

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. (Addressing over arching Goal #2 and 3)

Performance Measures:

1. Increase the number of individuals using an alternative referral process for program benefits.

Approach: use data from web-tracking software on Bridge to Benefits website

2. Increase the amount of information disseminated regarding benefits eligibility.

Approach: use number of unique users to Bridge to Benefits website

Proposed Activities:

a. Convening a training program

Tracking Approach: document process to develop training program

b. Develop public relations messages

Tracking Approach: counts of number of messages developed, types of outlets used to disseminate message, and estimated number of contacts

c. Develop a benefits planning system

Tracking Approach: monitor user hits and referrals using website tracking system

Accomplishments:

- A partnership with the Children's Defense Fund was created through the North Dakota Kids Count network to produce an integrated website that serves as a benefits eligibility screening tool. The website is called Bridge to Benefits at <http://nd.bridgetobenefits.org>
- Public relations messages have been sent to families through the Kids Count messaging service regarding the Bridge to Benefits website.
- The ND ECCS Program Director serves as an advisory board member to the North Dakota Integrated Services (NDIS) grant project and as a participant in the Learning Collaborative subcommittee.
- The ND ECCS Program Director serves on the MCH Title V Block Grant core team. The MCH Title V Block Grant has identified one of their goals during their next five year project to support quality healthcare through medical homes.

Progress toward measureable milestones:

We have successfully achieved our short-term goals of meeting to develop a benefits website and are well on our way to accomplishing our long-term goal of creating a process for people to receive accurate and timely information on benefits eligibility. We are using tracking systems to monitor the usage of the website to assess coverage and success in our education campaigns.

The purpose of the NDIS grant project is to assist state agencies, local medical providers, and families of children and youth with special healthcare needs to develop the knowledge and infrastructure to assure that all children and youth receive coordinated care. North Dakota will have a network of Learning Collaboratives that integrate the six components of quality services for children with special health care needs and their families. The ND ECCS program has contracted with the NDIS to develop four training modules: Medical Home Approach to Care, Health Benefits Counseling, Screening and Family Involvement. Under the mentorship of the Minnesota Title V program, NDIS established a learning collaborative model for medical home. This model uses the Medical Home Index and Medical Home Family Index for assessment as

well as the Quality Improvement model to insure change is feasible. This model will require assessment and constant modification to insure that all potential partners beyond the education system are represented and appropriate actions are taken to strengthen health transitions in ND.

The MCH Title V Block Grant recently conducted a needs assessment for their upcoming grant application process. In August 2009, the needs assessment was circulated to all HNDECA stakeholders for their input as to what they perceived the priority needs were in ND. The ND ECCS Program Director serves as a core team member on the Title V project and therefore, was assigned to research and evaluate all data regarding the priority need categories that were identified. A Title V meeting was held to share the results of the needs assessment as well as the data to support the information obtained. The goal of the Title V stakeholder meeting was to share the data regarding the perceived priorities and have the stakeholders prioritize the needs based on the data that supported it. Within the top ten needs that were identified, one of the priority needs was the need for comprehensive care coordination and case management. As the MCH Title V Block Grant application progresses, ECCS is now assured that the medical home concept will be supported in that work plan along with opportunities to collaborate with the ECCS strategic plan goal.

Goal #2: To clarify a needs assessment process and to identify screening needs. (Addressing over arching Goal #1, #3, and #4)

Performance Measures:

1. Obtain consensus among HNDECA membership regarding essential elements of screening.
Approach: based on voting among membership
2. Obtain consensus among HNDECA membership regarding priority needs for screening.
Approach: based on voting among membership

Proposed Activities:

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

Accomplishments:

- A HNDECA Stakeholder was successful in initiating a pilot program for mental health screening of pre-school children in the Fargo/Moorhead metropolitan area as a result of the survey conducted of health care providers in those communities. The innovative pilot program, funded through the Dakota Medical and Robert Wood Johnson Foundations, uses hand-held devices to conduct pre-screening by parents while sitting in the waiting room. Preliminary results for July 1 to December 31, 2009 found 11 percent of the children screened positive for mental health symptoms on the ASQ test.

- The ND ECCS Program Director serves on the North Dakota Social and Emotional Development Alliance (NDSEDA). The NDSEDA has determined one of their goals to be the need to survey all providers in the state to identify which screening tools are currently being used. Many members of the HNDECA Mental Health and Social and Emotional Development subcommittee also serve on NDSEDA. The two groups have agreed to coordinate their efforts and resources to advance this goal.
- The ND ECCS Program Director serves on the on the MCH Title V Block Grant core team. The MCH Title V Block Grant has identified one of their goals during their next five year project as forming and strengthening a comprehensive system of age appropriate screening, assessment and treatment for the MCH population.
- Discussion is ongoing regarding a statewide survey of health care providers to determine screening practices.

