

**Healthy North Dakota Early Childhood Alliance (HNDECA)
Mental Health and Social Emotional Development Subcommittee
May 28, 2009**

Draft Meeting Summary

Proposed Meeting Goals:

- To identify the top 3 key priorities for the work of the group;
- To compare these priorities to the overall goals developed by the stakeholder group;
- To complete the logic model for these goals;
- To identify any missing goals, data or stakeholders;
- To identify outcome/performance indicators; and
- To complete the needs assessment per NDDoH instruction.

Meeting Participants: Cheryle Masset-Martz, Wendy Lamontagne, Cheryl Ekblad, Alan Ekblad, Shawna Croaker, Janet Bassingthwaite and Carlotta McCleary.

Facilitated by: The Consensus Council

Welcome, Introductions and Process Review: Participants were welcomed to the meeting and provided self-introductions. Participants reviewed and affirmed the use of consensus as the rule of decision and reaffirmed the ground rules for discussion as follows:

1. It's our show.
2. Everyone is equal.
3. No relevant topic is excluded.
4. No discussion is ended.
5. Respect opinions.
6. Respect the time.
7. Silence is agreement.
8. Non-attribution.
9. Keep the facilitator accurate.
10. Have fun!

Participants agreed to begin the meeting in the spirit of having our “eyes match our stomachs,” a phrase used by Dr. Richard Rathge, HNDECA evaluator and epidemiologist, to help the group in focusing efforts and selecting priorities. Dr. Rathge also encouraged the group to think in a one year – two year timeframe when selecting priorities and setting goals. Participants discussed the various roles that have been played or could be played by HNDECA (as defined by Cheryle’s role/job in the ND Department of Health). Ideas included:

- HNDECA collaboration with NDSEDA regarding universal mental health screenings
- Collaboration with other entities to develop a comprehensive referral list for screeners to use
- Collaboration to insure evidence-based assessments
- Conduct a comprehensive review of available screenings and assessments to determine which are evidence-based; assess other factors
- Develop a training for screeners and assessors
- Continue the focus on systems and alignment
- HNDECA and NDSEDA collaborate to recruit and engage system partners
- Develop a scope and sequence regarding all of mental health services and initiatives across North Dakota; make note of gaps in services
- Increase the involvement/engagement of the American Academy of Pediatrics (AAP)

Prioritizing of Mental Health Initiatives: Participants brainstormed a list of priority work and then, using a nominal process, ranked the most important priorities for work in the coming year. The list, in prioritized order is as follows:

1. Develop a scope and sequence of available mental health services from screenings to assessments to treatment to follow-up. (6 dots)
2. Explore development of training for nurses and other staff to conduct mental health screenings. (5 dots)
3. Collaborate (HNDECA and NDSEDA) to develop a comprehensive listing of referral sources (perhaps using the Cass Clay Model described at www.halfachild.com). (4 dots) NOTE: It was later agreed that this priority would be blended into the first priority as an activity step.
4. Identify physician desired training events and infuse mental health training into it. (2 dots)
5. Partner with the HNDECA Early Care and Education Subcommittee to develop childcare dismissal data related to emotional, behavioral and mental health issues. (2 dots)
6. Explore greater opportunities for prevention activities. (1 dot)
7. Maximize efforts that connect mental health with physical health. (1 dot)
8. Explore the “Docs for Tots” program in ND as an opportunity for training for resident physicians. (0 dots)
9. Explore collaboration with Dr. Todd Two Good and/or the ND Medical Association to support and promote mental health screening for children. (0 dots)

Completion of Logic Model Elements for Each Priority: Participants produced the following information relative to the top two priorities for Mental Health (after blending several priorities together):

Priority #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:

- Develop a survey of screenings that are currently used (mandatory and optional) and are commonly used (evidence-based and otherwise)
- Partner with state agencies (DPI, others) who developed the Emotional Disturbance guidelines
- 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.

Priority #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:

- Meet with the ND Board of Nursing regarding scope of practice
- Interpret the data used/found
- Engage physicians to support the goal
- Identify training for physicians to attend
- Explore connecting with the “Docs for Tots” program and/or the ND Medical Association and/or AAP
- Provide training for nurses and other staff
- 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

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Outcomes Desired:

- 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.

Cheryle asked that each participant provide her with information regarding the availability of any study results or needs assessment models or results that could help to inform the future work of the Maternal and Child Health Division. Participants were thanked for their work and the meeting was adjourned by consensus of the group.