BEST BEGINNINGS ADVISORY COUNCIL MEETING
APRIL 4 - 5, 2012
Minutes

April 4, 2012

1:08 p.m. ***Best Beginning Advisory Council starts.***

Debbie Hansen welcomed everyone at the meeting and reviewed the meeting agenda.

1:15 p.m. ***"Toto, we're not in Kansas anymore…"***
Jamie Palagi, Human and Community Services Division Administrator

Jamie Palagi discussed the vision of the system we are working towards. We are thinking about purpose, process, and authority as we have been moving along since last September. There will always be new approaches, new problems so process will be ongoing. The system we are working towards is discussed within the agency order. As a whole, the status of BBAC is:

- Best Beginnings Advisory Council will provide advice to the Director of DPHHS (and programs within DPHHS
- We could have up to 28 community teams in local communities.
- Needs Assessments are being conducted with statewide scan and at community level.
- Coordinators are staying connected to the state staff and advisory council.

Goals and Objectives of Best Beginnings Advisory Council are to:

- Recommend a statewide strategic plan:
    - Establish goals within committees
    - Needs Assessment
    - Public comment
    - Formalize strategic plan
- Children have access to quality child care.
- Families with young children are supported within communities.
    - Defining "family support"
    - Inclusion of Children with Special Health Care Needs (CSHCN)
- Children have access to medical homes and insurance.
    - Less than 9% of eligible children are uninsured.
    - Integration of Nutrition and Physical Activity being looked at.
- Improving social and emotional health needs.
    - Last meeting decided to break the health and mental health committee into two committees.
- Recommend a communication and outreach plan for early childhood education services in MT.
- Professional development
    - Coaching as a positive method for creating sustainable outcomes

Vision of system to be- All children and families will be supported in our communities, and services are coordinated and not duplicative. Professionals have what they need to do their work. Jamie shared her personal hope: "Families don't have to go to so many places to get what they need."

1:30 p.m. ***Needs Assessment Presentation*** ***<u>See Power Point</u>***
Jennifer Calder, from KIDS COUNT

Jennifer Calder gives a synapsis of all the Needs Assessments used for the Best Beginnings Advisory Council Needs Assessment scan and describes the type of data each needs assessment is collecting.

What do these assessments capture?
- Programmatic data
- National, state, county data
- Unique needs of our state
- Information about services

At the next meeting, KIDS COUNT will present the full report assessment, which will include:
- More information based on what Best Beginnings Advisory Council indicated was missing.
- Summarize gaps in the data.
- Address questions from Best Beginnings Advisory Council April meeting.

Early Childhood Database
These are indicators being tracked by objectives.
- Objective 1: Early Education (7)
    - # of children ages 3 – 5 enrolled in special education reduced 10%
    - 4th grade reading proficiency increased 11%

- Objective 2: Family Support (12)
    - Homeless families served by Head Start increased 280% (2004 – 2010)
    - Babies born to mothers who smoked during pregnancy (3-year average; as percent of all births) has remained stagnant at 17% (2010); this is higher than the national average
    - Children in low-income households where housing costs exceed 30% of income has increased 12% (2004 – 2010)

- Objective 3: Health (9)
    - Babies born to mothers receiving prenatal care starting in 1st trimester (3-year average; percent of all births) has remained at 69% (2010)
    - Immunization rates- data issues exist due to changes in recommendations; decreases in the percent of those fully immunized by 9% and 27% (2000 – 2010) depending on immunization recommendations
    - Children ages 0 – 6 below 100% (of federal poverty line?) who are uninsured has decreased 50%
    - Children enrolled in Healthy Montana Kids has increased 30% (2006 – 2011)

- Objective 4: Mental Health (7)
    - Children ages 0 – 3 receiving services for early intervention (IDEA Part C) enrollment has increased 37% (2004-2010)

    - Children ages 0-5 eligible for EPSDT who received at least one initial or periodic screen increased 16% (2000 – 2010)

- Demographics
    - Median household income: $42,666
    - Median income for households with householder <25 years: $26,788
    - Family households below 100% FPL: 10%
    - Family households below 100% FPL with householder <25 years: 42%

Survey of Best Beginnings Advisory Council members

History of Cooperation between Agencies
- Some variance in response
- Funding streams and silos a challenge
- Local and state perspective
- Improvements noted

Favorable Political and Social Climate
- Overwhelmingly positive
- Momentum on early childhood issues
- Some uncertainty

Appropriate Cross Section of Members on Best Beginnings Advisory Council
- Most of the people who need to be at the table are
- Decision makers may not be a the table
- Some additional representation requested
    - Local health departments
    - Mental health
    - OPI

Members share a stake in both process and outcome
- Strong commitment
- Best Beginnings Advisory Council is relevant to work/mission

Multiple Layers of Participation
- Some uncertainty as to whether individuals can speak/make decision for organizations.
- Recommendation for sharing feedback with agency.

Goals and Objectives:
- I have a clear understanding of what the Best Beginnings Advisory Council is trying to accomplish
    - 5 strongly agree
    - 19 agree
    - 6 neither agree nor disagree
    - 4 disagree

- Everyone on the Best Beginnings Advisory Council knows and understands the project's goals
    - 1 strongly agree

    - 14 agree
    - 11 neither agree nor disagree
    - 8 disagree

- The Best Beginnings Advisory Council established goals are reasonable
    - 3 strongly agree
    - 21 agree
    - 7 neither agree nor disagree
    - 3 disagree

Unique Purpose:

- What we are trying to accomplish with the Best Beginnings Advisory Council BBAC would be difficult for any single division/department to accomplish by itself
    - 25 strongly agree
    - 9 agree
    - 0 neither agree nor disagree/ disagree

- No other entity in the state is trying to do exactly what Best Beginnings Advisory Council is doing
    - 16 strongly agree
    - 12 agree
    - 6 neither agree nor disagree

Feedback from Best Beginnings Advisory Council members:

- Would like ways to improve committee understanding of objectives.
    - Suggestion is to review the mission as to why we're all here at the beginning of each Best Beginnings Advisory Council meeting.

