

2009-11 HNDECA Strategic Plan

Access to Health Insurance & Medical Home Subcommittee

Goal #1: To develop an information and referral process, identification and training program: relates to over-arching HNDECA Goals #2 and #3.

Resources Needed:

- Funding for convening
- Interested, engaged parents and families

Activities to Achieve Goals:

- a. Convening a program for training
- b. Developing public relations messages
- c. Development of a benefits planning system

Outputs Produced:

- A partnership with the Children's Defense Fund to produce an accurate website
- A working benefits planning system

Outcomes Desired:

- **Short term:** Convening of a discussion regarding development of website, tools
- **Long term:** A usable process for people to receive accurate, timely information

Goal #2: To clarify a needs assessment process and to identify screening needs: relates to over-arching HNDECA Goals #1, #3 and #4.

Resources Needed:

- Seek assistance from Dr. Rathge for assessment
- Secure funds for training on screenings
- Collaborate with NDSEDA

Activities to Achieve Goals:

- a. Develop survey to assess HNDECA members and others regarding what screenings (for all populations of children) are required, optional and commonly utilized
- b. Also assess where there are gaps in screening services
- c. Assess the best practices and determine which screenings are evidence based
- d. Convene a cross-section of HNDECA members to receive the report and begin discussion of implementation of best practices

Outputs Produced:

- Decisions about recommended use of screening tools to assure healthy children
- Exploration of potential traction for universal screening

Outcomes Desired:

- **Short term:** Convening of a cross-section of HNDECA members who are interested/knowledgeable in assessment and screening
- **Long-term:** An inventory of evidence-based recommended tools that promote intervention and prevention. Greater involvement by the members of the American Academy of Pediatrics in this initiative.

Goal #3: To sustain the Medical Home program: relates to over-arching HNDECA Goals #2 and #3.

Resources Needed:

- Buy-in and participation by Medicaid and Blue Cross/Blue Shield of ND
- Maintenance of the Integrated Services Grant through May 2011
- Education for medical homes and teams
- Federal policy that supports medical home in healthcare reform options

Activities to Achieve Goals:

- a. HNDECA supports the Integrated Services Grant program as the lead group in medical home
- b. Integration of health into other transition activities
- c. Explore development of legislation to support medical home in the future

Outputs Produced:

- A disease management system that includes quality improvement systems and involves parent/family participation.

Outcomes Desired:

- **Short term:** A decrease in hospitalizations, overall health care costs and reduction in provision of unnecessary services

Long term: All North Dakotans have a medical home

Family Support Subcommittee

Goal #1: To recruit parents as HNDECA members (at least 3 per subcommittee) and start each stakeholder meeting with a family story.

Resources Needed:

- Funding to develop orientation materials
- Interested parents, diverse and statewide
- Travel reimbursements, stipends, childcare costs

Activities to Achieve Goals:

- a. Development of resources
- b. Recruit parents; start by asking HNDECA members for recommendations

Outputs Produced:

- Inventory of interested parents
- Culturally competent orientation materials
- Opportunity for parental feedback on materials and training, etc. associated with HNDECA

Outcomes Desired:

- Short Term: increased parental involvement in all of HNDECA
- Long Term: Legislative and policy changes based on family need and input; increased parent participation as equals at all levels

Goal #2: To partner with Dr. Rathge to analyze data from family support efforts and develop a white paper to share the results.

Resources Needed:

- Funding is currently available through Family Voices grant

Activities to Achieve Goals:

- a. Review survey protocol with Dr. Rathge for advice
- b. Conduct survey
- c. Analyze results
- d. Report findings to small group of HNDECA to strategize next steps
- e. Convene a meeting with agency leaders and family organizations to discuss survey outcomes and jointly plan changes needed

Outputs Produced:

- Survey data
- White Paper

Outcomes Desired:

- Short Term: Identification of gaps, barriers and needs.
- Long Term: Agencies and providers partner with family organizations to improve systems.

Goal #3: To develop a plan for joint education and training for families, agencies and eventually, legislators and policy makers.

Resources Needed:

- Interested agencies and families
- Funding to convene and invite, support participant/parent attendance

- Potential partnership with Dakota Media Access (Community Access TV)

Activities to Achieve Goals:

- a. Sponsorship of topical calls and training
- b. Develop the training plan
- c. Conduct the training
- d. Conduct outreach statewide and through various media methods
- e. Develop a speakers bureau

Outputs Produced:

- Information posted on www.ndhealth.gov/eccs/
- Speakers Bureau

Outcomes Desired:

- Short Term: Development of the plan
- Long Term: Increased provision of education and training to the general public.

