

**Healthy North Dakota
Early Childhood Alliance (HNDECA)
Stakeholder Meeting
Wednesday, May 5, 2010**

Meeting Summary

Proposed Meeting Goals:

- To receive a report from the ECCS Program Director;
- To receive an update regarding the MCH Title V Block Grant and Home Visiting Programs;
- To receive information regarding children's mental health screening & anti-stigma initiatives;
- To receive information regarding child care health consultants;
- To receive information regarding the Children's Defense Fund;
- To receive information regarding the FVND Parent-to-Parent project;
- To receive information regarding the NDIS Medical Home project;
- To receive information regarding the ND Head Start Collaboration Early Childhood Health & Wellness Discussion Circles;
- To receive information regarding the ND Early Childhood Education Council; and
- To review and discuss next steps in HNDECA strategic planning and implementation.

Meeting Participants: Cheryle Masset-Martz, Carlotta McCleary, Jennifer Barry, Roberta Lein, Linda Lembke, Michelle Schmitz-Bohrer, Julie Quamme, Paul Ronningen, Linda Ehreth, Kay Larson, Sarah Myers, Bobbe Shreve, Kathy Lampman, Tricia Keifer, Earleen Friesz, Sue Burns, Helen Danielson, Cyndee McLeod, Shawna Croaker, Kora Dockter, Kjersti Hintz, Laci Ginder, Rose Greer, Teresa Olin, Jennifer Labs, Michelle Bell, Jodi Bettger-Huber, Roxane Romanick, Linda Reinicke, Shonda Wild, Suzie Godsell, Tania Hellman, Linda Rorman, Kim Senn, Donene Feist (phone) and Richard Rathge (phone).

Facilitated by: The Consensus Council, Inc.

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 were directed to review the HNDECA Stakeholder meeting summary from October 20, 2009 and to let Rose or Cheryle know of any corrections. Participants also reviewed the meeting handouts and the proposed agenda.

ECCS Project Directors Report: Cheryle provided an update on the work she has been doing on the ECCS grant and HNDECA efforts as follows:

- HNDECA now has 127 members although not all members are committed to or active in a subcommittee
- The annual project report was recently submitted to the Health Resources and Services Administration (HRSA); the required report assures that ND will continue to receive the ECCS funding of \$140,000 per year
- The previous funding cut to ECCS grants has now been restored and there will be a need to allocate funds for a spend down before the end of May
- Much time was spent as part of the Maternal and Child Health Needs Assessment Team, particularly in the area of data review
- Dr. Rathge has been of assistance in numerous ways including development of performance measures for the HNDECA strategic plan; based on his recommendations, subcommittees might need to revise some of their goals and action steps
- Dr. Rathge has assessed the need for research by HNDECA subcommittees and is available to advise/consult and/or perform the needed research if adequate funds are available (this will be reviewed in more detail later in the meeting)
- ECCS will be partnering with the Department of Human Services (DHS) to add a chapter on children's mental health to the "Connections for Families" resource guide
- There has been a noticeable increase in reports of homelessness and in the demand for mental health services, particularly in western North Dakota
- Assistance has been provided to the Ronald McDonald (dental) Care Mobile project; the project has been unable to secure a clinical partner for the effort which has delayed its implementation
- There continues to be a lack of family/parent involvement in HNDECA and all are asked to suggest ways in which to remediate that problem
- The Governors Early Childhood Education Council (ECEC), Chaired by Lt. Governor Dalrymple, has met twice since forming in January 2010; the initial meeting included presentations by Cheryle Masset-Martz regarding ECCS and HNDECA and by Linda Rorman regarding Head Start collaboration
- There are twenty voting members of the ECEC, serving staggered terms of one, two and three years; five members of HNDECA with voting privileges serve on the ECEC (Cheryle Masset-Martz, Linda Rorman, Gwyn Marback, Jennifer Ramey and Sharon Hansen)