- Suggestion to improve committee communication:
    - Email, conference calls, webinars.
    - Strategic Communication Outreach, and Public Awareness committee to identify a plan for communicating in-between meetings

3:17 p.m. ***Public Comment***

Floor opens to members of the public for public comment. Tara Martich, from a federal agency, asked about how the public intended to participate? She also asked about how the public is intended to be involved in the Best Beginnings Advisory Council, how can the public find out about future meetings, and is the meeting only listed on the Department of Public Health and Human Services and Montana calendar?

Jamie Palagi clarified that Best Beginnings Advisory Council is required to post meeting under DPHHS and MT calendar; minute meetings and agendas are posted on Best Beginnings website. Public hearing/forum will be held after July meeting. It was also suggested that the public meet with and attend local Best Beginnings Community Council meetings.

3:21 p.m. ***Break and Committee Breakouts***

Committees tasked with discussing needs assessment information in regards to committees' next steps for the needs assessment, including questions or research for KIDS COUNT to do as part of the final needs assessment.

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April 5, 2012

8:40 a.m. ***Welcome/Announcements***

Debbie Hansen welcomed everyone to the meeting for the second day and thanked everyone for their work the day before.

8:45 a.m. ***Committee Report***
Committees discuss with the council any actions that need full council knowledge and/or action. (These reports will not discuss the Needs Assessment).

Jamie Palagi opened the discussion for committees to report out, other than needs assessment conversations.

Social and Emotional Committee – Christy Hill Larson reported that most of the discussion related around the needs assessment. Committee has grown to include some ad hoc members.

Professional Development Committee- Libby Hancock reported that their committee has been working very hard. Libby Hancock requested information be provided to their committee around training opportunities for committees, local councils, (For example, mandatory training for Child and Family Services Division staff.) The other piece the committee has been working on is coaching; currently use coaching in the Stars to Quality program. Hope to bring the group together this spring; have requested funding for the group. The hope is to put together a broad base group of people who are doing coaching to look at what that can mean on a statewide level.

Health Committee – Shelly Meyer discussed working on three of their objectives. Plan to use info from needs assessment to help with objectives and to collect more data. Related to Objectives 3 and 4, there is intention to strengthen relationships with health professionals, using the MCH Needs Assessment and the Home Visiting Needs Assessment, as well as to change objective 3 to "Identify and advance the availability of dental care availability to rural and low-income Montanans and would like to also change objective 4 to "Identify and adopt guidelines to advance physical fitness and well-being." Would like to make people more aware and perhaps include some incentive funds for people to initiate.

Strategic Communication Outreach and Public Awareness Committee- Sara Groves reported that they have met a few times between the statewide meetings and have addressed their objectives. Focus less on the governance and more on the communication aspect. Committee felt that it was their responsibility to assist BBAC to communicate with one another and to the public. The committee

decided to focus on internal communication, with the use of SharePoint. SharePoint is a web-based program where people can log-in and access shared information with one another. Conversations with one another, committee folders, would be accessible to all. This type of program would make it easier to access information around what each committee is working on. The committee set a goal for it to be up and running by the next meeting in July. The committee also thought it was important to have a bio template for every council member to complete and include a picture. Committee would like to charge each chair to collect that info for each committee member to share that and allow everyone to learn and share with one another.

External communication- committee wanted to hear how each committee reflected on the needs assessment and so the SCOPA committee can communicate with KIDS COUNT. Also, Sara Groves reflected on the upcoming administrative changes happening next year. Mary Jane Standaert retired and Caitlin Jensen has filled her role as co-chair.

Sara Groves also discussed the public comment piece from yesterday and how to better communicate information to the public, with some of that work occurring more on a local level to have local coordinators work to publicize meetings and councils.

Family Support- Sarah Corbally reported for the committee. The committee has many objectives related to the needs assessment. The committee would like to research a definition of "family support" to help understand and develop a comprehensive definition of family support. Definition could include bringing other groups to the table such as the Department of Transportation, Department of Revenue. Once definition is developed, more information will be needed to help understand the services/resources being provided. The committee wondered if all of the local communities were using the same collection tools and if local communities could share their data with the committee to help understand what's out there. If necessary, a survey of families could be conducted. A long-term goal would be to develop a user-friendly, family-friendly website that could be easily updated and provide information about what services are available in their community or nearest community. It could also include peer-to-peer models, and professional counseling services. Discussion around whether or not the website could be hosted on the state website or if some other organization could host the website.

Training also showed up as a need in the conversation yesterday so the committee would like to explore how to get training opportunities out to communities.

Long term strategy: CSEFEL training webinar will be scheduled for the committee to be trained so everyone understands the Pyramid Model; this webinar could be uploaded and shared on SharePoint.

Early Care and Education – Jamie Palagi reported that the committee felt like they also needed a definition around "early care and education" and the committee decided they would be talking about "licensed and registered providers, school age providers, Early Head Start, Head Start, and how to support all professionals working with kids."

Committee would like to look at military early care models. Tribal programs are funded differently and not necessarily included in the broad picture. Cultural relevancy and responsiveness will be important to have as an ongoing discussion. Committee felt that a child care needs assessment is needed and will be working on that for next meeting.

9:00 a.m. ***Council's reactions and action steps for Needs Assessment***

Karen Ray, from Karen Ray Associates facilitated discussion around the Needs Assessment in order to provide info to KIDS COUNT, so that the BBAC Needs Assessment is useful and accurate.

Needs Assessment Goal: *To identify meaningful information about young children, services and gaps.*

Goal today: *Give guidance to Kids COUNT so that the needs assessment is useful and accurate.*

Who is KIDS COUNT?

Jennifer Calder explained that KIDS COUNT is funded through the Annie E Casey Foundation; there is one in every state and territory. Each state has 10 indicators that they report out on child and family wellbeing through age 18. KIDS COUNT collects data and publishes an annual report. KIDS COUNT also contracts to do needs assessments and evaluations. KIDS COUNT is housed at the University of Montana in the School of Business. Thale Dillon is the Director of KIDS COUNT. Jennifer Calder, Outreach Coordinator, noted that each state is different in their data collection systems; many are based in child advocacy groups while 10 of them are based at universities.

Karen Ray reviewed the needs assessments used for the scan. Bob Runkel explained that Part C of the IDEA is an infant and toddler program for children 0 to 2 with special needs. Participation in Part C requires tracking a number of indicators; 2 of those cover child and family outcomes (the others are compliance outcomes). A need for KIDS COUNT is an updated Part C survey.