Mental Health and Social Emotional Development Subcommittee

Goal #1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up: relates to over-arching HNDECA Goals #1, #2 and #3.

Resources Needed:

- Time of Dr. Rathge
- Data for Dr. Rathge

Activities to Achieve Goals:

- a. Develop a survey of screenings that are currently used (mandatory and optional) and are commonly used (evidence-based and otherwise)
- b. Partner with state agencies (DPI, others) who developed the Emotional Disturbance guidelines
- c. Meet with Dr. Rathge to identify avenues of assessment, treatment and follow-up

Outputs Produced:

- Comprehensive referral lists
- Flow chart from screening to follow-up
- Data regarding type, quantity and quality of service

Outcomes Desired:

- Short Term: To identify gaps in service.
- Long Term: To create a seamless continuum of mental healthcare for children.

Goal #2: To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job: relates to ALL over-arching HNDECA Goals.

Resources Needed:

- Information regarding legal scopes of practice and mental health pre-service
- Information regarding available data
- An interested pilot site with an enthused, engaged staff, clinic or program

Activities to Achieve Goals:

- a. Meet with the ND Board of Nursing regarding scope of practice
- b. Interpret the data used/found
- c. Engage physicians to support the goal
- d. Identify training for physicians to attend
- e. Explore connecting with the “Docs for Tots” program and/or the ND Medical Association and/or AAP
- f. Provide training for nurses and other staff
- g. Agree upon desired/preferred screening tools

Outputs Produced:

- Data and information that documents the need
- Reports on usage
- An inventory of trained professionals
- A training protocol
- An inventory of preferred screening tools

Outcomes Desired:

Subcommittee Meeting Handout #2

- Short Term: There is increased access and availability of screenings, which translates to more screenings being done. In that way, it also results in more need for referral sources to accommodate the increased referrals gleaned from the screenings.
- Long Term: Universal mental health screenings for all children in North Dakota.

Early Care and Education Subcommittee Meeting

Goal #1: To teach and influence the leadership and membership of the ELC about early childhood care and education: connected with overall goals 1, 3 and 4

Resources:

- Funding (availability of a grant of \$500K over 3 years to support the ELC)
- Offer HNDECA as a source of in-kind match needed for the grant

Activities:

- a. Develop a proposal (resolution style) to provide the Lt. Governor with a daylong training in early childhood
- b. Repeat the training for the ELC members, once appointed
- c. Offer to connect the ELC with the resources they will need, including people resources
- d. HNDECA should make recommendations for appointments to the ELC to help in avoiding duplication and to promote efficiency (Cheryle will meet with Governors office staff, Tami and Nicole)
- e. Develop a list of local and state experts for the ELC to call on for advice and counsel
- f. Develop a 3 ring binder of resource materials and references for use by the ELC members
- g. Seek legislative support in this effort (Representatives Hawken, Mueller and R. Kelsch)
- h. Encourage the state to apply for the grant funding that is available

Outputs:

- The proposal/resolution
- The list of experts
- The 3 ring binder of resources

Outcomes:

- **Short term:** The proposal document is developed, accepted and the Lt. Governor calls upon his early childhood experts.
- **Long term:** The ELC has the breadth and scope of knowledge they need to be effective and to successfully accomplish their defined roles and goals.

Goal #2: To promote the principles of appropriate (good) early learning: directly connected to overall goal 4 but could be used to enhance the others

Resources:

- ELC materials and strategies developed
- Develop more and better technology savvy
- Utilize the Frameworks history and training to build messages
- Continue networking and partnering with public television
- Partnering with United Ways, Children's Defense Fund, Higher Education, CCR&R network, NDAEYC, NDCCPI and NDHSA (particularly in relation to DAP)

Activities:

- a. Adopt the developmentally appropriate practice (DAP) statement
- b. Teach legislators by targeting them for direct messages

- c. Develop simple, memorable media messages (“the more you know”) through ND Department of Health media production capability
- d. Develop and administer a survey to assess attitude change

Outputs:

- Media partnerships
- Media messages and memorable frames
- Clarification surveys

Outcomes:

- **Short term:** messages delivered in communities will help people learn the importance and meaning of early childhood and will change their attitudes about it.
- **Long term:** Funding shifts to support the change in values. There is a reduction in child abuse and neglect reports.

