates going up since the fire. I'm really hopeful that the Phoenix/Talent School District is trying to go back to in person classes since there is no possible way that kids can be educated when they are homeless. It's probably the most high-risk community to go back to school safely.

Jennifer Gustafson, AllCare Health (audio issues)

2. Supporting Health Care Providers with Information and Resources for Families

-What are the key themes from visits with families (with young children since March)?

RB: We have a bit of a smaller group today, but we also have representation from several of our health care providers. So we're really excited to have Southern Oregon Pediatrics, as well as Rogue Community Health and Siskiyou Community Health Center representatives joining us today. Hopefully we can really get the information we need to move forward on a project that we had started talking about prior to COVID which was really figuring out what type of resources we need to get into the hands of the health care providers and what are the ways that you all would like to receive information. I'm going to lean on our health care provider guests as much as you will be willing to share today. To unpack for us what it is looking like so that we know what it is that you are needing and we might be able to get information to you.

MH: Parents being overwhelmed by Zoom. The online learning piece is overwhelming for every parent across the board. At the Family Connection meeting yesterday, they had done a pop up event of how to help parents navigate online. That is the single biggest request of parents, how to get them on and off.

CA: In talking with Dr. Miller, our medical director, she said that most parents don't know what resources are available to them specifically. If they do find someplace to call, they don't have staff returning emails, not answering the phones and not getting voice mails returned. Trying to navigate systems that they don't know. Not knowing what questions to even ask to get the answers that they are looking for. Being overwhelmed with Zoom. Their kids missing the social interactions. Kids aren't being allowed to go back to dance class or gymnastics classes. So they aren't just missing their school interactions, their missing all of their social connections. Also missing the structured learning times and routines. Mostly missing the face to face and not knowing the resources available. Who to contact. How to contact people. Not having adequate access to Wi-Fi. This can be due to location, limited data or having multiple children that need to be connected to their online schooling at the same time and they have one hot spot because they live in the middle of nowhere. They are having to drive into town to attend online school. These are our biggest things that I know of.

MG: Food bank issues. It was hard to get a lot of food in at the beginning. Transportation issues to get to food. If they didn't have transportation it was extremely difficult getting them to the right place to get food.

LB: I'm hearing similar things to what's been said. Kids in online school is not going well for anyone even in the best-case scenario. There is a lot of support that we as parents have to give them.

DB: Key Themes: Parents are having a hard time doing their job (remotely) and also helping their children go to school online. Parents who are not working from home struggle to find affordable, available child care (ratios dropped due to Covid). Parents of teens are struggling with behaviors and frustrations (missing social interactions). Parents are unaware of free resources without having a warm handoff via their teacher or caseworker, etc.

RB: A significant number of our child care facilities closed down in March and many of them have not reopened. We don't know how many of them will not reopen at all. So that really is a struggle for families who are trying to get to work, trying to be able to juggle that online learning with their other children. There's a lot of issues around the child care piece for sure. I think one of the unintended consequences from so many of us working from home and connecting for families, that relational piece is just different. That's very hard for a lot of families.

I specifically called on those partners who work with families directly, but are any of our CCO partners wanting to share any key themes that the CCO's are hearing from their members who are parents with young children?

RR: We do have plenty of staff who are doing the online schooling and I do have friends in various ages who are navigating this. They're finding the same difficulties of trying to manage what they need to do while managing the kiddos. Some kids need more help than others. Some of their younger kiddos do great and their older ones they were hoping to help out are needing more attention. Pretty consistent across the board. I second hearing connectivity at home is an issue. We have pretty decent wi-fi at home, but I'm working from home as well as multiple children in online school. They are missing multiple classes, getting booted off during classes. I'm fairly tech savvy so I can only imagine the frustration for families that this may not be their first language or aren't super tech savvy or do have connectivity issues.

-How do health care providers find resources for families right now?

-What are the easiest ways for you to access resources for your families?

RB: Where do you and your staff go for specific resources? I brainstormed a list here:

For information on child development and parenting resources

Where are those places they go?

MG: In talking with a couple of our providers, they don't really know a lot of resources or where to go for food and housing insecurities. Some of our providers will refer patients to our outreach department to try and help with those things. Providers don't have much knowledge other than the obvious.

MH: We try to have some centralized sources of information. Debbie Frierson is our staff who pretty much knows everything. Debbie has been great about trying to circulate any new resources as they come up or changes in programs primarily to our nursing staff. Our nurses mainly do the triage stuff. We have Casey Sims and part of her role is to continue to reach out and find out what other supports are available. Mary Murdock and I meet with her each week to try and keep up on what is available. Historically supports change, their acronyms change, their funding changes, they go by the wayside. That's a natural process that seems to happen. Right now, with COVID everything is new. And then the fires hit. So, it's critical to know what's available and what's not. There's a varying degree from my partners in their own interest to know that information. I would say probably half of us try to share that information with families. The other half probably just try to have a nurse or our behavioral health consultant contact families.