Caitlin Jensen clarified that the Head Start surveys vary from year to year. There is a 2011 update being finalized.

Maternal and Child Health Needs Assessment- was an ongoing process for five years. Three focus group topic areas- each topic areas had multiple focus groups including children, adolescents, and parents. Some of the reports may include duplicated data as some are sub-reports from a larger report.

ACA Maternal, Infant, and Early Childhood Home Visiting needs assessment- had to do as part of application process for MIECHV funds to summarize what was taking place at the time. It focused on risk factors and indicators to identify who is at most risk, what counties were at risk (e.g. substance abuse, school drop-out rates, infant mortality rates, etc.) The tool being used by local communities is different from the tool previously used.

American Indian Pregnant and Parenting Teens Needs Assessment was done last summer (2011) to understand the services being provided to American Indian pregnant and parenting teens around the state. The survey was sent to 160 organizations on every reservation, Urban Indian Health Clinics, and contractors who work with American Indian teens. Some limitations of the assessment was a 26% response rate and the survey asked about services being provided by the respondent, not what services known to be provided.

Children with Special Health Care Needs – summary put together for grant funding providing overview of resources available; does duplicate data in overlap from other Maternal and Child Health Needs Assessments.

Needs assessments may be limited in understanding of scope to surveys and other tools. Data collected limited to those who shared the needs assessments. It was noted that a lot of data will be coming in from the local community councils. Dianna Frick clarified that there is not a standard template to the data being collected but will be adaptable to each community. The councils will provide a picture of Montana. The BBAC will benefit from having local scans to be able to understand local level issues.

It was suggested that the BBAC identify standard indicators to look at. Karen Ray reminded the group that many local councils have already started the needs assessment process. The plan is that a parallel process occurs and that similar trends are identified on a local and statewide level. It was noted that some of the data will be similar anyway because of the guidelines provided to the councils.

Karen Ray stated that a decision needs to be made regarding interrupting the needs assessment to include standard indicators. One of the council coordinators noted that this decision needs to occur now because time is short in the process. Each of the present council coordinators were asked about their opinion on making change or letting the process happening organically.

The needs assessment needs to be completed by mid-August. Based on the discussion, the BBAC needs to decide what would need to be added for comparison. Dianna Frick noted that the state also has the ability to collect indicators on a statewide level but that the more local issues are things that need to come out.

There are county profiles that have been put together for those qualified to apply for the MIECHV funding, which relates to the indicators that were included in the federal grant application. It's a snapshot of data of what is known from various data sources that is a starting point for people.

It was decided to delay a decision on changes to local data points.

Karen Ray brought the conversation back to the needs assessment needs for KIDS Count. Christy Hill Larson asked if there was a needs assessment or data around children's mental health that can be used from the Children's Mental Health Bureau; Bob Runkel said that they have a lot of data but nothing available on a general sense of need (e.g. what is being met, what is outside of Medicaid, what programs would be needed to meet needs, etc.).

Early Care and Education Committee also discussed the need for this type of data around children with special needs or behavioral issues. How many deficiencies are we talking about, what kind of issues exist for licensing are two examples. Jamie noted there is data on licensing deficiencies available.

Sara Groves noted that a lot of the data was specific to specific populations and would be good to have info around kids not in systems.

Clarification needed around early childhood indicators. Professional development committee wondered about access, where services are offered, what is offered. This might be info collected from local councils.

Eileen Donohue noted that the Human Resource Development Councils might have data that is needed; also the Montana 211 (offered by United Way) might have information about what's out there, what's accessed.

Deborah Neumann brought up the Parent Support Coalition group that can also help identify services being offered.

Christy Hill Larson noted a need for data from tribal communities. Lucinda Burns said that they have an annual report related to children with special needs and would check with federal program officer around sharing that information. Jamie Palagi noted there are federal tribal programs like Head Start that may also be available. Sarah Corbally reported that there are reports on a federal level around Child and Family Services and at the state level as well.

Jennifer Calder noted that a challenge is that every state department that receives federal funds provides reports to the federal government, so there are reports out there that they don't know about, reports that may have a broader scope than needed. She would like to know the following from State and Tribal agencies who serve children and families:

-What are you collecting?
-What are the requirements?
-What are you reporting on?
-If you have a formalized Needs Assessment, what is the process?

Karen Ray put a question out there for BBAC to consider if there should be a gathering of the reports to give to KIDS COUNT or should KIDS COUNT pursue those reports? Consensus of BBAC: KIDS COUNT should pursue those reports?

10:25 Best Beginnings Advisory Council resumes
Karen Ray brought the group back together. She noted that BBAC wants to collect data and information from various sources, and is asking KIDS COUNT to pull it together into a collected, easy-to-understand document that identifies: services for children, where the services are, and baseline information. Karen Ray noted that she was asked if anyone is doing "strengths assessments" during the break. No one at BBAC reported knowing about a strengths assessment being conducted; Karen Ray noted that it would be good for future assessments to consider those as well. The scan will most likely just include the lack and the areas of need.

The discussion then went to committee discussions- what do you want to know?

Family Support Committee
Would like:

- To know how family support was defined by KIDS COUNT for the Assessment
- Data that is more general/less specific (info provided for children with special needs, pregnant and parenting American Indian teens) and provides a broader perspective.
- Data that is more timely (children with special needs assessment was from 2005, can't tell how relevant it is anymore)
- Data related to early child care beyond just Head Start
- Where are the services being provided?
- More specific data from the scan

Early Child Care and Education Committee

- Wondered where are the kids, where are the services provided?

- Need for information from parent's perspective- discussion around collecting information around the beginning of the school year similar to the free and reduced lunch programs.

Karen Ray noted that collecting data from parents would be requesting new information for KIDS COUNT; Dianna Frick noted that this info may be coming out from the local assessments.

Health Committee

- Would like to refer Jennifer Calder to some other resources- prenatal and preconception data through DPHHS, Behavior Risk Factor Surveillance System (BRFSS), OPI has data from YRBS (Youth Risk Behavior Survey), so these are new resources that can be accessed.
- Committee believes they have or can find data related to oral health providers.
- Noted a need for more data on service needs of children with special health care needs.
- Committee would like to provide feedback and help fill in gaps.