Progress toward measureable milestones:

- We continue to make progress on our short-term outcome of building interest in assessment and screening within the state. Some delay in expanding our efforts from our pilot project work to the state is due to the desire to gain more insight from initial results from the pilot project before moving forward. The survey tool we used to assess screening practices, barriers, and knowledge among health care providers will be adapted for the statewide survey.

Goal #3: To sustain the Medical Home program. (Addressing over arching Goal #2 and #3)

Performance Measures

1. Increase the proportion of children in North Dakota with a medical home.

Approach: monitor trends among children who have a medical home based on National Survey of Children

2. Increase policy efforts directed at expanding medical home concept.

Approach: track legislative efforts regarding medical home

Proposed Activities:

a. HNDECA supports the Integrated Services Grant program as the lead group in medical home

Tracking Approach: monitor through subcommittee

b. Integration of health into other transition activities

Tracking Approach: assess by counts of expanded partnerships, shared material, website and email postings

c. Explore development of legislation to support medical home in the future

Tracking Approach: monitor through subcommittee and assess by counts of proposed legislation

Accomplishments:

- Distributed materials and factsheets regarding Medical Home, especially through website and email list serves.
- Share leadership role in Medical Home Learning Collaborative, part of the ND Integrated Services.
- Developed active partnerships with other medical providers such as the Oral Health Coalition to expand and promote medical home.

Progress toward measureable milestones:

The ECCS program is collaborating with the North Dakota Center for Persons with Disabilities Integrated Services Grant program to develop medical home care coordination training modules on the Medical Home Approach to care, Health Benefits Counseling, and Screening and Family Involvement. Effective care coordination will provide prompt and consistent access to services along with individualized support based on the family's needs and strengths. Lack of training and skills have been identified as a barrier to effective care coordination in ND by care coordinators, parents, and Title V directors (AAP, 2000; Anonymous, 2000; Title V Directors Survey, 2001). Children with special health care needs (CSHCN) in ND are likely to lack adequate care coordination in the area of communication between their doctors/other providers and schools or other programs. It is estimated that nearly half of CSHCN in ND who needed healthcare providers to communicate with schools and other programs did not receive the level of coordination needs. Training will enable children and youth with developmental disabilities and special health care needs in ND to benefit from trained care coordinators.

The ECCS Program Director continues to participate in the ND Ronald McDonald Care Mobile Advisory Committee. Progress on the care mobile is halted until a clinical service provider can be secured by contract with the care mobile. We're also in the process of completing a work plan to secure state appropriated funds and obtaining letters of commitment from our partners for the Care Mobile. The 2009 ND Legislative Assembly granted \$196,000 to the project for planning and start up costs. In addition, the ND Oral Health Program has written for a HRSA grant to obtain funding for purchasing equipment and paying salaries of those who staff the ND Ronald McDonald Care Mobile.

One difficulty we have in measuring our short term goal is the lag time in data collection. Objective and reliable sources such as the Children's Health Survey typically release data every three years. We are searching for alternative sources that will help us triangulate our data in a more time sensitive fashion. Activity regarding policy and legislation will begin more systematically this fall as the preparations begin for a new legislative session.

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.

Performance Measures:

1. Increase participation of parents in HNDECA
Approach: track membership and attendance at HNDECA meetings
2. Increase resources available to parents regarding family support
Approach: monitor changes in amount and number of resource materials, workshops, and training activities available to parents regarding family support.

Proposed Activities:

- a. Development of resources
Tracking Approach: assess by counts of new materials, workshops, web-resources, etc.
- b. Recruit parents; start by asking HNDECA members for recommendations
Tracking Approach: monitor by activities and attendance at subcommittees

Accomplishments:

- Invited parents to HNDECA meetings, with some success.
- Discussed ways to gain parental feedback on materials and training, etc. associated with HNDECA
- Family Voices of North Dakota (FVND) continues to sponsor and provide Parent to Parent and Parent Navigator Workshops, and Family/Parent Leadership Institute around the state. FVND is a partner and stakeholder with the HNDECA

Progress toward measureable milestones:

We are struggling with finding ways to better engage parents. Obviously, many HNDECA members are parents themselves, but they also represent different interests and/or their organization. Parent participation typically gravitates to a specific interest or activity. Our thinking of the role of parents within HNDECA needs to be reassessed to provide better methods for supporting parental involvement. Unless we are able to recruit parents we are unable to fulfill this goal.