- The ECEC has established three subcommittees: Development of Early Childhood Educators (Glenn Olsen, Chair; Linda Rorman and Gwyn Marback, members); Needs Assessment (Nancy Langseth, Chair; Sharon Hansen, Linda Rorman and Cheryle Masset-Martz, members); and Participation and Quality Assurance (Sandy McMerty, Chair)
- The Development of Early Childhood Educators committee is working on pre-kindergarten options, higher education opportunities and incentives, and infant/toddler credentialing
- The Needs Assessment committee is reviewing existing data to determine what additional assessments might be needed
- The Participation and Quality Assurance committee is working on gearing up for pre-kindergarten, facility improvement and expansion grants and the Quality Rating Improvement System (QRIS)
- None of the committees meeting minutes have been made available as yet: Cheryle will forward them to HNDECA members as they become available
- Other topics the ECEC is learning about include the longitudinal data system (DPI) and childcare licensure requirements; it is hoped that CCR&R can provide a presentation at a future meeting of the ECEC
- There may be differing views among ECEC members as to the age range and meaning/interpretation of “early childhood”
- The ECEC has opted not to apply for available federal funding at this time; other states have declined, as well
- The ECCS budget includes funding for Cheryle and one member of the ECEC to attend the national ECCS meeting in August 2010; the Steering Committee recommends inviting Representative RaeAnn Kelsch to attend and Cheryle will follow-up (Stakeholders suggested that, if Rep Kelsch was unable to attend, it might be helpful to have someone from the Governor’s office invited; Nancy Langseth might also be a good alternate)
- It was agreed that previous goals for training and orientation by HNDECA for the ECEC might be premature; the Steering Committee will make recommendations to the subcommittee in this regard

Title V Maternal and Child Health (MCH) Block Grant Needs Assessment Report: Kim Senn, North Dakota Department of Health (NDDOH), reported on the history, process, funding and outcomes of the most recent Needs Assessment. Stakeholders may access the full report and presentation by going to www.ndhealth.gov/familyhealth. Under “new publications” click on Title V/Maternal and Child Health Needs Assessment Data Presentation: 2011-2015. The identified areas of focus (in no priority order) are:

1. To form and strengthen partnerships with families, American Indians and underrepresented populations.
2. To form and strengthen a comprehensive system of age appropriate screening, assessment and treatment for the MCH population.
3. To support quality health care through medical homes.
4. To increase participation in and utilization of family support services and parent education programs.

5. To increase access to available, appropriate and quality health care for the MCH population.
6. To promote optimal mental health and social-emotional development of the MCH population.
7. To increase the number of child health care consultants and school nurses who provide nursing health services to licensed childcare providers and schools.
8. To reduce violent behavior committed by or against children, youth and women.
9. To reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.
10. To promote healthy eating and physical activity within the MCH population.

The areas of focus were determined by broad participation in an online survey, youth participation in focus groups, and parent interviews in partnership with Family Voices of North Dakota (FVND), and data collection and review. In February 2010, a diverse group of stakeholders met to review the data and responses and to begin the prioritization process. The MCH Core Team then met for a two-day retreat to finalize the areas of priority, a process described as intense and difficult, based on so many identified, unmet needs.

Kim noted the important role HNDECA played in this process, the many elements that the two initiatives have in common and the critical role the HNDECA infrastructure will play into the future in terms of implementation. The NDDOH will work with key partners/grantees across the state to implement change and the state staff will focus more of their work on these priorities, as well. It is anticipated that advocates will be able to use the information in the recommendations to affect policy change at the legislative level.

Kim also reported on the impact of the federal health care reform legislation on home visiting programs including the following highlights:

- The Patient Protection and Affordable Care Act establishes a home visiting grant program for states administered through the Department of Health and Human Services (HHS), Health Resources Services Administration (HRSA) as a new section of the MCH block grant program
- The program provides \$1.5 billion over 5 years for maternal, infant and early childhood home visitation programs that use evidence-based program models
- During the first two years, only states and tribes can apply for funding
- The program requires states to complete a needs assessment to identify underserved communities
- For North Dakota, Dr. Rathge will conduct the needs assessment that is due by 9/23/10
- For more detailed information on the home visiting program legislation see http://www.pewcenteronthestates.org/news_room_detail.aspx?id=57904

Mental Health Screening Initiative Report: Shawna Croaker reported on this initiative that began in 2007 as a cooperative project of the Dakota Medical Foundation (DMF), the

Region 5 Children's Services Coordinating Committee (CSCC) and the Southeast Community Action Program. The need for mental health screening was found by a study performed by the Robert Wood Johnson Foundation and subsequently the initiative received four years of funding.

