



Best Beginnings State Advisory Council

October 10, 2013 – 8:30 am to 4:30 pm

Holiday Inn Ballroom – Last Chance Gulch
Helena, Montana

MISSION

The Best Beginnings Advisory Council's strategic goal is to ensure Montana has a comprehensive, coordinated, early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens.

AGENDA

8:30 – 9:00	Welcome and Introductions Patty Butler, Early Childhood Services Bureau Chief
9:00 – 9:30	MIECHV update Dianna Frick, MIECHV Grant Manager
9:30 – 10:30	Race to the Top – Early Learning Challenge Grant Jamie Palagi, Human and Community Services Division Administrator
10:30 – 10:45	Break
10:45 – 12:00	Community Council Panel Dianna Frick, facilitator
12:00 – 1:00	Working Lunch Affordable Care Act Presentation Katherine Buckley-Patton, HCSD Deputy Administrator
1:00 – 2:30	Committee Reports and Progress (30 min each) <ul style="list-style-type: none">• Family Support• High Quality Care and Early Childhood• Health• Social, Emotional, Mental Health• Professional Development• SCOPA
2:30 – 2:45	Break
2:45 – 4:15	Continue Committee Reports and Progress
4:15	Public Comment
4:30	Meeting Adjourned

Americans with Disabilities Act - The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at (866) 239-0458.

Public Comment - in accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council

Best Beginnings State Advisory Council

Meeting Notes

8:30 – 9:00

Welcome and Introductions

Patty Butler, Early Childhood Services Bureau Chief

- Patty Butler welcomed the BBAC members and public in attendance
- Patty Butler presented general announcements

9:00 – 9:30

MIECHV update

Dianna Frick, MIECHV Grant Manager

- Dianna Frick presented on MIECHV (see PowerPoint presentation for details)
- Questions were asked by the members and public; all questions were answered

9:30 – 10:30

Race to the Top – Early Learning Challenge Grant

Jamie Palagi, Human and Community Services Division Administrator

- Jamie Palagi presented on the Race to the Top Early Learning Challenge grant (see PowerPoint presentation for details)
- No questions were asked by the members or public

10:30 – 10:45

Break

10:45 – 12:00

Community Council Panel

Dianna Frick, facilitator

- Dianna Frick asked a series of questions to the panel members
- Members of the panel were:
 - Ginger Roll, Rosebud County
 - Kristin Lundgren, Yellowstone County
 - Caroline McDonald, Lake County
 - Katy Bugni, Lewis and Clark County
 - Lynette Petritze, Butte
 - Lavonne Blunt, Missoula
 - Steve Schmidt, Missoula

12:00 – 1:00

Working Lunch

Affordable Care Act Presentation

Katherine Buckley-Patton, HCSD Deputy Administrator

- Katherine Buckley-Patton presented on the Affordable (see PowerPoint presentation for details)
- Questions were asked by the members and public; all questions were answered

1:00 – 2:30

Committee Reports and Progress (30 min each)

- Family Support
 - High Quality Care and Early Childhood
 - Health
 - Social, Emotional, Mental Health
 - Professional Development
 - SCOPA
- See PowerPoint presentations and handouts given by the committees for details

2:30 – 2:45

Break

2:45 – 4:15

Continue Committee Reports and Progress

Americans with Disabilities Act - The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at (866) 239-0458.

Public Comment - in accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council

Best Beginnings State Advisory Council

- See PowerPoint presentations and handouts given by the committees for details

4:15 **Public Comment**

- Opened at 4:18 PM
- Thank you for inviting us – learned so much to be here today
- Public health nurses touch so many areas – talk to local health nurses for outreach
- WOTYC – what are some things to do in your community? NAEYC.org is a great resource – click on the link for activity ideas for local communities

4:30 **Meeting Adjourned**

Next Meetings (dates subject to change):

- **February 5, 2014 (1-5 PM) and February 6, 2014 (8:30-3 PM) – Holiday Inn, Helena**
- **June 5, 2014 – Holiday Inn, Helena**
- **October 9, 2014 – Holiday Inn, Helena**

Americans with Disabilities Act - The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at (866) 239-0458.