The FVND Parent to Parent Workshops provide parents opportunities for self-evaluation and time to look at their own values, beliefs, and actions. They also have the opportunity to set goals for themselves, family and community and to be part of a team to work on common goals together. The goals are related to:

- Listening skills
- Communication skills
- Overview of Parent to Parent
- Emotional responses to raising a child with special health care needs
- Community resources and services
- Goal setting
- Collaboration
- Team Building

The FVND Parent Navigator teams are groups of individuals living in a community who are working on community projects together. The teams consist of parents who have children with special health care needs or disabilities as well as professionals who want to assist and be a resource to families. Navigator teams work on community projects and goals as well as assist in sharing information and providing support to other families with the community.

The FVND partners with Pathfinder Family Center, Designer Genes, Children's Special Health Services, and the ND Federation of Families for children's Mental Health to provide the annual Family Leadership Institute. The purpose of the Leadership Institute is to provide family members with the tools to expand their grassroots advocacy efforts through coalition building and mentoring activities. Learning objectives for the Leadership Institute include:

- Increase awareness and understanding of the impact of health issues and services for children and youth with special health care needs
- Promote and support family/professional partnerships
- Increase the families' ability to navigate the complex service system and access needed services
- Provide families with access to information and the opportunities for training

- Provide skills necessary for family support and leadership development by bringing together community resources based upon identified family needs

Each participant is matched with a Leadership Mentor. This is a family who has attended the Leadership Institute in years past. The mentor helps prepare the individual or family for the weekend and to assist them in the days ahead. Each year approximately 25 to 30 individuals participate in the Leadership Institute. It is the hope that the ECCS program will become more involved with the workshops and institute training in the future.

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

Performance Measures:

1. Expand knowledge base of parents regarding parenting education and family support.

Approach: use survey tools to assess knowledge base

Proposed Activities:

- a. Review survey protocol with experts in the field of survey design
Tracking Approach: monitor by subcommittee reports
- b. Conduct survey and analyze results
Tracking Approach: assess by completed reports, fact sheets, on-line research posting
- c. Report findings to small group of HNDECA to strategize next steps
Tracking Approach: monitor by subcommittee reports
- d. Convene a meeting with agency leaders and family organizations to discuss survey outcomes and jointly plan changes needed
Tracking Approach: monitor by subcommittee reports

Accomplishments:

- Conducted survey of families with children with special health care needs through Family Voices of North Dakota.
- Combined results from previous survey data and published a comparative report.

Progress toward measureable milestones:

A committee was established and developed a spreadsheet detailing the agencies that families utilize from Healthy Start, Head Start, schools, clinics, hospitals, county social services agencies, state agencies, etc. A telephone survey is currently in progress with different referral scenarios or questions developed by real life examples that have been encountered by families in ND. A consultant was hired by Family Voices of North Dakota (FVND) to place the calls to the agencies and document the discussions and results. The consultant is in the process of making those calls and, once complete, the ECCS program epidemiologist will evaluate and develop a white paper to be shared at meetings with the agencies that were surveyed, and to provide supportive, educational feedback to help these agencies improve their processes.

We have accomplished our short-term goal of gathering anecdotal information on children with special health care needs and reported the findings. The data represented 184 ND families. This data was used in the Title V Maternal and Child Health Needs Assessment in September 2009 and shared with the Title V Stakeholders in February 2010.

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

Performance Measures:

1. Increase interaction among parents and policy makers regarding parent education issues and needs.

Approach: Monitor change in number of learning opportunities for parents and policy makers regarding parent education

Proposed Activities:

- a. Sponsorship of topical calls and training

Tracking Approach: assess through counts of calls and training activities noted in subcommittee reports

- b. Develop the training plan

Tracking Approach: monitor through subcommittee

- c. Conduct the training

Tracking Approach: assess through counts of training

- d. Conduct outreach statewide and through various media methods

Tracking Approach: assess through counts of events, PSAs, and notices/resources distributed in media outlets

- e. Develop a speakers bureau of parents

Tracking Approach: monitor through subcommittee

Accomplishments:

- Helped sponsor conference on economic security and brought in legislators to discuss best approaches for targeting legislation.
- Partnered with Cooperative Extension and the Parent Education subcommittee in planning joint education and training activities.
- HNDECA members are collaborating with the ND Children's Defense Fund to utilize our resources to establish contact with parents around the state to participate in HNDECA

Progress toward measureable milestones:

This activity is progressing slowly. Perhaps one reason is the significant overlap with similar activities in the Parent Education subcommittee, especially training events and workshops. Secondly, issues that address legislators and policy makers are typically held back until early summer when a better understanding of the pool of candidates for the legislature is known.

