MEETING MINUTES
CT Kids Report Card Leadership Committee
January 28th, 2016 Quarterly Meeting
10:00 a.m. - 12:00 p.m. LOB Room 2B

1. **Welcome and Opening Remarks by Co-Chairs (10:00-10:10)**
   - **a.** Co-Chair David Nee provided a brief overview of the purpose of the Leadership Committee and the actions they are charged with taking. Co-Chair Lt. Governor Nancy Wyman provided introductory remarks and requested members introduced themselves for the record.

   - **b.** Rep. Diana Urban provided a brief overview of the packet of materials provided to the Leadership Committee. She highlighted that the Report Card's staff had developed and published a 'Results Scorecard for Beginners' document, intended to provide basic guidelines for users on how to navigate the software. This document is available at www.ctkidsreportcard.org. Rep. Urban then stated this quarter's "program drilldown" is to identify specific programs funded by the state that seek to address the topics within the Healthy domain.

2. **Quarterly Report: Healthy Domain (10:10-11:40)**
   - **a.** Updates on School Based Health Centers -
     - i. Mark Keenan provided an overview of the Department of Public Health's SBHC RBA group efforts throughout 2015. He specifically mentioned the refinement of RBA Report Cards done by SBHCs. DPH recently revised their SBHC contracts in collaboration with SBHC leaders to specify outcome measures. One of the outcome measures was improving access to and utilization of primary and preventative health services. Others included asthma action plans, BMI measurements, and risk assessment screenings. The SBHCs were given the option to pick two outcome measures most appropriate for their site for use in their Report Card. Mark Keenan noted that over the past year Report Cards have substantively improved, but further standardization is needed. One suggestion was to have one Report Card per town instead of one per school. This would allow for each community to have a primary care Report Card and a mental health Report Card, with a rough total of 60 Report Cards, which would not overburden the SBHCs or DPH staff. Mark Keenan noted that Connecticut is participating within the National School Based Health Services National Quality Initiative. Their charge was to establish national performance measures. The five core measures are annual well-child visits, depression screening, annual risk assessment screening, BMI assessment and nutrition/physical activity counseling, and chlamydia screening. Mark Keenan stated that Connecticut is piloting the collection and reporting of that data to a nationally supported web portal. He added that this national pilot's purpose is to look at the same issues Connecticut has been studying; the capacity to collect and report the data.
     - ii. Jesse White-Fresé indicated that at this time there is a lot of involvement in the National Quality Initiative for SBHC. She explained that ten schools were chosen because of their ability to access electronic health records and assess whether data can be collected effectively, aggregated, and reported. This process includes incremental self-assessments and representatives of participating states met in Washington D.C. Subsequently a 93 member panel conducted a year-long Rand Delphi Process where they rated measures observed by SBHCs across the nation. The process addressed whether the measure was meaningful, reflected what the SBHC does best, and was collected reliably. After three rounds of rating, the five core measures were established.
     - iii. Bennet Pudlin stated those who are involved with the issue of data interconnectivity between the SBHCs and DPH have seen improvements. An agreement has gone forward for the data demonstration project to link SBHC data with student outcome data from the State Department of Education (SDE). Five SBHCs in New Haven and New London will participate in this demonstration project. The project will code asthma, BMI, ADHD, and anxiety. Bennett Pudlin indicated ADHD and anxiety were chosen specifically as main components for mental/behavioral health because of their occurrence and impact on wellbeing. The data will be matched to school ID numbers to produce summary level outcome reports. Bennett Pudlin noted to the group this not is meant to provide data for policy purposes, but a limited demonstration of feasibility and capacity for the state to do this reporting and analysis consistently across all SBHCs. He anticipates they will begin collecting and coding the data within the next month.
     - iv. JoAnne Eaccarino noted that while on the truancy review board in New London a vast majority of students who went before the board either had identifiable anxiety problems or were diagnosed with asthma. There was also a significant correlation between BMI and absenteeism rates. Bennett Pudlin added that these efforts will track whether SBHC involvement reduces risk of chronic absenteeism.
       1. Lt. Gov Wyman asked why asthma did not make the top five national standard measures. Jesse White-Fresé responded that the process sought to create unique categories with one meaningful measure per category. Lt. Governor Wyman followed up by asking if they are analyzing or identifying those states or cities with higher concentrations. Carol Stone responded they can view rankings based

on metropolitan areas for the 2013 BRFSS data to see a broad spectrum versus state-wide to state-wide comparisons where Connecticut stands out as an outlier.