Public Comment - in accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council

Best Beginnings State Advisory Council

Ex-Officio Members

Child and Adult Care Food Program	Mary Musil
Child Care Licensing	Becky Fleming Siebenaler
Child Protective Services	Sarah Corbally
Department of Labor and Industry	
Developmental Services Division	Rebecca de Camara
Developmental Services Division; Part C	
Early Childhood Project	Libby Hancock
Early Childhood Services Bureau	Patty Butler
Family and Community Health Bureau	Denise Higgins
Family and Community Health Bureau; Home Visiting	Dianna Frick
Head Start Collaboration	Caitlin Jensen
Montana State Library	Sara Groves
Office of Public Instruction	
Office of Public Instruction; Early Grades Specialist	Terri Barclay
Public Assistance	Stephanie Wilkins

Volunteer Positions

Business	Kriste Jensen
Child and Adult Care Food Program Sponsors	Michelle Parks
Child Care Center	Collette Box
Child Care Family Home	
Child Care Group Home	David B. Cook
Child Care Resource and Referral Network	Eileen Donohoue
Early Childhood Higher Education	Dr. Cindy O'Dell
Early Childhood Project; Special Projects	Christy Hill Larson
Family Support	Deborah Neuman
Head Start Association	Debbie Richert
Military Child Care	Susan Ritter
Montana Child Care Association	Connie Sturgis
Montana Association for the Education of Young Children	Sharon DiBrito
Organized Labor – Union	
Parent	Holley Woosley Vennes
Philanthropy	Carol Townsend
Pregnant and Parenting Teens	Kelly Hart
Statewide Health Consultant Coordinator	Shelly Meyer
Eastern Montana-3 Community Council Coordinator	Brenda Stockert
Flathead County Community Council Coordinator	Erin Riggs
Gallatin County Community Council Coordinator	Marie Lowe
Lewis and Clark County Community Council Coordinator	Katy Bugni
Missoula County Community Council Coordinator	Steve Schmidt
Ravalli County Community Council Coordinator	Kayla Gieseke
Silver Bow County Community Council Coordinator	Lynette Petritz
Blackfeet Tribal Community	
Confederated Salish and Kootenai Tribal Community	Jeanne Christopher
Crow Tribal Community	
Fort Belknap Tribal Community	
Fort Peck Tribal Community	Viola Wood
Northern Cheyenne Tribal Community	Lucinda Burns
Chippewa Cree Tribal Community	Josette Bill

BBAC Staff

Best Beginnings Advisory Council Coordinator Interim	Caitlin Jensen
--	----------------

Americans with Disabilities Act - The Department of Public Health and Human Services is committed to providing meeting access through reasonable accommodation under the Americans with Disabilities Act. Please contact the Early Childhood Services Bureau at (866) 239-0458.

Public Comment - in accordance with 2-3-103 (1), MCA, the Department will hold a public comment period. Please note that this is the public's opportunity to address the work of the Best Beginnings Advisory Council

Race to the Top – Early Learning Challenge (RTT-ELC) Technical Assistance to Applicants

Presentation to States

U.S. Departments of Education and
Health and Human Services

September 10, 2013



Award Information

- Estimated Available Funds: \$280 million
- Number of New Awards Anticipated: 3-8
- Estimated Range of Awards: \$37.5 million-\$75 million
- Project Period: Up to 4 years

Funding Categories

The Departments will not consider an application from a State that proposes a budget exceeding the applicable cap set for that State.

- Category 1—up to \$75 million—FL, NY, TX
- Category 2—up to \$52.5 million—AZ, GA, MI, PA
- Category 3—up to \$45 million—AL, IN, KY, LA, MO, NJ, OK, PR, SC, TN, VA
- Category 4—up to \$37.5 million—AK, AR, CT, DC, HI, ID, IA, KS, ME, MS, MT, NE, NH, NV, ND, SD, UT, VT, WV, WY

Overview of the Notice

States must meet:

Application Requirements, e.g.:

- Signatures of Governor, Lead Agency, and Participating State Agencies (PSA)
- Certification from State's attorney general
- Budget spreadsheets
- Focused Investment Area requirements
- High-Quality Plan requirements

Program Requirements:

- Continued participation in specific programs
- Technical Assistance and Evaluation
- Make work available
- Final scopes of work

Eligibility Requirements:

- Not previously received an RTT-ELC grant
- MOUs with each PSA
- Must have an active MIECHV program in the State

Applications will be evaluated based on:

Priorities:

- Absolute: Promoting School Readiness for Children with High Needs
- Competitive: Including All Early Learning And Development Programs in the Tiered Quality Rating and Improvement System
- Competitive: Understanding the Status of Children's Learning and Development at Kindergarten Entry
- Competitive: Creating Preschool through Third Grade Approaches to Sustain Improved Early Learning Outcomes through the Early Elementary Grades
- Competitive: Addressing the Needs of Children in Rural Areas
- Invitational*: Encouraging private-sector support
- Selection Criteria

* Note that invitational priorities are not scored.