RB: So it might be that the way a health care provider might need the information might vary by the program. Not necessarily one size fits all. I know that some providers are much more fully in the know because of all of their community connections and resources where as other folks might not be part of these collaborative efforts and might have much less information to share.

MH: Having point people who hold the information is important, especially for those who have multiple providers, to filter that information when requested.

RB: That leads to the biggest challenge that we are trying to solve. Different health care providers are going to operate in different ways. What are some strategies to make sure that as we're reaching out with information that it's trickling down through the organization? What are strategies to increase the likelihood that it would get shared throughout the organization. For example, if we're trying to promote a professional development training, and we send it to supervisors to share with staff, we know that many of those staff never hear about that professional development opportunity unless it comes directly into their inbox. Are there any strategies or ideas that might help us to penetrate each health care organization a little more comprehensively as we figure out how to get information to folks.

MH: I would say that it's much better identifying individuals within an organization who can act as a gatherer and somewhat of a filter rather than trying to just send to a group. I know for some of my own partners, they will respond to a message if I send it through the EMR. But if I send them an email they might not see it. So, I think if you find one point person in each larger office to distribute within their organization you might be more successful. A smaller 1 to 2 provider office would need more direct contact to be helpful.

RB: So the idea of trying to find one champion who would kind of be that holder of resources.

MH: I'm not tech savvy and I think for my demographic that's not that uncommon, so it's kind of nice to have someone who is tech savvy to track the information and keep it up to date. We have a dashboard that information is posted to. I might not remember the information, but can go to the dashboard and download it as I need to. It's one location so you don't have to chase through your email all the time. That's been a helpful way to find things that you don't use very often.

RB: So that dashboard could have various resources? Is that how you use it?

MH: It has contacts, resources. It has a really good search function.

RB: That leads me to another question - Does it make sense for those health care organizations who are willing to have their own dashboard, to have their internal resource person who continues to update and populate vs having a central repository go to that is held by a partner organization? Do you think one would be more helpful than another in terms of getting comprehensive information into those champions and making sure that the organizations have access to it should they want it?

MH: The easier you make things the better. If you actually get the information you want, you're more likely to come back to it. Getting the reputation of going to a specific site for all the information you need for a family is key. I think the more often you can get people to do something to get information and they get what they need, they'll keep doing it. I don't think that replaces having someone within an organization be the holder of information. People forget quickly if they don't use it. I do think that most organizations have integrated systems thanks to the CCO consultants. That has been a really good place, not only to have people who can find the information, but then also have that additional time to work with families and find out what part of that information is actually going to be useful for them.

LB: Having an internal dashboard as well as an external dashboard. Having a clear way we can access the information. Having the information updated outside of our organization. Then we can have our own processes in place so that we can find it all together.

RB: Chelsea's emails are informative but is not the best way to get information out. She collects information out from our community partners and then pushes them out to those on our distribution lists. The topics are in the subject line for quick searching. Is this a useful tool for now until we can develop something that's more durable such as a website repository type of thing?

MH: I find those emails to be useful. I should check if Debbie and Cassie are getting them. When there is something particularly relevant I forward it on to them.

RB: Maybe it's not just a one thing, but maybe there are multiple ways like there is a Dashboard or a website, but that there are also as new resources become available there is an email blast that folks can decide to read or not read depending on if that subject line is information that they are needing. That's what we're trying to figure out is the best way to move forward.

Are you all familiar with the Family Nurturing Center's needs screener? That was released in April in response to COVID? (Answers were no.) That's one example of something that is a community wide access point that especially for providers that maybe don't have the time to learn about the resources but they could have access to the link of the screener and share it with their families. The families would complete the screener and now there is a warm human who is connecting with them to deliver diapers, food, activities, mental health consultations, a one stop request that is a collaboration of many partners, but it is funneled thru the FNC staff. Just one example of something that we would want as central information that everybody who serves families with young children could benefit from and have access to. This is why I'm

struggling with how to best centralize something so that we can make sure that more families have access and providers aren't needing to become community health workers who know all of the resources. They can stick to the job that they have knowing that those resources are out there and how to access them without needing to learn all of it. We're hoping to get there soon.

With Spanish speaking families, do you feel that your organization can adequately respond to their needs in Spanish or would you benefit from having more Spanish language support as families with young children are coming in and needing various services?

MG: We can fully support our Spanish speaking families with our two staff who are bilingual.

LB: I know that we have a lot of community workers who are bilingual. They have a lot of good bilingual access.

RB: I've heard that Rogue Community Health even has legal support for Spanish speaking clients. That was impressive to hear.

RB: We have heard repeatedly since COVID started and most certainly with the fires that there was not timely access in Spanish for so many families who needed various types of help during the emergency time. We know as a community we really have a deficit that we have a responsibility to figure out how to fill. But within health care organizations that's a different question because some have more Spanish speaking clients than others. Some also have more Spanish speaking resources than others.