2. Dr. Robert Zavoski noted that Connecticut also has much higher rates of asthma because our state's medical field is more accurately diagnosing asthma in children with respiratory issues than those in other states. He indicated the Easy Breathing program has done a great deal in making sure that people understand asthma and dispelling the insurance myths related to having asthma. He noted however that within the Medicaid program they are seeing quality measures around asthma slipping.

b. Discussion of Strategies and Program Drill Downs

i. Rep. Diana Urban provided a summary of the packet provided and asked members to identify existing programs that are funded by the state for the purposes of program drilldown.

ii. Low Birth Weight

1. Commissioner Pino suggested exploring programs that impact the rate of elective C-sections. During pregnancy the fetus gains the most weight during the final weeks of the term, but will not gain that weight if they are born early. He also noted correlating low birthweight to teen pregnancy and drilling down on statewide prevention programs.

iii. Childhood Obesity

1. Anne McIntyre-Lahner noted DCF's CMCU Unit that oversees prescriptions for kids in their care are evaluating the BMIs of those children due to concerns that children on psychotropic medications see a significant increase in their BMIs. She added that some of those services have active and specific programs to lower BMI of children in congregate care, and all of them do individualized reporting.
2. Commissioner Pino noted the importance of programs that improve the environmental quality of communities where there are higher concentrations of minority children and their families. He also mentioned that equal housing opportunities that improve access to a wider variety of foods and programs that promote oral health, as oral health and nutrition often fall hand-in-hand.

iv. Health Insurance Access

1. Lt. Governor Wyman noted that while there are increases in children with health insurance due to Access Health and a better understanding of programs available under HUSKY A and B, the utilization and education for parents on how to use their child's coverage effectively is underwhelming. She indicated that any thoughts or strategies would be beneficial. Abby Alter responded that in New York City she worked on a program that was specifically developed to close that gap. Lt. Governor Wyman said she would like to explore this program. Rep. Abercrombie concurred and invited Abby to reach out to her if she is able to find any white papers on the program she worked on.

v. Appropriate Immunizations By Age Two

1. Anne McIntyre-Lahner indicated both the healthcare advocates and a statewide team run by Dr. Wolman monitor the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services utilized by children in DCF's care.

vi. Children with Asthma

1. Rep. Urban indicated that while the percentage of children with asthma seems to be in decline, which appears to be good, the disaggregations for this indicator and for Emergency Department visits for asthma occurring have shown little change or worsening conditions for Black/Hispanic children.
2. Dr. Zavoski stated that national epidemiological reports only show asthma on the rise. He speculated that a decline may be more likely attributed to physicians falling back into old habits of misdiagnosing asthma. Dr. Zavoski stated that they've seen declining ED utilization for children on Medicaid, in part because of the collaborations they've had with SBHC to ensure children have a "medical home."
3. JoAnne Eaccarino indicated that New London SBHCs were involved in a 100-day program last year with Lawrence and Memorial Hospital, Ledge Light Health District and the Visiting Nurse Association to work with 17 children who used the SBHC for asthma purposes. A pediatrician provided educational materials and guidelines regarding management of asthma. She noted every child who saw successful changes in asthma management saw improvement because of increased access to education. She added that it would be helpful to have the education piece reimbursed.
4. Abby Alter indicated the Connecticut Children's Medical Center (CCMC) has a Maintenance of Certification and Quality Improvement Program on asthma for physicians. She stated that the program speaks to the need of improving the pediatrician's education and asthma screening capabilities so when they do diagnose they can help the family create a plan.
5. Anne McIntyre-Lahner noted DCF has a medically complex classification for children so they can identify children diagnosed with asthma and make sure they receive appropriate care.
6. Commissioner Pino noted the importance of environmental justice and programs that improve the environmental quality of communities where there are higher concentrations of minority children and their families. He also mentioned that equal housing opportunities improve access to communities where the concentrations of asthma inducing conditions are less prevalent.
7. Carol Stone asked if the SBHCs allow for Community Health Workers to be stationed at their offices to conduct outreach for children with chronic conditions. Jesse White-Fresé responded that they used to,

but oftentimes the SBHC staff themselves serve as outreach workers. She added it would be beneficial to have someone dedicated solely to that task. Carol Stone responded that leveraging SIM funds could afford that opportunity.