There has been success at partnering with external partners (e.g., ND Children's Defense Fund, Cooperative Extension) in more effectively reaching parent groups. The ND Children's Defense Fund is holding Child Advocacy Training Workshops in each of the major cities in April 2010. The intent of these workshops is to energize North Dakotans to take a more active role in their legislative processes, from campaign season (checking out platform statements of the candidates) through the end of the legislative process to the signing of a bill by the Governor. During these workshops they will be identifying issues for the 2011 Legislative Session. Once the list has been triaged they will be developing white papers, seeking legislators to develop proposed legislation and following the bill through the legislative process and hopefully to passage.

The Children's Defense Fund is interested in issues that affect low income children and their families. The workshops will be addressing the following items:

- The need to be an effective advocate

- Tools for advocacy (times frames for elections, sample letters, samples of testimony, legislative contact information)
- Specific topics for potential advocacy work in 2011 affecting children and their families
- Time with legislators (two legislators will be invited from each region, representing both sides of the isle). They will be asked to talk specifically about what they find most helpful when approached by an advocate. Also, the attendees will have an opportunity to ask questions.

It is important to remember that the ND ECCS program does not advocate nor engage in direct training to advocate. However, we are interested in who attends these trainings so that we may possibly connect with them and involve them in HNDECA.

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. (Addresses over-arching Goals #1, #2 and #3)

Performance Measures:

1. Increase the awareness of available mental health services through the creation of a centralized database.

Approach: use survey tool to both assess availability and awareness of mental health services

Proposed Activities:

- a. Develop a survey of screenings that are currently used (mandatory and optional) and are commonly used (evidence-based and otherwise)

Tracking Measures: monitor through subcommittee

- b. Partner with state agencies (DPI, others) who developed the Emotional Disturbance guidelines

Tracking Measures: monitor through subcommittee

- c. Identify avenues of assessment, treatment and follow-up

Tracking Measures: monitor through subcommittee

Accomplishments:

- Comprehensive referral lists are being developed for regions within North Dakota. One completed thus far is for the Fargo/Moorhead area
- An effort is underway to develop a flow chart detailing the processes/steps involved from screening to follow-up
- Scheduled update to the “Connection for Families and Agencies,” a comprehensive resource document for families with young children ages birth to age eight
- Discussion continues regarding ways to collect data regarding type, quantity and quality of service
- The ND ECCS Program Director serves as an advisory board member to the North Dakota Social and Emotional Development Alliance (NDSEDA)

Progress toward measureable milestones:

One of the greatest barriers to achieving this goal is the lack of common agreement on standards and the rapidly changing field of available referral sources. North Dakota does not have a standard assessment or screening tool, thus care givers are not in common agreement on a tool.

Additional, the constantly changing field of referrals limits one's ability to compile a useful source for referrals. We are exploring the use of technology (e.g., on-line referral sources) to determine if it might offer a more useful and timely approach to documenting referral options.

The Connection for Families and Agencies resource directory is intended to provide a comprehensive list of agencies, telephone, fax, toll free numbers and web sites for quick reference for services offered to children, women and families. It does not promote or endorse any particular services, agencies or organizations. The goal is to provide information on existing programs, and how these programs may be contacted. Because of the amount of time and work required to update the document, other partners are being solicited to assist in the process. This document is widely utilized by agencies and families; however enhancements to the current document would facilitate better results for the families.

The North Dakota Social and Emotional Development Alliance (NDSEDA) is pursuing the development of a resource packet for providers with a listing of suggested evidence-based mental health screening tools, how to use them, and resources for education on them (provider friendly version of the mental health screening toolkit, including a summary and overview of children's mental health). In addition, they would develop a provider resource list of referral sources and education on how to refer a child for mental health resources and evaluation that is family friendly and inclusive. Plans are to meet with the ND Chapter of the American Academy of Pediatrics regarding their recommendations of evidence bases mental health screening instruments/tools and incorporate those recommendations into the MOA. Discussions have also included the development of a resource list of mental health providers who accept ND Medicaid.

Goal #2: To explore development of training for nurses and other staff for mental health screenings in pre-service and on the job. (Addresses over-arching Goals #1, #2, #3 and #4).