Professional Development Committee

- Where are all of the children beyond Head Start and Early Head Start? Would like to look at all of the children
- Interested in training, family support programs that exist
- Need clarification on some of the indicators being used to talk about early childhood (for example pre schools are unregulated)
- Would like to see what KIDS COUNT receives and give feedback.

Social and Emotional Committee

- Data about children's mental health data for 0 -5 is known in Children's Mental Health Bureau;
- Would like to find out early childhood services, what is being done? What models are being used? What is the professional development of those providing services?

It was noted that service providers would be known if they are being paid for through Medicaid; there is a need for a provider list.

SCOPA

- Noted they didn't have much of a role with the needs assessment

Input on Indicators

Early Child Care and Education Committee

- Libby Hancock noted that she did not know where the data would come from for the indicator "Children ages 3 – 4 enrolled in private or public schools"; would like clarification on the data source. Could it be from Part B? Head Start?

Family Support Committee

- Indicators used other than/in addition to economics;
- Early child care not just based on Head Start;
- Include parents (e.g., needs for transportation, etc.);
- Include children receiving the Best Beginnings Scholarship, not just TANF BB Scholarship

Becky Fleming-Siebenaler noted SIDS data would come from county level data; child care licensing program received a federal directive to also collect and report this data

Health Committee

- Broad terminology used in the indicator "children ages 0 to 5 who have a medical home" - would like a definition around that
- Indicator "children 1 – 5 who received dental care in the last 12 months"- unclear if data would come strictly from Medicaid or also national data, may be able to get data from the Montana Primary Care Association, Area Health Education Center

Social and Emotional Committee

- Wondering about the babies born to mothers who smoked during pregnancy indicator and how it fits under their guise
- Is EPSDT valid
- Will work on indicators to use and will get those to Deb Hansen

General discussion-

Bob Runkel noted that indicators of more value should be those that are routinely collected for tracking over time, indicators that are longitudinal in nature.

Sharon DiBrito noted the importance of also looking at snapshots for 2012 (especially eastern Montana) for what is occurring in the community.

Patty Butler asked about tracking teen pregnancy numbers related to education, services for their children. Kelly Hart clarified that the Healthy Montana Teen Parent Program does provide funding for services statewide, including the reservations and population centers around education and other services. Data is being collected for project monitoring and evaluation through August 2013 on these indicators, but only for those contracted with under the program.

Jennifer Calder noted the indicators need to be those that are longitudinal. Dianna Frick pointed out that snapshots of what's happening currently is not as easy to collect since 2012 is still occurring; for example, can't say how many births have occurred in 2012 because it's still 2012.

Returning to the question on the floor related to standardized indicators for local community assessments

Tool used for MIECHV assessments includes "how do you define your community?" and track indicators around substance abuse, domestic violence, health insurance, teen pregnancy, crime, poverty, premature births, low birth weight, school drop-out rates, etc. Deb Hansen noted that every community received the same guidance around indicators, how to find data, process, assessments, contractor training, etc.

Karen Ray took a vote on two measures.

1. The first vote was if anyone thought standardized indicators should be included on the community assessments. By a show of hands, no one supported this measure.
2. The second vote was if everyone was okay with letting the process continue as directed. By a show of hands, everyone agreed.

At the July meeting, a close examination will take place to look at what has taken place- first at a committee level, then at a state level, beginning with small group work.

11:14 a.m.
Evidence-Based Home Visiting
Dianna Frick, from the Family and Community Health Bureau of DPHHS, provided an overview of the four home visiting models identified to work well in MT.

(SEE POWERPOINT FOR DETAILED INFORMATION)

12:00 Lunch

12:40 p.m. ***Governance***
Karen Ray

Karen Ray opened the discussion for governance for BBAC. What kind of governance structure does the local council utilize and what does this mean for the state council? Where are the local councils going? Conclusion is that it is best for us all to get there together. **(See local council governance structure)**

Collaboration needs to be top-down; organizations hold system resources, can redirect system resources as instructed. People at the top of organizational chart (boards, policy makers, EDs, Presidents) need to be a part of the collaboration.

Strategies: results…relationships…resiliency are reflected in Governance Structures

Structure- levels need to work with like levels:
Leader to leader (Executive Council)
Manager to manager (Mid-Level managers such as council)
Staff to staff (Direct service staff)

It is important to include each level because of changes occurring at each level- procedures, policies, etc. Each level should be discussing the issues internally as well. Collaboration isn't just sharing what works, but also creating a culture where what works and doesn't work is discussed.

A Best Beginnings Advisory Council needs to be as big as it needs to be to involve all programs and services that work with young children. At an executive level, it needs to include those who really take to heart early childhood services- those directly involved with deciding resources to go to early childhood.

Strategies for building trust- call in leadership to vet the process; they have the opportunity to talk and share with one another, to have a focused, topical conversation to share ideas indirectly. Then, call leadership together again to provide results. If they have been meeting for some time, continue to provide them with more challenges to address.

How will Best Beginnings Advisory Council structure itself to be powerful for change? Is Best Beginnings Advisory Council structured to make systems changes?

It was suggested that Best Beginnings Advisory Council introductions take place to help everyone understand who is here at the table; everyone at the table introduced themselves.

A fear expressed was going back to the way things were before and giving up on the process. Jamie Palagi reported that Administrators and Bureau Chiefs (Jamie Palagi, Sarah Corbally, Denise Higgins, Bob Runkel, and Becky Fleming-Siebenaler) have agreed to meet monthly as a way to be a vehicle for change at the Department of Public Health and Human Services. They will be preparing a status report of where they come from and their intentions. Committees also have a governance structure around decisions that can be made as a committee and those that can be made as a large group.

Jennifer Calder brought up the governance issues for the local councils; Karen Ray suggested Best Beginnings Advisory Council write a formal acknowledgement that the coalition knows who their representation is and to allow for time on the agenda to discuss statewide Best Beginnings Advisory Council activities. It was recommended to pass this on to the Strategic Communication Outreach and Public Awareness committee. Debbie Hansen said she could assist with this activity.