8. Rep. Abercrombie stated that while it is important to provide support for SBHCs that are working, not all communities have them. They instead rely on working relationships with community health centers so their staff can come into the schools to provide specific screening/health services.

vii. Students Who Have Seriously Considered Suicide

1. Anne McIntyre-Lahner recommended Access Mental Health, which establishes psychiatric hubs that provide real time psychiatric consultation and support to pediatric practitioners across the state. In addition, there is the Emergency Medical Psychiatric Services (EMPS), another statewide program.
2. Rep. Abercrombie discussed the importance of understanding the roles bullying and the emotional environment of a child's home play in their likelihood to have suicidal thoughts. She went on to ask if DCF had any proposals regarding EMPS or their psychiatric services. Anne McIntyre-Lahner indicated this discussion is solely for the purpose of identifying programs that are funded by the state and have quantifiable data for the purposes of program drilldown by the Appropriations Subcommittee on RBA.
3. Abby Alter brought up a program through CHDI called Educating Practices in the Community (EPIC), which has a suicide prevention module that they provide to pediatric offices and make presentations on. They have piloted two of these presentations with Dr. Steven Rogers, a CCMC provider who is joining them in taking this module statewide. In addition, CHDI trains the EMPS providers on how to use the Columbia Suicide Severity Rating Scale as a formal screening tool that allows for data collection while effectively screening the youth for appropriate services.
4. Elaine Zimmerman cited Child First as a program that works with families experiencing trauma and develop a plan that returns them to normalcy within a reasonable period of time. This program has a waiting list due to budget constraints, missed federal funding opportunities and having too many singular programs. Utilizing RBA would help consolidate those programs that work less effectively into programs that are working excellently. Rep. Urban asked for clarification that Elaine Zimmerman would recommend the group seek out and compare all home visitation programs funded or partially funded by the state to seek consolidation. Elaine Zimmerman confirmed her suggestion.
5. Charlene Russell-Tucker indicated that they are seeking to coordinate and find alignment with home visitation programs as part of the Chronic Absenteeism Strategic Action Group's strategy to reduce chronic absenteeism statewide.
6. Anne McIntyre-Lahner indicated that DCF is doing quarterly RBA Report Cards on home visitation programs they fully fund or partially fund. She stated Child First is one of those programs.
7. David Nee also agreed that Child First has shown itself at the state and the national level to be a model program for children and families. It has also gone through a rigorous process of due diligence and is a part of the Social Impact 100 Index for high impact solutions to America's most pressing problems.

viii. Emergency Department Visits for Asthma

1. Anne McIntyre-Lahner reiterated the programs mentioned under the children who have asthma indicator and added that there is training for all foster parents on asthma, though it is not something they are confident is being measured well enough to be program drilldown ready.

3. *Priorities for Action* (11:40-11:50)

a. Lt. Governor Wyman indicated that as the meeting closes, we need to establish those programs previously discussed as defined programs to be drilled down into. Rep. Urban added that for home visitation, we should go through the whole list and then filter out to focus on a few key programs.

b. Abby Alter indicated CHDI is doing work related to childhood obesity prevention for birth to two years old. For data they are working with the University of Connecticut Health Center to track BMI. In general, CHDI has worked to target early childhood for obesity and other issues. She concluded her comments by noting OEC is in the process of rewriting their entire home visitation plan for statewide programs.

c. Rep. Urban listed some of the programs suggested by various agency representatives and committee members. These included tracking home visitation programs that either receive the most funding or serve the largest population, examine DCF's prescription of psychotropic drugs to youth in the care of DCF, and other obesity prevention programs by DPH or SDE. She went on to note Putting on AIRS and Easy Breathing, as well as other asthma prevention programs run by DPH that are funded and data rich.

d. David Nee concluded that the primary focus appears to understand the potential impact home visitation programs have on the healthy domain indicators.

4. Adjourn (12:00)

a. The meeting was adjourned at 11:58 a.m.