Performance Measures:

1. Increase support for mental health training activities among health care providers

- Approach:** a) survey health care community to assess opinions
b) monitor changes in number of mental health training activities

Proposed Activities:

- a. Meet with the ND Board of Nursing regarding scope of practice
Tracking Approach: monitor through subcommittee
- b. Interpret the data used/found
Tracking Approach: assess using survey
- c. Engage physicians to support the goal
Tracking Approach: monitor through subcommittee
- d. Identify training for physicians to attend
Tracking Approach: assess using survey
- e. Explore connecting with the "Docs for Tots" program and/or the ND Medical Association and/or AAP
Tracking Approach: monitor through subcommittee
- f. Provide training for nurses and other staff
Tracking Approach: assess through counts of training materials, workshops, programs
- g. Agree upon desired/preferred screening tools

Tracking Approach: monitor through subcommittee

Accomplishments:

- Pilot study in Fargo/Moorhead that is collecting information on pre-screening
- Discussion continues regarding appropriate screening tools

Progress toward measureable milestones:

Engaging the health provider community has been limited, especially in terms of designing and conducting training activities. Although the subcommittee is active in promoting webinars and external training opportunities, we continue to explore connections with medical professionals to build the necessary linkages to move the training activities forward. Emphasis will be place on these activities in the future.

The NDSEDA has also identified this as a goal. The HDNECA and NDSEDA groups will collaborate in efforts to move this goal forward in the future.

Early Care and Education Subcommittee Meeting

Goal #1: To educate the leadership and membership of the ND Early Childhood Education Council (NDECEC) about early childhood care and education. (Addresses over-arching goals #1, #3 and #4)

Performance Measures:

1. Increase knowledge and support for early learning among policy makers

- Approach:** a) use survey tools to assess opinion of early learning
b) monitor changes in policy guidelines regarding early learning

Proposed Activities:

a. Develop a proposal (resolution style) to provide the Lt. Governor (chairperson of the NDECEC) with a daylong training in early childhood

Tracking Approach: monitor through subcommittee

b. Repeat the training for new members once appointed

Tracking Approach: monitor through subcommittee

c. Offer to connect the NDECEC with the resources they will need, including people resources

Tracking Approach: monitor through subcommittee

d. HNDECA make recommendations for appointments to the NDECEC to help in avoiding duplication and to promote efficiency

Tracking Approach: monitor through subcommittee

e. Develop a list of local and state experts for the NDECEC to call on for advice and counsel

Tracking Approach: monitor through subcommittee

f. Develop resource materials and references for use by the NDECEC members

Tracking Approach: monitor through subcommittee

g. Seek legislative support in this effort

Tracking Approach: monitor through subcommittee

h. Encourage the state to apply for the federal grant funding that is available

Tracking Approach: monitor through subcommittee

Accomplishments:

- The ND ECCS Program Director and two other members of the HNDECA serve on the NDECEC.
- Discussions continue regarding developing best approaches to provide training for the NDECEC
- Encouraged the NDECEC to apply for supplemental federal grant support, however, this effort was not successful.

Progress toward measurable milestones:

The Governor's Early Childhood Education Council (NDECEC) held their first official meetings in January 2010, thus efforts in working with that committee have been delayed. HNDECA members were successful in having four of their nominations selected to serve on the NDECEC. Federal grant funding was discussed during the council's first meeting, however due to the 70 percent federal match requirement leaving the state to provide funds in the amount of \$1,667,000 over a three year period was not plausible. The NDECEC did review the federal legislation and goals and compared them to those of the North Dakota legislation that established the NDECEC. Council members held discussion and three areas regarding the federal and state goals gave rise to their priorities. The NDECEC has created the following three subcommittees to help guide and organize the Council's duties:

- I. Needs Assessment Committee
 - A. Identify 3 well defined areas of need
 - a) Public and private pre-school offerings for four and five year olds
 - b) Child care offerings for 0-3 year olds and ages 4 and up
 - c) Early childhood services for pregnant women, infants, and toddlers (1-2 year olds)
 - B. Find sources of information for Longitudinal Data Collection
 - a) Provider surveys
 - b) Kids Count
 - c) ND Data Center

- II. Development of Early Childhood Educators Committee
 - A. Higher Education
 - a) Initiate elementary education, early childhood education, combined major or major-minor combinations including pre-K student teaching
 - b) Expand to more campuses than University of North Dakota, Mayville and University of Mary
 - c) Develop program to add early childhood education credential after graduating in elementary education
 - B. Professional Development
 - a) Promote development of a career ladder plan in early childhood education