Goal #3: To assure that childcare nurse consultants are part of the infrastructure: connected to overall goals 1, 2 and 4

Resources:

- Funding
- Partnership with Higher Education for Data
- Partnership with the Higher Ed Consortium
- Partnership with advocacy organizations like Family Voices and AARP
- Expand upon the dismissal study by studying issues related to children with disabilities and special healthcare needs
- Partner with the ND State Data Center for the study

Activities:

- a. Dust off prior attempts at this goal and assess what worked and what didn't
- b. Bring people together to discuss research needs, identify gaps and share data sources to eliminate duplication
- c. Elevate the value of childcare nurse consultants
- d. Develop a white paper/report documenting the lack of availability of nurses
- e. Survey childcare providers regarding their special health needs (swine flu, etc.)
- f. Encourage the AAP to push the Department of Health to accept the program
- g. Define what is “new” programming/funding vs. what can be reprioritized
- h. Revisit the public health unit model and/or provide training in understanding early care to public health unit staff
- i. Define the service to the child as well as the service to the program

Outputs:

- Research-based materials developed to gain support of the Department of Health

Outcomes:

- **Short term:** Gain support of Healthy North Dakota.
- **Long term:** ND Department of Health includes childcare nurse consultants as a line item in their department budget.

Parent Education Subcommittee

Goal #1. Build Capacity for Parent Education: The Ultimate would include:

1. Parent Education is provided in every school and home. (Consistent with overarching Goal #1)
2. Fully funded Parent Resource Centers are located in every region and tribal area.

Resources Needed:

- Technology savvy
- Financial support
- Community involvement
- Educators
- Parents who want the service
- Educational resources

Activities to Achieve Goals:

- a. Capture parents attention at milestone moments (kindergarten entry) and educate them then, via means with which they are comfortable
- b. HNDECA sponsored statewide conferences about Parent Education
- c. Presentations on Parent Education at otherwise-sponsored conferences supported by HNDECA
- d. Video production at the ND Department of Health
- e. Conducting surveys to identify needs, gaps
- f. Use the "Tupperware" model of education and/or a mutual support network
- g. Target the most "at-risk" "resource limited" families.
- h. Use parents as leaders, presenters and messengers to gain credibility and the interest of their peers.

Outputs Produced:

- A well developed resource network, both physical and virtual

Outcomes Desired:

- Short Term: Reduction in stigma about Parent Education and an elevation of Parent Education as a priority for families.
- Long Term: Increased program offerings and parent attendance leading to an army of confident, empowered parents.

Goal #2. Educate policy makers regarding the importance of Parent Education: and Related Ideas:

- Tie these ideas in with other HNDECA subcommittees, particularly with regard to legislative and policy issues
- Better integrate parents into the process
- Parents should serve as messengers because they have the most impact as direct constituents of legislators
- HNDECA could sponsor a statewide education event

Resources Needed:

- Parents who are willing to speak up/out
- Training for parents

- Data to support our message and to tell the story of the cost of prevention vs. the cost of waiting for intervention

Activities to Achieve Goals:

- a. Educate about current programs that are successful
- b. Increase the awareness of the need for Parent Education
- c. Continue to provide parent leadership training to empower parents as advocates
- d. Develop common tools for parents to use in their messages
- e. Conduct training/orientation for parents regarding the legislative process
- f. Convene a HNDECA sponsored day at the Capitol for parents

Outputs Produced:

- A network of parents is created in each legislative district in ND and is ready to mobilize and advocate during the 2011 legislative session.

Outcomes Desired:

- Short term: To change the uneducated attitudes of policy makers about Parent Education.
- Long Term: To have policy members ask questions, seek information, appropriate funds and develop policies supportive of Parent Education.

Goal #3. Increase Parent Education for Tribal Communities: the ultimate includes:

- A fully funded Parent Resource Center in each tribal area.

Resources Needed:

- Financial resources
- Human resources
- Tribal interest, acceptance and buy-in
- Tribal invitation
- Tribal Council support, if necessary

Activities to Achieve Goals:

- a. HNDECA can survey membership regarding existing tribal relationships and partnerships to be sure to honor cultural protocol
- b. HNDECA could invite the participation of Scott Davis, newly hired Executive Director of the Indian Affairs Commission
- c. HNDECA could convene a community group on each reservation to determine the available gaps, needs and community will for such services

Outputs Produced:

- Increased cultural competence through HNDECA sponsored training
- Potential educational training via tribal infrastructure, Indian Health Services, Tribal programs and schools (similar to efforts of KAT Productions)

Outcomes Desired:

- Short term: Establishing relationships that are mutually respectful and beneficial.
- Long term: Tribal citizens will seek Parent Education resources for their communities and all Parent Education offerings are made available.