1:43 p.m. Council Updates

Jamie Palagi reviewed funding available to support committee work. The chairs have the information and forms to request funds. Conference call capability will be available at the Best Beginnings Advisory Council meetings for ad hoc members. Debbie Hansen sent out a request to find out additional ad hoc members for federal grant reporting purposes. Stephanie Wilkins asked for clarification around funding terms; Jamie Palagi noted that it is short-term funding for the terms of the grant, to be used through September 2013. It is separate from the local council funds.

The Strategic Communication Outreach and Public Awareness Committee reminded council members to fill out the bio template by the first week in May. Deborah Neumann also suggested it might be nice to have city, program on name tags. Debbie Richert thought it would be nice to know who is on the BBAC by being provided with a list of BBAC members.

1:53 p.m. Public Comment

No members of the public were present.

1:54 p.m. Adjourned

REMINDER:
NEXT MEETING: JULY 11 – 12, 2012
BALL ROOM A THE HOLIDAY INN (LAST CHANCE GULCH)

Thanks so much for being an important part of the lives of children and families of Montana.

BBAC Needs Assessments, Database and Member Survey

Montana KIDS COUNT

Presentation to

Best Beginnings Advisory Council (BBAC)

April 4, 2012

Overview

- The What and Why of Needs Assessments
- Sharing of Needs Assessment themes
- Reflection, Questions and Discussion
- Early Childhood Database
- BBAC Survey
- Committee Conversation

MONTANA kids count

What is a needs assessment?

- Where are we
- Where do we want to go
- What may be in our way?

  – First step in the planning process

  – Provides a road map

MONTANA kids count

What can needs assessments tell us?

- Baseline data on service needs
- Techniques and resources
- Additional resources needed
- Strengths and weaknesses
- Create or improve services

MONTANA kids count

How are needs assessments conducted?

Many different ways but most:

- Combine quantitative and qualitative approach
- Collect data
- Analyze data
- Communicate with stakeholders
- Communicate with system/program users
- Gather information and develop report

MONTANA kids count

What we, the BBAC, are looking for in a needs assessment?

- Determine the current state of Montana's EC system

- Identify gaps, duplications and future needs assessments

MONTANA kids count

Needs Assessments Used

- Part C Training Topics Survey Results (Fall 2005)
- Montana Head Start Collaboration Needs Assessment Report (2008)
- Maternal and Child Health Needs Assessment: Parents of Children with Special Health Care Needs (2010)
- Montana Maternal and Child Health Needs Assessment (July 2010)
- Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program Needs Assessment (Fall 2010)

MONTANA kids count

Needs Assessments Used (Cont.)

- Head Start Collaboration Needs Assessment (2010 Update)
- Maternal and Child Health American Indian Pregnant and Parenting Teens Needs Assessment Report (September 2011)
- Children with Special Health Care Needs in Montana: Needs Summary (October 2011)
- Montana Head Start Collaboration Needs Assessment Update (2011)

MONTANA kids count

What do most of these needs assessment capture?

- Programmatic data
- National, state, county data
- Unique needs of our state
- Information about services

MONTANA kids count

Be thinking about:

- Surprises and ah-has
- What if changed would have the biggest positive impact
- What more do we want to know
- Questions

MONTANA kids count

Objective 1: High Quality Early Childhood Education

CSHCN parents (2005)

- Supportive school/preschools

Part C, Survey on Training Topics Needs (2005)

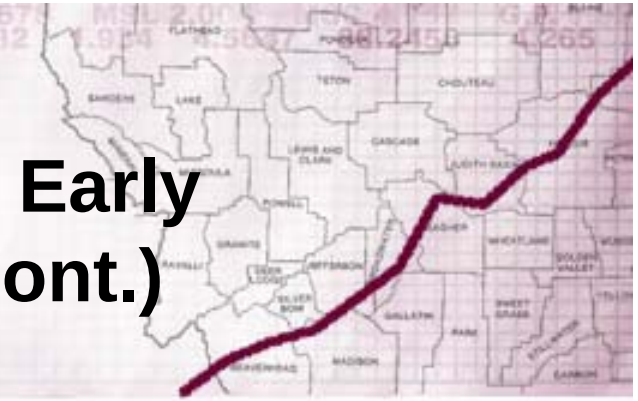
- Training on embedding activities into routines

Head Start Collaboration Office Needs Assessments

- Program support for early identification, resources to meet the needs of children with disabilities (2010)
- Training in working with families, especially in addressing challenging topics (2010)

MONTANA kids count

Objective 1: High Quality Early Childhood Education (Cont.)



Head Start Collaboration Office Needs Assessments (cont.)

- Training and professional development considerations for HS and EHS programs : time, cost, more advanced training, access (2011)
- Supports to help with recruitment and retention of qualified staff (2010, 2011)
- More information and supports for HS and EHS staff on alignment (2011)
- Information, strategies, resources and training to support transitions (2010, 2011)

MONTANA kids count

Objective 2: Family Support

AIPPTNA (2011)

- Support services/life skills for parenting and pregnant teens.
- Child development, “nurturing” and parenting skill development.
- Counseling for parenting and pregnant AI teens.
- Appropriate, relevant education supports

Children with Special Health Care Needs- parents (2005)

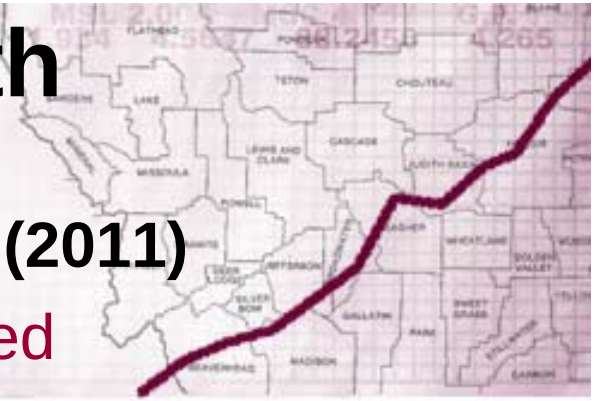
- Family therapy

Part C, Survey on Training Topics Needs (2005)

- Training on working with families; families with multiple risks and challenges

MONTANA kids count

Objective 3: Health



Children with Special Health Care Needs (2011)

- Access to primary and specialty care limited

Maternal and Child Health (2010)

- Access to care
- Child safety and unintentional injury- traffic safety
- Immunizations
- Oral health - preventive dental care for children 0-5
- Oral Health- children enrolled in Medicaid eligible but not receiving dental services
- Preconception health- cost of testing and insurance
- Smoking during pregnancy

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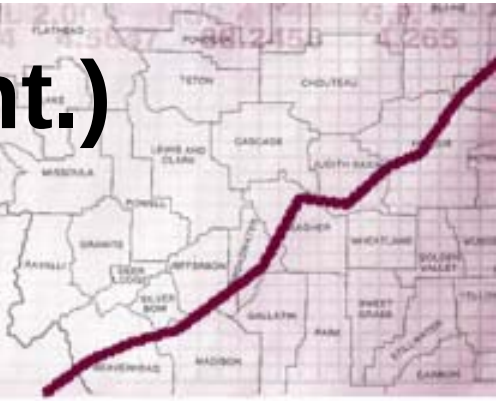
Objective 3: Health (cont.)