- III. Participation and Quality Assurance Committee
- A. Increase public awareness of early childhood programs available in North Dakota
 - B. Increase availability of quality programs through state funded facility improvement and expansion grants
 - C. Expand Quality Rating Program as an incentive to improve the quality of early childhood programs in North Dakota

At the May 2010 HNDECA Early Care and Education subcommittee meeting, there is scheduled discussion regarding this goal and activities. At the time this goal and its activities were discussed, the NDECEC had not yet formed and therefore there was no direction of the council available. Now that the council has been formed and meetings have occurred, HDNECA will realign its goals and activities accordingly to enhance and facilitate those of the NDECEC.

Goal #2: To promote the principles of appropriate early learning. (Address over-arching goal #4 as well as enhancing goals #1, #2, and #3).

Performance Measures:

1. Increase knowledge and support for early learning among the public and child care providers
 - Approach:** a) use survey tools to assess opinions of early learning
 - b) monitor changes in policy guidelines regarding early learning

Proposed Activities:

- a. Adopt the developmentally appropriate practice statement
 - Tracking Approach:** monitor through subcommittee
- b. Teach legislators by targeting them for direct messages
 - Tracking Approach:** assess through count of messages, activities directed at contacting legislators, and number of legislators reached
- c. Develop simple, memorable media messages through ND Department of Health media production capability
 - Tracking Approach:** monitor through subcommittee
- d. Develop and administer a survey to assess attitude change
 - Tracking Approach:** monitor through subcommittee

Accomplishments:

- Promoted various early learning awareness activities, webinars, workshops
 - Head Start conference
 - Free mobile information services (National Healthy Mothers, Healthy Babies Coalition)
 - Child Advocacy Training
 - Early Childhood Asset mapping
 - ND Early Childhood Education Council
 - Healthy Futures
 - Zero to Three and Ounce of Prevention Fund
- Media messages have been delivered largely through the Kids Count and Children's Defense Fund networks.
- Discussion regarding attitude surveys is just beginning.

Progress toward measureable milestones:

We have been effective at developing partnerships to expand training activities, especially through the Cooperative Extension Service, Parent Resource Centers, Nurturing Programs, and Parent Involvement Programs. We continue to expand the number of activities made available to parents and guardians along with parenting materials, resource lists, newsletters, and updated resource guides.

The ND Department of Health, Division of Nutrition and Physical Activity, was recently awarded a cooperative agreement from the CDC. These Recovery Act funds are to reduce risk factors, prevent/delay chronic disease, and promote wellness in both children and adults. Two objectives of the project are to:

- 1) Revise and/or clarify the state child care licensing regulations to address the following:
 - a. Television, video, and computer time are limited
 - b. Child care providers do not withhold active play time as punishment
- 2) Increase physical activity education offerings to child care providers for use in completing the requirements for the Child Development Associate Credential.

The ECCS Program Director has been asked to participate as an advisory committee member for this project. The primary objective of the advisory committee is to provide advice on accomplishing the objectives and activities of the cooperative agreement.

Goal #3: To assure that childcare nurse consultants are part of the infrastructure of childcare settings. (Addresses over-arching goals #1, #2 and #4)

Performance Measures:

1. Increase awareness and support for childcare nurse consultants

Approach: monitor change in the number of childcare nurse consultants.

Proposed Activities:

- a. Evaluate prior attempts at this goal and assess what worked and what didn't
Tracking Approach: monitor through subcommittee
- b. Convene stakeholders to discuss research needs, identify gaps and share data sources to eliminate duplication
Tracking Approach: assess through count of activities, workshops, working sessions dedicated to sharing
- c. Elevate the effectiveness of childcare nurse consultants
Tracking Approach: monitor through subcommittee
- d. Develop a white paper/report documenting the lack of availability of nurses
Tracking Approach: monitor through subcommittee
- e. Survey childcare providers regarding their special health needs (swine flu, etc.)
Tracking Approach: monitor through subcommittee
- f. Encourage the AAP to urge the Department of Health to accept the childcare nurse consultants infrastructure in child care settings
Tracking Approach: monitor through subcommittee
- g. Define what is "new" programming/funding vs. what can be reprioritized
Tracking Approach: monitor through subcommittee
- h. Revisit the public health unit model and/or provide training in understanding early care to public health unit staff

Tracking Approach: monitor through subcommittee

- i. Define the service to the child as well as the service to the program

Tracking Approach: monitor through subcommittee

Accomplishments:

- Successful in getting legislature to fund child care initiative providing \$500,000 in matching grant support for infrastructure and technical assistance. In addition, \$1.25 million in low interest loan money was provided for lease, remodeling, and equipment purchases for child care facilities.
- With funding from the legislature through June 30, 2011, the ND Child Care Resource & Referral (NDCCR&R) has implemented an incentive program (Child Development Associate (CDA)) to encourage licensed child care providers to continue their education and implement quality programming to support school readiness and healthy, happy children.
- Title V Maternal and Child Health grant project has selected its priority needs for the next five years. Increasing the number of child care health consultants and school nurses who provide nursing health services to licensed child care providers and schools was identified as one of their priority needs areas.
- Establishment of the School Health Interagency Community Workgroup (SHIW). The ECCS Program Director participates in this workgroup.
- Promoted H1N1 influenza guidance and Managing Chronic Health Needs in Child Care and Schools materials for child-care and early child-care programs.
- Expanded discussion regarding data sharing between departments and data providers.

Progress toward measureable milestones:

Much of our efforts to accomplish this goal have centered on training and data sharing. Survey efforts and policy initiatives will move to center stage as we begin to approach the legislative session. Discussions with public health units and childcare coordinators regarding nurse consultants have been limited. New efforts in school health are being conducted through a SHIW that has been established and includes school nurses and other statewide health professionals. The ECCS Program Director is participating in SHIW; their first meeting is set for May 4, 2010. The SHIW mission, funded by CDC, is to build State education and health agency partnership and capacity to implement and coordinate school health programs across agencies, within schools and among key partners and organizations. Participation in this process will help to identify areas of collaboration for SHIW and ECCS efforts into the future.

NDCCR&R representatives also participate in the HNDECA. Collaboration between the two groups has been important as we try to gain support from the ND legislature in continuing to fund the CDA credential project. The CDA credential process includes:

- Completion of 120 hours of formal child care training or education.
- Documentation of 480 hours of direct care experience working with children ages 0-5 years in a state approved and/or licensed group care setting.
- Completion of a professional resource file – a collection of 17 specific materials related to the candidate's work. The resource file also includes a written autobiography and six statements of competence.
- Collection of parent opinion surveys to gather feedback from the parents of children in the candidate's care.

- A formal observation of the candidate conducted while the candidate is serving as lead teacher or caregiver with a group of children who are in the age range of the candidate's CDA emphasis area.

In addition, the emerging design of the Quality Rating Improvement System has been completed and will be piloted in eastern ND with funding from the United Way of Cass Clay over the next two years. Members of HNDECA are working with these organizations to promote a positive outcome of this project as well.

As part of the Title V Maternal and Child Health grant project, a needs assessment was completed regarding some of the top perceived needs in ND. At the Title V stakeholder meeting in February 2010, the data surrounding those perceived needs was shared with the group. It's interesting to note that most of these priority needs could be addressed by child health care consultants and school nurses and thus this priority need surfaced in the top ten priority needs. This was the first step in elevating the value and need for child care health consultants.

The activities of this goal will need to be readdressed and more tightly defined during the upcoming meetings of the Early Care and Education HNDECA subcommittee to better address the goal.

Parent Education Subcommittee

Goal #1. Build Capacity for Parent Education. (Addresses over-arching Goal #1)

Performance Measures:

1. Expand infrastructure and networks that promote and sustain parent education in North Dakota.

Approach: Monitor changes in the number and size of parent education advocate networks within the state. Also, monitor change in amount of messaging conducted in the state regarding parent education.

Proposed Activities:

- Capture parents attention at milestone moments (kindergarten entry) and educate them then, via means with which they are comfortable
Tracking Approach: assess through numbers of parents reached and trained
- HNDECA sponsored statewide conferences about Parent Education
Tracking Approach: assess by count of conferences, workshops, and activities for parent education
- Presentations on Parent Education at otherwise-sponsored conferences supported by HNDECA
Tracking Approach: assess through count of presentations, workshops, and activities at events and conferences for Parent Education
- Video production at the ND Department of Health
Tracking Approach: assess by count of video productions and size of target audience reached
- Conducting surveys to identify needs, gaps
Tracking Approach: monitor through subcommittee
- Use the "Tupperware" model of education and/or a mutual support network

Tracking Approach: monitor through subcommittee

- g. Target the most “at-risk” “resource limited” families

Tracking Approach: assess by number of events, activities, resources delivered to “at-risk” population