Shawna described the process for mental health screening (using the ASQ: SE tool), brief therapy and parent education as well as the results from the pilot at Innovis Health in Fargo. Stakeholders were able to see and use the handheld screening device to get a more accurate sense of the "wellness visit" process. Shawna reported that physicians have indicated that the screening improves overall communication with patients and parents. Shawna will be adding another full time consultant in the near future and anticipates that sustainability of the initiative will come through insurance reimbursement and/or fee for services when grant funds are exhausted. Dr. Rathge is providing the evaluation of this project. There was discussion about the potential of replicating this project in the seven medical home pilot sites. For more information about this project and other mental health activities in Cass/Clay Counties see <http://www.halfachild.com/childrenshealth/>.

Children's Mental Health Month Report: Carlotta McCleary (Federation of Families for Children's Mental Health) reminded stakeholders that May is Mental Health Month and that approximately 1 in 5 children have a mental health disorder and that about 1 in 10 children have a serious emotional disorder. There continues to be great need for more visibility about children's mental health and more opportunity for mental health screening and early intervention. There is also a great need for elimination of stigma about mental health. Becky Severt has been hired full time with the Federation of Families for Children's Mental Health through a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and she will be organizing a Youth Advocacy Conference in July 2010 that will focus on transitions to adulthood. The conference, patterned after "YOUTHMOVE" will be in Mandan; scholarships for attendance will be offered.

Childcare Health Consultant Report: Linda Lembke, Kathy Lampman and Sarah Myers from Lutheran Social Services Childcare Resource and Referral (CCR&R) reported on the following activities and programs:

- Growing Childcare in North Dakota, funded by the legislature in 2009 with federal stimulus dollars (HB 1418), has a focus on professional development and improved quality for childcare providers and programs (both center-based and home-based); and business planning opportunities for existing and new providers; see <http://www.ndchildcare.org/providers/quality-improvement/> for more detailed information
- The Child Care Health Consultant program has grown from 2 to 6 nurses providing statewide collaborative consultation based on the "Caring for Our Children" national standards (<http://nrc.uchsc.edu/CFOC/>)
- Detailed contact information for the ND consultants can be found at <http://www.ndchildcare.org/providers/healthsafety/docs/State%20Health%20Consultant%20map%20and%20picture.pdf>

- Child Care Health Consultation is not supervision, licensing or direct services but rather, collaborative consultation to build skills for problem solving
- Examples of such problem solving was photographically illustrated by changes in the childcare environment to assure health and safety

Children’s Defense Fund Overview: Paul Ronningen provided an overview of the priorities of the Children’s Defense Fund (CDF), where he was hired as the Director of the North Dakota project last year. The highlights of his presentation included:

- A priority is placed on advocacy for policies that benefit children and families, the same as it has been in CDF over its 35 year history
- Information was provided about the Children’s Health Insurance Program (CHIP) in North Dakota as it compares to other neighboring states, noting that the ND program is the lowest despite the fact that the state receives \$3 in federal funds for every \$1 of state funding
- Despite a budget surplus in excess of \$790 million, North Dakota legislators seem unwilling to expand the CHIP program, noting that, during the 2009 legislative session, both the Governor and the DHS recommended an increase to 200% of the federal poverty level (FPL) which was subsequently lowered by the House of Representatives to 160% (HB 1478); this same sentiment is likely to prevail in the 2011 session
- There is data indicating that uninsured children are 60% more likely to die than their insured peers
- There is a lack of sound data regarding the number of uninsured children in ND as well as a lack of advocacy from a statewide, grassroots perspective
- Paul conducted advocacy trainings across ND (6 locations) where legislators also attended to hear the messages and respond to questions; there is now a cadre of advocates for mobilization emerging across the state
- Paul promoted use of the Bridge to Benefits program (www.bridgetobenefits.org) as a tool for determining potential program eligibility for children and families as well as the passage of a state Earned Income Tax Credit (www.stateeitc.com) in ND as a way to put money in the hands of working families; Paul also recognized the DHS for making some program applications available online for easier access
- Stakeholders were provided with the recently released report “Public Work Support Programs: Addressing Barriers to Increase Access” (www.cdf-mn.org/news/article/2010/04/public-work-support-programs-report)
- The report documents barriers families face when trying to access public work support programs. The report evaluated Child Care Assistance, Medicaid, Children’s Health Insurance (CHIP), Food Supports (SNAP), and Energy Assistance (LIHEAP) in five mid-western states and found that many working families who need and are eligible for assistance with food, heat, and medical care, face a variety of barriers that often prevent gaining access to these helpful programs