MH: We have all of our ASQs and Bright Futures forms and our website can all be accessible in English and Spanish. Most of our providers are bilingual. There is always someone in our building who speaks Spanish. We have access to understandable communication. I don't think that's been an impediment for care for our families.

RB: Do you know if providers within your organization use any apps on their phones such as Google Translate that has conversational interpretation in real time?

MH: If we need an interpretation we use a medical translation service. It's computer based.

MG: Same with us but ours is phone based. Most of our providers either have someone available who is Spanish speaking or speak enough Spanish where they can get through their visit.

RB: Another question that I want to get feedback on - We've talked a bit about having a central dashboard within each organization that that would be helpful. Having a community dashboard and a link on the organization's dashboard to that community dashboard so that's it's a comprehensive one. What are other effective ways to get information to families? Is social media a good way your organizations push information out? Is printed materials in the rooms to hand to families to take home helpful? What are some tangible ways that really work with families?

MG: Printed handouts for sure. A link to all the resources in the community would be helpful.

RB: Are the majority of the families tech savvy? On their phones navigating information? Is that how they are finding information that they need for their families, online with their phones primarily?

MG: If they have a phone, yes. Mass texts are a little more effective than having to follow somebody on Facebook. They aren't following groups or resources we suggest they do follow as much. So, they aren't seeing that information unless we send them a text drawing their attention to it. We can't do group texts due to HIPAA laws so we have to individually send them out.

MH: My families seem to get most of their information over the phone. We don't have a system to text people although I think that would be more affective. Many people don't listen to voice mails. Some families do access our website. The phone as the central location for information is really helpful for people. Our office has a Facebook page so if there is a special event or something is happening in the community we do try to put that information on our Facebook page. Instagram might be more helpful for our younger families.

MG: Even if you have those resources on a website, something that we can print and hand out, tangible things that we can hand to them, like that warm handoff, would be affective.

LB: Having a QR code in patient rooms to get to the information might be an affective way to get them to a repository of information and resources.

CR: Restaurants are doing that now during COVID for customers to see their menus.

SFM: Are resources that point to specific services or information repositories most useful or is the functionality of a Community Information Exchange to make informal referrals most helpful? Or maybe it is both or another option?

DB: Here is the screening form for families (via FNC)

https://familynurturingcenter.formstack.com/forms/child_family_resources_response_screening

CP: In-person interpreters are always the best for assuring information is understood and needs are expressed. Phone interpreters are a good choice until in-person interpretations can arrive.

RB: Our goal is to have something pretty comprehensive on the community side, and then encourage through our own partnerships with the various health care organizations, reaching out to those that we know, to ask if they could internally have that conversation about identifying that champion that might have that drive to really be the collector and knowledgeable one about resources so that we can move this conversation and this project along to ensure that any entity that is providing health care to the public, whichever level of staff members who are interacting with them that they would have access to the information they need in whatever way they are interacting with families. There has never been a more critical time for us to be able to respond to family needs. Whether that is in the language they need, or it might be addressing families struggling with depression and anxiety because they are at home trying to do the distance learning. We really want to make sure that our health care partners are not needing to search far and wide to find that resource. That they would be able to find the resources without using up valuable time.

3. Review of Family Engagement Toolkit

RB: We want your feedback on a Family Engagement Tool Kit that we've put together. This tool kit came due to the level of isolation families are experience during this time of COVID. And the challenges agencies are having with their families in ways that they haven't before. Knowing that families are experience higher levels of stress and pressure in different ways than previously.

The Early Learning Hub uses the 5 protective factors as the framework that we use to make all of our investments and our strategic decisions. We really want to give this information to partners as a way to increase those protective factors.

CR: This is the Family Engagement Tool Kit, updated from the previous meeting's comments. Please see attachment for full details. We want this to support professionals and directly to families in a flyer format. The format of the tool kit is repetitive for each factor. We tried to highlight various resources for families that support that specific factor even if it does support all five. It's not ready yet, we want your feedback. Then we'll blast it out. We'll send it out to this group to get your feedback.

We had a suggestion to add a glossary of terms. What glossary terms would you suggest?

Suggestion to have a page for the QR code.

RB: Is this something that your teams would find helpful when working with families? The quicker we can get it out to families the better.

MH: We've used older flyers from Chelsea that were well accepted and helpful.

DB: We often refer parents to these same resources so having something so easy to access and nice-looking will be great. Great job

CP: Nice work! Do you see it as being emailed to families or handed out? If a hand out, the resources would need to include a URL Just the URL since some organizations are hard to find on a website (Like SOELS on SOESD)

4. Other business

RB: Thank you everyone.

Remember that we won't be meeting in November since our meeting date falls on a holiday. We will come back on December 9th.

If you think this community is something that you would like to participate in ongoing, please email me directly and I can send you the ongoing link.

NOTE: No meeting November 11th – Holiday

Next Meeting: December 9th