- h. Use parents as leaders, presenters and messengers to gain credibility and the interest of their peers

Tracking Approach: assess by number of parents participating in activities

Accomplishments:

- Conducted an assessment of the priorities for parent education training.
- Developed and promoted workshops and webinars for parent education including
 - Assessment & Intervention for At Risk Parents with Learning Difficulties
 - Cultural Competence
 - Data Use for Adoptive parents
 - CDC Parent Portal

Progress toward measureable milestones:

The statewide network of Parent Resource Centers (PRC) has expanded over the last biennium because of legislative appropriation. The Centers offer multiple options for educational classes as well as mutual support groups for parents. Additionally, the PRC network has an extensive print and media materials loan library available for parents and HNDECA members.

Goal #2: Educate policy makers regarding the importance of Parent Education (Addresses overarching goal #1)

Performance Measures:

1. Increase knowledge base of policy markers regarding parent education

Approach: monitor change in amount of materials, lobby efforts, and messaging that targets policy makers regarding parent education

Proposed Activities:

- a. Educate about current programs that are successful

Tracking Approach: assess by number of contacts with policy makers regarding parent education

- b. Increase the awareness of the need for Parent Education

Tracking Approach: assess through survey

- c. Continue to provide parent leadership training to empower parents as advocates

Tracking Approach: monitor through subcommittee

- d. Develop common tools for parents to use in their messages

Tracking Approach: monitor through subcommittee

- e. Conduct training/orientation for parents regarding the legislative process

Tracking Approach: assess by count of training sessions and number of parents trained

- f. Convene a HNDECA sponsored day at the Capitol for parents

Tracking Approach: monitor through subcommittee

Accomplishments:

- Collaborative efforts with the Childrens Defense Fund and the North Dakota Economic Security Alliance are moving forward with regard to developing a grassroots network of advocates.
- Training, webinars, and workshops have been conducted to assist in message development.

- Parent to Parent & Parent Navigator workshops have been conducted in each of the State's eight regions.

Progress toward measureable milestones:

We have been successful at parent education training and advocacy development efforts. As the legislative session approaches, we will concentrate more on message development activities and parent orientations to the legislative process.

The HNDECA members who assume the greatest responsibility for the direct policy/fiscal advocacy activities include Family Voices, Parent Resource Centers, the Federation of Families for Children's Mental Health, Childcare Resource and Referral, Children's Defense Fund and others. HNDECA members all work to provide supporting data and documentation for the advocacy efforts.

Goal #3: Increase Parent Education for Tribal Communities. (Addresses over-arching goal #1)

Performance Measures:

1. Expand resources and opportunities available for Tribal Communities regarding parent education.

Approach: monitor change in number of resources and activities made available to tribal communities regarding parent education

Proposed Activities:

- a. Survey membership regarding existing tribal relationships and partnerships to be sure to honor cultural protocols

Tracking Approach: assess through survey

- b. HNDECA could invite the participation of the newly hired Executive Director of the Indian Affairs Commission

Tracking Approach: monitor through subcommittee

- c. HNDECA could convene a community group on each reservation to determine the available gaps, needs and community will for such services

Tracking Approach: monitor through subcommittee

Accomplishments:

- Promoted cultural awareness activities through:
 - the ND Indian Child Welfare & Wellness conference
 - the ND Economic Security Alliance Summit
 - poverty alleviation webinar sponsored by CFED
 - Cultural Competence and You conference call, sponsored by the National Center for Cultural Competence and National Family Voices
- The ECCS Program Director participates in Early Childhood Health and Wellness Discussion Circles conducted by the ND Head Start State Collaboration Office and at all tribally based Head Start programs.

Progress toward measureable milestones:

We have expanded our efforts to engage Native American parents and encourage them to become more involved with HNDECA. In addition, we have increased our activities to bring cultural sensitivity regarding Native American issues to the forefront of the childcare debate. These efforts are beginning to gain traction.

The ND Head Start Collaboration Office has begun scheduling a series of discussion circle meetings with the State's Head Start programs located on tribal lands. The first of these meetings was held on April 21st at Turtle Mountain Head Start. The ND Head Start Collaboration Office Director and the ECCS Program Director attended the community forum regarding the importance of nutrition, wellness and preventive health care that the families face in their community. Discussion was based on what the communities have in place, what works and what gaps and needs the community identified to help solve issues on their reservation. We realize that what works in one community does not necessarily work in others, and their needs do vary as well. These meetings are the first step related to this goal in the ND Head Start Strategic Plan.