Family Voices Parent-to-Parent Project: Donene Feist reported that Missi Baranko (also a member of HNDECA) is the Project Director for this program that supports

families of children with special health needs. The program also links parents together based on common need, including interaction with trained “Veteran Parents” for support and guidance. This four (4) hour training is available in person or online. BIGTENT is a new online feature (<https://www.bigtent.com/groups/ndp2p>) that allows ongoing communication for families and has become a rich resource for parent support. Missi has been around the state covering all eight (8) regions and two (2) tribal areas providing Parent Navigator training resulting in the formation of regional Parent Navigator Teams. Teams can help to identify community/regional needs and gaps, serve as an IEP Buddy and provide other technical assistance. Family Voices North Dakota (FVND) is able to provide seed money to help teams get organized. FVND also continues to offer the popular Family Leadership Institute every summer.

Early Childhood Health and Wellness Discussion Circles: Linda Rorman (Head Start State Collaboration Office) reported on the Health and Wellness Circle initiative in Indian Country. The project began in Belcourt, will soon convene in Newtown and will eventually provide outreach to the other Indian reservations. Participants have included parents, Tribal leaders, Head Start staff, Childcare and early childhood workers, health workers and other interested tribal residents. Primary areas of concern include health disparities, obesity, asthma, substance abuse, and abuse and neglect. This effort points to the need for more outreach to Tribal Head Start programs as well as the need for more technical assistance for the Tribes. She also indicated that the Head Start Needs Assessment Final Report is posted on the KIDS COUNT website and will soon be posted on the DHS website.

Linda also reported on the outcomes of the Rural Early Childhood Institute held in Overland, KS in March. The Institute theme was “Caring Communities for all Children” and emphasized place-based strategies for tribal communities.

North Dakota Integrated Services Project Report: Kora Dockter reported on this project, federally funded for three (3) years and administered by the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University (MSU). The project has a focus on medical homes for children with special healthcare needs, making healthy transitions and providing culturally competent care. There is growing national interest in the concept of medical home, especially for people on Medicare.

In North Dakota, there are seven (7) medical practices now providing medical home including two (2) in Fargo and one (1) each in Jamestown, Devils Lake, Minot, Valley City and Newtown (Indian Health Services). This process has been helpful for practitioners to broaden their view and make changes to their practices. Increased efficiencies and greater provider and patient satisfaction have also been noted.

The State Council on Developmental Disabilities (SCDD) has provided funding for development of a care coordinator curriculum noting that there are gaps in information and access among the 7 sites. The curriculum will initially provide training to the care coordinators at the pilot sites and eventually develop a panel of experts to assist with access to health benefits. In the future, it is hoped that there will be more availability of

health screenings, improved efforts at parent involvement and eventually, web-based training. Participants were asked to provide Kora with suggestions for enhancing the topic areas and the suggestions/ideas are as follows:

Health and Benefits Counseling Partners/Resources:

- Bridge to Benefits
- Medical Services (DHS)
- CSHS
- 211
- FVND
- Social Security
- Tri-Care at the Air Force Base Hospital
- 877KIDSNOW
- ND Insurance Department
- Blue Cross/Blue Shield

Health and Benefits Counseling Topics:

- Waivers
- Making a successful referral
- Disability funds (SSI vs. SSDI)
- General health insurance information including how to apply, how to read the “explanation of benefits (EOB)” and a glossary for the terminology
- Recipient liability issues
- Appeals and denials process
- Comparing insurance products and benefits
- A resource guide for the various functions of different agencies
- What records/papers to retain and for how long
- Where to get answers to specific questions
- CHIP vs. Medicaid Buy-In
- How to best organize records/documents to be better prepared for applying for benefits or services

Potential Customers:

- Nurses
- Human Resources at state agencies like the DHS and DOH
- Head Start
- Health Coordinators
- Family Support Organizations
- DD Program Managers
- Experienced Parents
- County Eligibility Workers
- Health Screeners
- Domestic Violence Programs
- Charitable organizations