AIPPTNA (2011)

- Prenatal health care
- Immunization and well visits

CSHCN parents (2005)

- Insurance coverage/finances limited
- Access to primary and specialty care is a challenge

Head Start Collaboration Needs Assessment (2010)

- More providers in rural areas to meet the dental health needs of HS children.

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Objective 3: Health (cont.)

ACA Home Visiting Needs Assessment (2010)

- Incidence of low birth weight infants born to young mothers
- Shortage of primary health care professionals.
- Shortage of mental health professionals.
- Access to mental health services for substance abuse is a challenge.

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Objective 4: Social, Emotional and Mental Health

AIPPTNA (2011)

- Nurturing skills/Parenting skills/Child Development education for parenting and pregnant teens.

CSHCN parents (2005)

- CSHCN more likely to have unmet mental health care needs.

Part C, Survey on Training Topics Needs (2005)

- Trainings to address challenging behavior

Head Start Collaboration Office (2010)

- Training, strategies to address mental health issues

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Every clarification breeds new questions.

Arthur Bloch

It's better to know some of the questions than all of the answers.

James Thurber

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Needs Assessment- Reflection, Questions and Discussion

For each of the four overarching goals, each BBAC member will write:

- What more do we want or need to know? (Yellow)
- Choose one identified need that if addressed would have the biggest impact on outcomes for young children. (Orange)
- Walk around, look at the themes, and put the sticky notes up by the theme.
- When they come back to their seat, talk with their neighbor about questions that were raised (Purple)

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Governance, Collaboration and Coordination

AIPPT (2011)

- Eligibility for services limits access

Maternal and Child Health (2010)

- Limited data can pose a barrier to addressing an issue
- Access to care- Quality of providers/coordination of care

CSHCN (2011) CSHCN- parents (2005)

- Effective Care Coordination
- Outreach to connect public health stakeholders with CSHCN programming

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Head Start Collaboration Office

- Need for cross system coordination and collaboration when planning for transitions between programs and into kindergarten (2011)
- Improved communication systems within and across agencies (2010)
- Identify when cooperation, coordination, collaboration is appropriate (2008)

ACA Home Visiting Needs Assessment (2010)

- Gaps in data, data limitations (small populations), need more "local" data.
- Needs assessments for community's readiness, capacity, resource availability, etc.

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Early Childhood Database

- **What is the Early Childhood Database?**
  - **Objective 1: Early Education (7)**
  - **Objective 2: Family Support (12)**
  - **Objective 3: Health (9)**
  - **Objective 4: Mental Health (7)**

  - **Demographics**
  - **Risk Factors**

- **We are going to look at:**
  - **Some indicators that have shown changes (2000–2010)**
  - **Some indicators that have remained constant**

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Objective 1: Children have access to high-quality early childhood programs

- Number of children ages 3-5 enrolled in special education decreased 10% (2004-2010)

- 4th grade reading proficiency increased 11% (2004-2010)

MONTANA kids count

Objective 2: Families with Young Children are supported in their communities

Homeless families served by Head Start increased 280% (four-fold; 2004-2010)

Children in low-income households where housing costs exceed 30% of income increased 12% (2004-2010)

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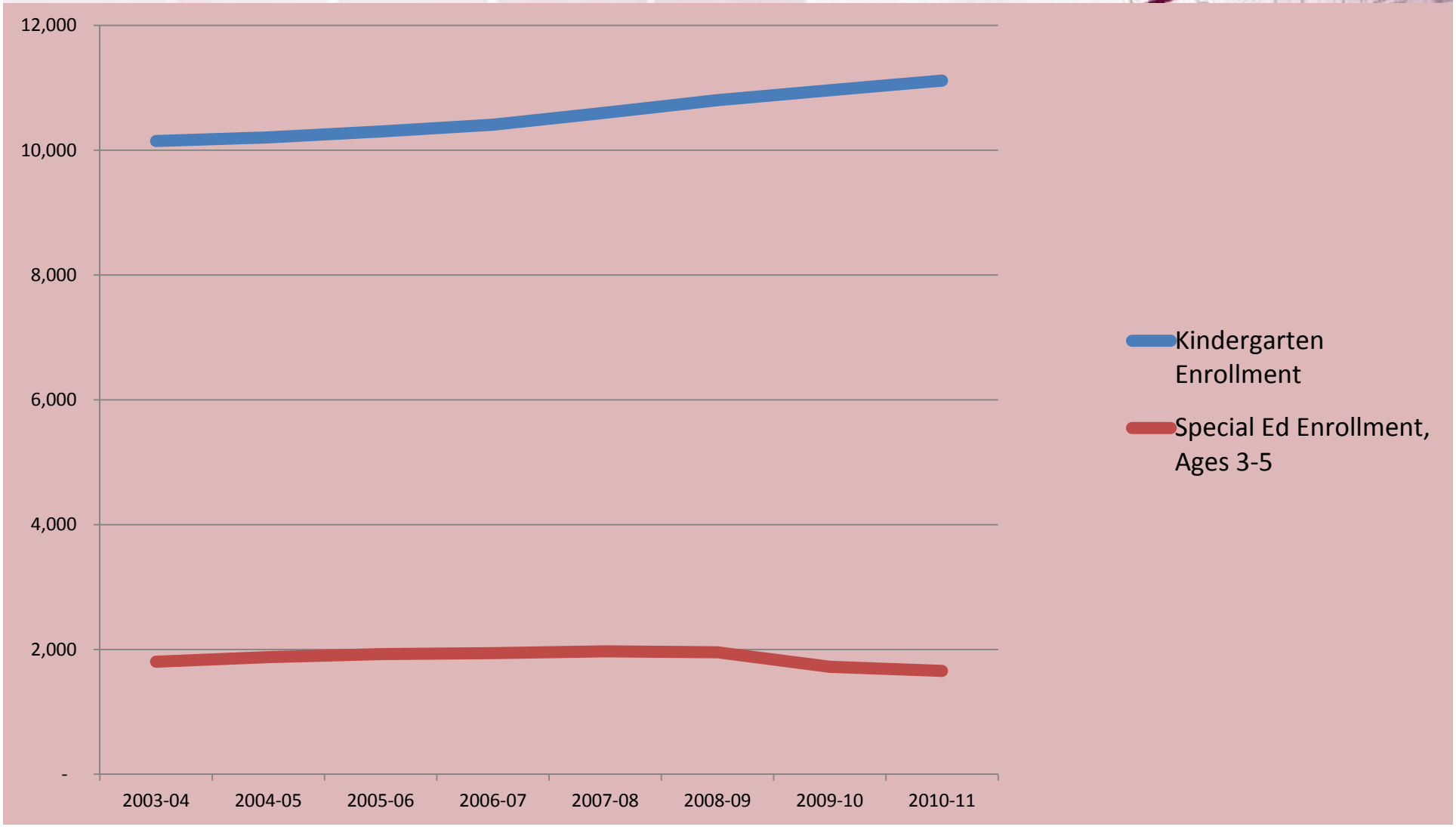
Objective 3: Children have access to a medical home and health insurance

