

Healthy North Dakota Early Childhood Alliance (HNDECA)
Access to Health Insurance and Medical Home
Subcommittee Meeting
Monday, May 10, 2010

Meeting Summary

Proposed Meeting Goals:

- To receive an update from the HNDECA Steering and Stakeholder Committee meetings;
- To review and refine strategic planning goals;
- To discuss 2011 early childhood legislative messaging; and
- To identify next steps in implementation of goals.

Meeting Participants: Cheryle Masset-Martz, Kora Dockter, Jodi Hulm, Tania Hellman, Kimberlie Yineman, Sue Burns, Missi Baranko, Donene Feist (by phone) and Richard Rathge (by phone).

Facilitated by: The Consensus Council, Inc.

Welcome, Introductions, Process and Agenda Review: Participants were welcomed to the meeting and provided self-introductions. The meeting process, ground rules and agenda were confirmed. Participants were directed to review the meeting summary from 12/15/09 and advise the facilitator of any corrections.

Cheryle provided an overview of the recommendations made by the HNDECA Steering and Stakeholder Committees regarding the subcommittee goals and indicated that the federal ECCS project officer is seeking more specific details relative to project funding. There was also information shared regarding Dr. Rathge's recommendations/ideas for potential HNDECA surveys and message development.

Review and Refinement of Strategic Plan Goals: The subcommittee members reviewed each of the goals and recommended the following:

Goal #1: To develop an information and referral process, identification and training program.

- The goal should recognize the many systems working on access to health insurance for children including Bridge to Benefits, 1877KIDSNOW (currently receiving 100-200 calls per month), the NDIS Health Benefits Counseling Module (in development), the ND Insurance Department CHAT program (Cheryle will obtain the final report) and other state agencies
- There is recognition that a single point of contact might be a beneficial idea; however very difficult to implement and not necessarily the role of HNDECA

- It was agreed that greater emphasis should be placed on enhancing existing systems and the following new activity was added:

New Activity: To increase support for 1877KIDSNOW.

- Provide comprehensive training (potentially at more than one site) for a broad array of human service and early childhood workers/professionals on new and existing programs, including best practices as found in the FVND survey project ((HNDECA may be able to support financially)
- Begin the training with a “state of the state” regarding what is now, already available; follow with information about gaps and what is needed in the future
- Utilize the Health Benefits Counseling Training through NDIS as a partner
- Integrate information for trainees about active listening, empathy and responsiveness to family requests
- Charge no or low registration fee and offer continuing education credits to increase appeal and attendance
- Provide targeted training for 1877KIDSNOW staff to address common or recurring questions that are difficult to answer
- Research opportunity for making web-based information more user-friendly (example used was www.healthystepsnd.com)
- Explore potential for a link for families on the homepage of www.nd.gov

There was discussion about the possibility of some roles of government being contracted with private non-profit agencies involved in similar work. There might be opportunity for surveying HNDECA partners who provide advocacy services to determine what types of roles/services this might include. In addition there was discussion about the possibility of determining what federal grants (received by state agencies) require family involvement or input and, based on that information, recommend establishment of a statewide family governance or parent advisory group. Ultimately it was determined that, while these suggestions have merit, it is outside the scope of HNDECA. It was agreed that information could be obtained from the trainees (training described above) to determine need for further discussion or planning by an outside group.

Goal #2: To clarify a needs assessment process and to identify screening needs.

- There was information provided that indicates that North Dakota is below national averages when it comes to screenings
- There was discussion about the NDIS screening model that is now in development as well as the outreach being done by the Department of Human Services (DHS) for providers to promote screenings
- Kora will obtain the physician survey results from Dr. Myra Quanrud as requested by the Steering Committee
- There was information provided regarding the newest version of the evidence-based Bright Futures program as well as its mention/inclusion in

the federal healthcare reform legislation; based on the discussion, a new activity was added:

New Activity: To implement the Bright Futures Program statewide.

- Jodi will research the use agreement of the Bright Futures program, ability to reproduce the program for others and the associated costs
- A determination, based on the above information, will be made relative to purchase of more programs for statewide use
- Training on the use of the Bright Futures program will be developed, hopefully for convening in multiple sites across the state
- The training should be done in concert with NDSEDA training on specific mental health screening tools (already included in the Bright Futures Program)
- Cheryle will explore the potential for pooling funds (HNDECA, MCH, NDSEDA, NDCPD, etc.) to plan for and implement the trainings

Goal #3: To sustain the Medical Home Program.

- There was discussion regarding the need for funding to sustain the program through legislative appropriations (for Medicaid)
- There was agreement that it will be helpful to have private insurers buy-in to the program to leverage support with policymakers
- It will be important to engage and educate support organizations to promote legislation
- There was discussion regarding the Ronald McDonald House Care Mobile program, as suggested by the Steering Committee
- The Care Mobile implementation has been delayed due to lack of a required clinical partner; new opportunities are being explored for this service with Bridging the Dental Gap and with the Caring Program for Children
- It was agreed that HNDECA needs to keep this project in mind (as part of an overall medical home), continue monitoring and be available to provide appropriate support activities after implementation
- Regarding a broad medical home perception survey, it was agreed that it will be more efficient to use information from the seven (7) existing medical home pilot sites regarding their feedback
- Dr. Rathge will work with Kora and Tania to develop the questions and design the shorter survey tool in time to inform the legislative process

2011 Early Childhood Messaging: It was agreed that holding an “Early Childhood Day” at the Capitol (informational and educational booths) is not the best way to reach legislators. As an alternate idea, it has been suggested that a “photo frame” project be utilized with the following elements:

- Heavy stock paper would be used to design a frame that will hold a photograph (similar to the type used for holiday greeting cards)

- Families would be contacted by advocacy groups (Children’s Defense Fund, Family Voices North Dakota, Federation of Families for Children’s Mental Health, ND Head Start Association, NDAEYC, LSS/CCR&R, NDSU Extension, Pathfinders and others) to write a short, personal story about how a program and/or piece of legislation has positively impacted them; multiple agencies will be used in order to assure a good mix of families, situations and issues
- The family would then include their family or child’s photo on the face of the card and it would be intended for receipt by the legislators serving from their voting district; all to be delivered on the same day to all legislators, near the beginning of the 2011 session
- The inside of the card would contain a few quotes or facts about early childhood issues as well as a pocket to hold the personal letter
- It is hoped that each legislator would get at least one letter but there will be no upper limit
- Cheryle will gather information about the HNDECA members thoughts about this project and then review the information with the ND Department of Health Public Information Officer for approval
- Releases of information may have to be signed by parents; it will be important to get an early start on this initiative
- If approved at the DOH level, Cheryle will convene the “Messaging Subcommittee” (Cheryle, Vanessa Hoines, Roberta Lein and Helen Danielson) to begin drafting of the product/messages

Participants were excited about the project and believe that it will be impactful in connecting constituents to legislators. It is a very personal approach that will be hard for legislators to ignore or disregard. Cheryle will provide ongoing updates as progress is made.

Participants were thanked for their time and talents and the meeting was adjourned by consensus of the group.