

Healthy North Dakota Early Childhood Alliance
Access to Health Insurance and Medical Home

Goal 1-1: To initiate a face to face meeting with staff of Bridge to Benefits, KIDSNOW, and CHAT (Insurance Department) to discuss and identify strategies to assist families with children with special health care needs.

Objective: *By May 31, 2012, Increase the number of individuals using an alternative referral process for program benefits.*

Performance Measure/Evaluation: *1. Change in the number of hits on Bridge to Benefits website. 2. Change in the number of hits on the ND Department of Human Services (Medicaid and SCHIP) websites.*

Data Sources: Bridge to Benefits and NDDHS website information.

Activity #1-1-a: By 2012, convene a program for (what type of) training (of whom).	
Responsible Committee Members HNDECA Access to Health Ins & Medical Home subcommittee	Partners and Roles Bridge to Benefits – Paul Ronningen KIDSNOW – NDDHS Jodi Hulm CHAT (Insurance Dept.) – Rebecca Ternes FAMNET – Donene Feist & Roxanne Romanick Children’s Special Health Services (NDDOH) – Sue Burns ND Eligibility Workers Asso. (contact Marcy Decker, Stark County)
Performance Measures/Evaluation (list data source) Number of programs that improved their deliverables Number of people who provide information trained regarding updates.	Legislation/Policy None.
Timeline May 31, 2012	Funding/Resources If applicable, Bridge to Benefits, KIDSNOW, CHAT, FAMNET, CSHS

Strategies to overcome barriers/challenges

- 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.
- 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.
- Visit with ND Eligibility Workers Association (contact Marcy Decker, Stark County).
- Provide targeted training for 1877KIDSNOW staff to address common or reoccurring 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
- Charge no or low registration fee and offer continuing education credits to increase appeal and attendance.

Output: A partnership with the HNDECA Stakeholders to produce an accurate website.
A working benefits planning system.

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

Goal 1-2: To implement Bright Futures Program through Local Public Health Units and Head Starts statewide.

Objective: *By May 31, 2012, establish preferred guidelines for essential elements of screening and priority needs for screening.*

Performance Measure/Evaluation: *Consensus recommendation by HNDECA membership regarding essential elements of screening and priority needs for screening.*

Data Sources: *Survey of HNDECA membership.*

Activity #1-2-a: **By 2012, develop survey to assess how many Local Public Health Units and Head Starts are currently utilizing Bright Futures, and if they are not, if they would like to.**

Responsible Committee Members Subcommittee Members	Partners and Roles Jodi Hulm Joyal Meyer Kim Mertz Cheryle Masset-Martz Linda Rorman
Performance Measures/Evaluation (list data source) Finalized questionnaire and useable sampling frame for survey.	Legislation/Policy None.
Timeline May 31, 2012	Funding/Resources ECCS
Strategies to overcome barriers/challenges <ul style="list-style-type: none"> • Work with Medical /Nursing Association to obtain sampling frame. • Conduct education campaign to increase survey response rate. 	
Activity #1-2-b: By 2012, conduct and analyze survey.	
Responsible Committee Members Cheryle Masset-Martz Joyal Meyer Linda Rorman	Partners and Roles
Performance Measures/Evaluation (list data source) Compiled results of survey.	Legislation/Policy None.
Timeline November 30, 2011	Funding/Resources Title V & NDSHSCO

<p>Strategies to overcome barriers/challenges Use on-line survey to reduce cost and response burden.</p>	
<p>Activity #1-2-c: By 2012, purchase adequate number of Bright Future kits.</p>	
<p>Responsible Committee Members Kim Mertz Linda Rorman</p>	<p>Partners and Roles MCH Title V NDSHSCO</p>
<p>Performance Measures/Evaluation (list data source) Number of Bright Future toolkits purchased.</p>	<p>Legislation/Policy None</p>
<p>Timeline May 31, 2012</p>	<p>Funding/Resources MCH Title V and NDSHSCO</p>
<p>Strategies to overcome barriers/challenges Use survey results to determine adequate number of kits to purchase.</p>	

<p>Activity #1-2-d: By 20___, convene a training regarding the use of Bright Futures.</p>	
<p>Responsible Committee Members Joyal Meyer – MCH Title V program Cheryle Masset-Martz Jodi Hulm</p>	<p>Partners and Roles ECCS MCH Title V NDDHS</p>

Performance Measures/Evaluation (list data source) Participation list of training program.		Legislation/Policy None.
Timeline May 31, 2012	Funding/Resources MCH Title V and NDDHS	
Strategies to overcome barriers/challenges <ul style="list-style-type: none"> • Training will be held in Bismarck. It will be webcast and saved on the NDDOH website. • The training should be done in concert with Local Public Health meeting & Head Start Administration. • Work with MCH Title V technical assistance staff at the federal level. • Contact the MCH Title V program in Wisconsin to gain knowledge/experience regarding statewide implementation of Bright Futures. • Contact AAP to request speaker to conduct statewide training regarding use of the Bright Futures toolkit. 		

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

Outcomes: 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 1-3: To continue to support and promote Medical Home as best practice.

Objective: *By May 31, 2012 the HNDECA membership will support partnerships and networks involved with medical home.*

Performance Measure/Evaluation: Change in the proportion of children in North Dakota with a medical home.

Data Sources:

Activity #1-3-a: By May 31, 2012, monitor the activities of partnerships and networks involved with medical home and provide support.

<p>Responsible Committee Members Kim Hruby All HNDECA members</p>	<p>Partners and Roles MCH Title V Block grant – Sue Burns AAP – Kora Dockter & Kim Hruby Healthy Transitions Subcommittee ND Federation of Families CSHS – Sue Burns DSHS Medicaid Office – Tayna Hellman Medical Home Coalition – Kim Hruby & Tammy Gallup-Millner Patient Centered Medical Home Coalition – Kim Hruby Medi-Q Home Group</p>
<p>Performance Measures/Evaluation (list data source) Amount of interaction with Health Transitions subcommittee.</p>	<p>Legislation/Policy</p>
<p>Timeline</p>	<p>Funding/Resources Need for funding to sustain the program through legislative appropriations (for Medicaid)</p>
<p>Strategies to overcome barriers/challenges Funding.</p>	

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

Outcomes: 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.