HMK enrollment as percent of children under 19 increased 30% (2006-2011)

Children ages 0-6 who are uninsured dropped 50% (2004-2009)

Children ages 3-5 enrolled in special education

decrease 10% (2004-2010)



Immunization Rate

2000 Baseline	2010	2010
2000 ACIP Recommendations	2000 ACIP Recommendations	2010 ACIP recommendations
4:3:1:3	4:3:1:3	4:3:1:4:3:1:4
19-35 months up to date: **77%**	19-35 months up to date: **68%**	19-35 months up to date: **50%**

Objective 4: Social, emotional & mental health needs of young children & families are supported

Part C enrollment increased 37% (2004-2010)

EPSDT increased 16% (2000-2010)

A Few Indicators of Note

Objective 1: Early Education

- 4th grade reading proficiency gap (AI/W)

2010……..29

Objective 2: Family Support- Risk Factor

- Babies born to mothers who smoked during pregnancy (3-year average; as percent of all births)

2010…….17%

Objective 3: Health

Babies born to mothers receiving prenatal care starting in 1st trimester (3-year average; percent of all births**)**

2010……69%

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Risk Factor- Poverty

Median household income	$42,666
Median income for households w/householder <25 year	$26,788
Family households below 100% FPL	10%
Family households below 100% FPL with householder <25 years	42%

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Survey of BBAC members

"We like to bring together people from radically different fields and wait for the friction to produce heat, light and magic. Sometimes it takes a while."

History of Cooperation Between Agencies

- Some variance in responses
- Funding streams and silos a challenge
- Local and state perspective
- Improvements noted

"I would say this is occurring now, but hasn't always. There have been strong disagreements over who has authority, who has knowledge and general disdain in the past. It's so much better at the current time."

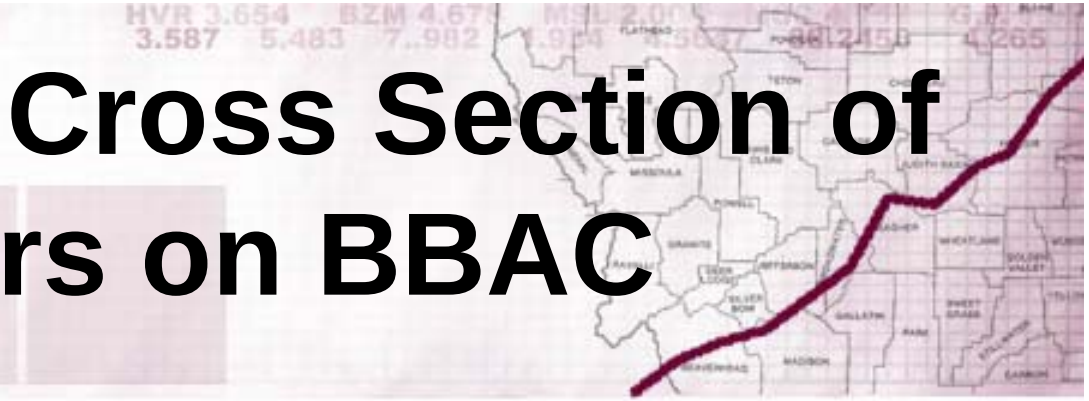
MONTANA kids count

Favorable Political and Social Climate

- Overwhelmingly positive
- Momentum on early childhood issues
- Some uncertainty

MONTANA kids count

Appropriate Cross Section of Members on BBAC



- Most of the people who need to be at the table are
- Decision makers may not be at the table
- Some additional representation requested

"As various situations and opportunities arise other members may be needed to join the BBAC group."

