

**Healthy North Dakota
Early Childhood Alliance (HNDECA)
Mental Health and Social Emotional Development
Subcommittee Meeting
Tuesday, December 15, 2009**

Meeting Summary

Proposed Meeting Goals:

- To review agreements reached by the HNDECA Steering and Stakeholder Committees;
- To review and prioritize work plan goals;
- To identify specific activities, responsible parties, performance measures, timelines, barriers and resources needed; and
- To identify next steps in planning and implementation.

Meeting Participants: Cheryle Masset-Martz, Carlotta McCleary, Drinda Olsen, Janet Bassingthwaite, Linda Rorman, Lyn Hendrickson, Jennifer Laabs, Sarah Myers, Richard Rathge and Wendy LaMontagne.

Facilitated by: The Consensus Council, Inc.

Welcome, Introductions, Process and Agenda Review: Participants were welcomed to the meeting and provided self-introductions. The use of consensus-based decision-making and the long-standing ground rules were affirmed. Participants reviewed the agenda and recommended no changes. Cheryle provided an overview of the Stakeholder Meeting (October 20) and reviewed the strategic planning documents, including the Integrated Activities Worksheet. Cheryle reminded the participants that there is some funding available for implementation of goals that will need to be expended by May 2010.

Cheryle also provided an overview of the Governor's Early Childhood Education Council, including information about Council members', grant funds available and the legislative language that created the Council in HB 1400.

Lyn reported on event planning for March 2010 that will include Dr. Bruce Perry and David Conrad. Dr. Perry will be addressing the effects of trauma on children on March 25 at the Bismarck Civic Center. David Conrad will be addressing bystander/secondary trauma on March 26, also at the Civic Center. The registration fee is expected to be reasonable and continuing education credits will be available for several disciplines. Both are well-known, highly regarded professionals and excellent presenters.

Participants agreed that it would be helpful to the work of the subcommittee to have an overview/explanation of the ongoing work of the North Dakota Social Emotional Development Alliance (NDSEDA). The information was provided as follows:

- NDSEDA is developing a memorandum of understanding that would provide for all children (birth to age 21) who are Medicaid eligible, and/or in foster care, receiving a mental health screening (annually?) through a private provider or through Health Tracks.
- NDSEDA is developing an inventory of evidence based screening tools.
- From this inventory, NDSEDA will make recommendations for the use of specific, preferred screening tools for use provider-wide and statewide.
- NDSEDA is working with the American Academy of Pediatrics on this initiative to gain their support.
- NDSEDA plans to recommend use of specific screening tools under Medicaid.
- NDSEDA is working to develop a comprehensive inventory of available mental health care, by specialty, and will include this in the reprint of the “Family Connections” resource guide. Funding has been made available for reprinting from the Head Start State Collaboration Office (HSSCO).
- Along with the resource guide, a companion piece will be developed that outlines referral information and processes, potentially modeled after the “half-a-child” project in Fargo.

Review, Prioritization and Development of Mental Health Subcommittee Goals and Activities: Participants reviewed the two (2) priority goals developed in May 2009 and made the following edits, additions and changes:

Goal #1: To develop a scope and sequence of all available mental health services including screening, assessment, treatment and follow-up.

Activities: The following activities were added to enhance the work toward achieving the goal:

- Work with Dr. Rathge to design, administer and analyze a survey that will determine the types and numbers of screenings being done by what disciplines.
- A small group will be tasked to work with Dr. Rathge to help identify survey questions that will assess/identify barriers and gaps, target the preferred audiences and include questions regarding referral knowledge, treatment availability and follow-up services.
- The group will be convened by Cheryle to begin the process in late January 2010,

Resources Needed: There may be a need for ECCS resources to support the survey design, administration and analysis.

Goal #2: To explore development of training for nurses and other staff (health professionals?) for mental health screenings in pre-service and on the job.

Activities: It was agreed that Cheryle would work with Jennifer Laabs and Shawna Croaker to set a meeting to begin discussion on the following activities to move the goal forward:

- Develop a plan to replicate the 2007 training effort (1.5 hours) using Ages and Stages, Pediatric Symptoms Checklist or other recommended screening tools.
- Partner with the Medical Home Care Coordination Team to provide/receive information on training staff to conduct screenings.
- Provide screening training at the annual spring meeting of the American Academy of Pediatrics in ND.
- Provide screening training en masse to groups including public health units, school nurses, Head Start providers and others as identified.
- Partner with the Head Start Technical Assistance team in their mental health initiatives (CEFL).
- Partner with the Department of Public Instruction (DPI) on the Positive Behavioral Supports (PBS) Initiative, possibly using Chris Deaver as a trainer or resource.

Resources Needed: There may be a need for ECCS funding to purchase PBS materials.

It was agreed that, with respect to goal #2, the following are important points:

- Creating an opportunity to train with a sensitivity to issues of stigma; proper training can aid in eliminating stigma;
- Successful parent-directed techniques can be used to train others; and
- The group should work to address the screening needs of special populations including Native Americans, New Americans and veteran's populations.

It was further agreed that the work of HNDECA in the area of mental health should be routinely shared with the State Mental Health Planning Council. Cheryle will collaborate with Council members Drinda Olsen and Carlotta McCleary to determine the best process for sharing information with the full Council.

The meeting was adjourned by group consensus with best wishes for happy holidays.