- Oral Health providers
- Hospital/Clinic Business Managers
- Community Action agencies
- Blue Cross/Blue Shield
- Policy makers
- Community Colleges
- Student Health Centers

Table of Contents Ideas for Screening:

- Best practices
- Evidence/research-based
- All ages
- Purposes for screening
- Federal mandates
- Newborn screening
- Screening for Lead
- Post-partum depression
- Suicide/crisis identification
- Information about length of screening/time commitment needed
- EPSDT information
- Cost of screening, if any
- Referral and follow-up information
- Adaptable information is available from the American Academy of Pediatrics
- Risks
- Stigma regarding results of screening
- Confidentiality and ethics
- School screenings (which ones and how often)
- Right Track
- Special populations, diagnoses
- Prenatal
- Military Career
- Parental choice

Recommendations for Screening Resources:

- National Office of Head Start
- Healthcare Reform regulations
- ND Guidelines for height and weight (NDDOH)
- Ages and Stages from Brooks Publishing
- Social/Emotional screenings (J. Labs has)
- EI Technical Assistance
- Early screenings – Georgetown University

Family Involvement Ideas and Recommendations:

- Family centered principles

- People 1st terminology
- Communication skills including active listening
- No acronyms or jargon
- Strength-based approaches
- Problems should be redefined as unmet needs
- Ask about and address parent/family fears
- Encourage families to ask for what they need and affirm that it's okay to ask for help
- Elevate family rights and legal rights to information
- Have both parents participate, if possible, and include siblings
- Respect for the family grief process
- Attend to different learning styles and cultural competence
- Develop ways to connect to childcare, eventually involving the childcare provider in the medical home

HNDECA Strategic Plan Review: Stakeholders reviewed the current goals in the HNDECA strategic plan with an eye toward a more focused, detailed discussion during subcommittee meetings in the coming weeks. Dr. Rathge provided an overview of proposed activities/surveys that have been suggested across the strategic plan, and their associated cost estimates, including:

1. Survey of HNDECA Membership (\$2,000)
2. Survey of Health Care Providers (\$8,000)
3. Survey of the General Public (\$12,000)
4. Survey of Childcare Providers (\$8,000)

Regarding the various surveys, Dr Rathge noted the following:

- There will need to be a better focus on some of the strategic plan goals
- There may be an opportunity to model this after the CATCH grant (Survey #2)
- There must be specific, desired products from the survey results
- Generic membership survey could include HNDECA, NDSEDA, Oral Health Coalition and others (Survey #1)
- Messaging will be the most important piece of the surveys
- There may be existing data that would fulfill what is needed in Survey #3 (general public)

Upcoming Events: There was brief discussion regarding the possibility of holding an “Early Childhood Day” at the Capitol during the legislative session (2/15/11 has been tentatively reserved). Some stakeholders believe that is actually more work than payoff. There was also discussion about developing a cadre of informational booths vs. providing legislators with individual gifts. A better approach might be a strategy for connecting legislators directly with advocates for communication, education and persuasion. There are mixed feelings about such an event and no agreement was reached.

Participants were asked to identify any conferences or events scheduled for the fall that will be of interest to the HNDECA. This will also make it easier to schedule a future HNDECA stakeholder meeting. The following were identified:

- October 1-2, 2010: ND Association for the Education of Young Children (NDAEYC)
- October 13-15, 2010: “2010 Early Childhood Professional Institute”, Region VIII Head Start Conference at Ramada Plaza Suites & Plaza Conference Center. Visit www.NDheadstart.com for more details.

HNDECA Subcommittee Meeting Schedule: All subcommittees will meet at the office of the Consensus Council (1003 E Interstate Avenue, Suite 7 in Bismarck). The schedule is as follows:

Monday, May 10:

- Access to Health Insurance/Medical Home: 8:30 am to noon
- Family Support: 1:00 to 4:30 pm

Tuesday, May 11:

- Mental Health/Social and Emotional Development: 8:30 am to noon

Thursday, May 20:

- Early Care and Education: 8:30 am to noon
- Parent Education: 1:00 to 4:30 pm

Adjournment: The meeting was adjourned by consensus of the group with best wishes for safe travels.