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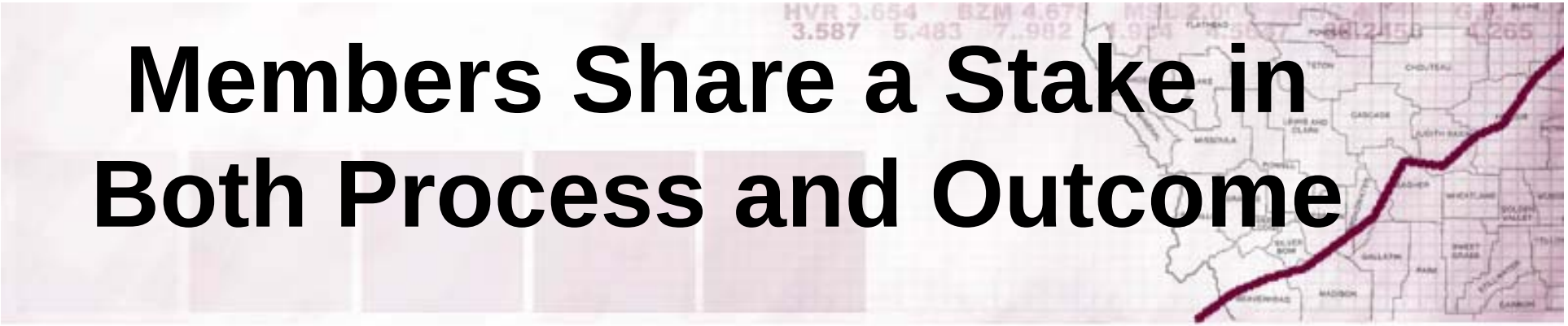
Members Share a Stake in Both Process and Outcome



- Strong commitment
- BBAC is relevant to work/mission

"Most have other fulltime jobs but self-interest and passion draw us to be on the BBAC council."

Multiple Layers of Participation

- Some uncertainty as to whether individuals can speak/make decision for orgs.

- Recommendation for sharing and feedback within departments.

Concrete, Attainable Goals and Objectives

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree
I have a clear understanding of what the BBAC is trying to accomplish.	5	19	6	4
Everyone on the BBAC knows and understands the project's goals.	1	14	11	8
The BBAC established goals are reasonable.	3	21	7	3

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Unique Purpose

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree
What we are trying to accomplish with the BBAC would be difficult for any single division/department to accomplish by itself.	25	9	0	0
No other entity in the state is trying to do exactly what we are trying to do.	16	12	6	0

"Collaboration is remarkable when everyone is truly invested in the same outcomes. I've seen it work and really believe that this will work."

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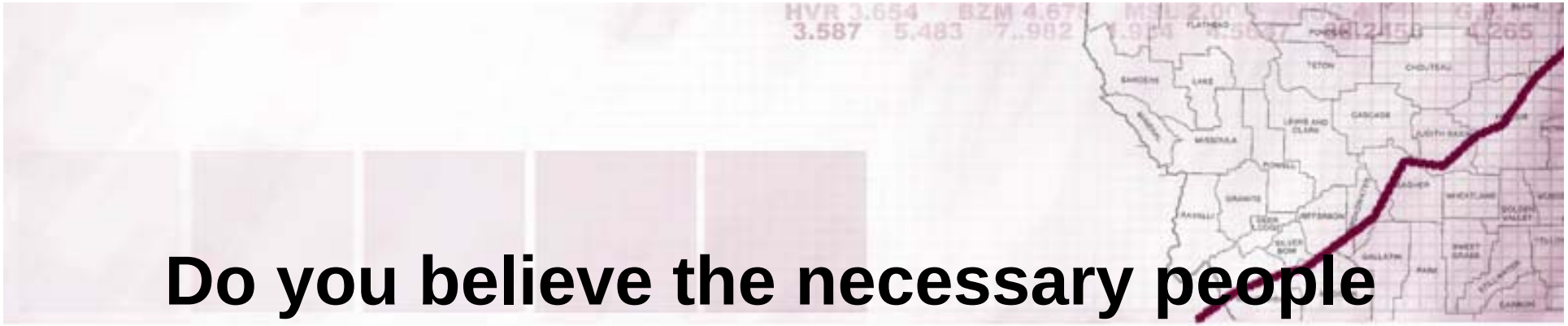
Please mark the option that best reflects your level of agreement with each statement.				
	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree
The Committee that I am on has a collaborative relationship with the BBAC.	8	19	6	1
I have a clear understanding of what the Committee is trying to accomplish.	3	14	12	5
The Committee has established reasonable goals.	3	16	12	3
I believe the Committee meetings are productive with clear next steps for all members.	0	16	16	2
I believe that all Committee members participate fully.	2	13	18	1
I believe that there is enough time to adequately address the Committee's goals and objectives.	0	10	19	5



Do you believe the necessary people are at the table for the Committee to move forward with its work?

"The people who should be at the table are here."

We make our world significant by the courage of our questions and by the depth of our answers.

Carl Sagan

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Committee Conversation

- Discuss needs assessment information presented in regards to your committee.
  - What are next steps for the needs assessment, including questions or research that you see as important to the final needs assessment?

Maternal, Infant, and Early Childhood Home Visiting Infrastructure Development (MIECHV ID)

- Purpose is to build infrastructure in communities to develop and support a system of early childhood comprehensive services.
- Evidence-based early childhood home visiting is a key component of the assessment and systems discussion.
- Infrastructure building includes developing or supporting an existing early childhood community councils and conducting a community assessment.
- Community councils are the central entity.
- Framework and some guidance provided by state. Much flexibility for communities to shape process and outcomes.
- Community assessments include:
    - Needs assessment
        - Broad in scope, include more than health-related needs
        - Process informs the community council about strengths, gaps and duplications, including what's working for children in the community, what's getting in the way, and what works and doesn't work about the organizations in the community.
    - Community collaboration assessment
    - Home visiting community planning tool
- Community assessments are the basis for each community's strategic plan.
- Communities eligible for the funding are in various stages of infrastructure building. Some already have active coalitions, some do not. Some have already conducted various assessments, others have not.
- Expected outcomes for first year of funding (ending Sept. 30, 2012) include a community assessment (including the needs assessment outcome, the community collaboration assessment results, and the completed home visiting assessment tool) and a plan for continuation and sustainability of community council and early childhood system.

GOVERNANCE STRUCTURE OF LOCAL BEST BEGINNINGS COUNCILS

The community council includes all of the required members of Best Beginnings Councils and those the community identifies as important. The council members are often middle managers from each organization, but may include directors of organizations or other staff, particularly when organizations are small.

When the community council is large, a steering committee of 5-8 council members may be established to keep the council's work moving forward, coordinate meetings, reports, etc. The establishment of such a committee is at the community's discretion.

The executive committee is made up of the leaders of each organization (CEOs, Directors, Executive Directors, etc.) and meets 3-4 times a year. The agenda of their meeting is set by the community council and includes the issues that can only be resolved at the highest levels of leadership.

The community coordinator serves the community council and works with all components of the governance structure.

Additional technical assistance with establishing a governance structure will be provided.