Highlights

- RTT-ELC competition is organized around five key reform areas representing the foundation of an effective early learning and development reform agenda.
 - A. Successful State Systems;
 - B. High-Quality, Accountable Programs;
 - C. Promoting Early Learning and Development Outcomes for Children;
 - D. A Great Early Childhood Education Workforce; and
 - E. Measuring Outcomes and Progress
- The first two of these reform areas, (A) and (B) are the core focus of this program (“Core Areas”).
- Reform areas in (C), (D), and (E) are areas where applicants target activities that are relevant to their State’s context (“Focused Investment Areas”).

Defined Terms

Defined Terms are found throughout the NIA and Application and are indicated by capitalization. Frequently used defined terms include:

- Children with High Needs
- Early Childhood Educator
- Early Learning and Development Program
- High-Quality Plan
- State Plan
- Lead Agency
- Participating State Agency

Developing a Quality Application

- Build on State's previous collaborative work
- Involve all Participating State Agencies
- Address the Absolute Priority
- High Quality Plans
- Ambitious, yet achievable

Ambitious yet achievable

In determining whether a State has ambitious yet achievable goals or targets for a given selection criterion, reviewers will examine the State's goals or targets in the context of the State's plan and the evidence submitted (if any) in support of the plan.

Reviewers will not be looking for any specific targets nor will they necessarily reward higher targets above lower ones with higher scores. Rather, reviewers will reward States for developing goals and targets that, in light of each State's plan and the current context and status of the work in that State, are shown to be “ambitious yet achievable.”

How the Pieces Fit Together

The Parts to Respond to:

- **For each criterion, there are up to three parts**
- **Narrative:** For each criterion the State addresses, the State writes its narrative response in the space provided. Describe how the State has addressed or will address that criterion.
- **Evidence:** Some selection criteria require specific information requested as supporting evidence. States may also include any additional information the State believes will be helpful to peer reviewers in judging the State's plan.
- **Performance Measures:** For several selection criteria, the State is asked to provide goals and annual targets, baseline data, and other information.

Relevant Eligibility Requirements

(b) The Lead Agency must have executed with each Participating State Agency a Memorandum of Understanding (MOU) or other binding agreement that the State must attach to its application, describing the Participating State Agency's level of participation in the grant. (See section XIII.) At a minimum, the MOU or other binding agreement must include an assurance that the Participating State Agency agrees to use, to the extent applicable—

- (1) A set of statewide Early Learning and Development Standards;
- (2) A set of statewide Program Standards;
- (3) A statewide Tiered Quality Rating and Improvement System; and
- (4) A statewide Workforce Knowledge and Competency Framework and progression of credentials.

Relevant Application Requirements

(d) The state must submit preliminary scopes of work for each Participating State Agency as part of the executed memorandum of understanding (MOU) or other binding agreement. Each preliminary scope of work must describe the portions of the State's proposed plans that the Participating State Agency is agreeing to implement. If a State is awarded an RTT-ELC grant the State will have **up to 90 days** to complete final scopes of work for each Participating State Agency.

See Program Requirement (m) (section XI in this application).

Relevant Program Requirements

- (d) The State is prohibited from spending funds from the grant on the direct delivery of health services.
- (e) The State must participate in RTT-ELC grantee technical assistance activities facilitated by ED or HHS, individually or in collaboration with other State grantees in order to share effective program practices and solutions and collaboratively solve problems, and must set aside **at least \$400,000** from its grant funds for this purpose.

Including Special Populations

- Consider how will you address the unique needs of special populations of Children with High Needs in your High-Quality Plan
 - *Children from Low-Income families or otherwise in need of special assistance and support*
 - *Children with disabilities or developmental delays*
 - *English learners*
 - *Children who reside on Indian lands*
 - *Migrant, homeless, or foster*
 - *Other children as identified by the State*

Note: a State may decide to address the needs of additional special populations of children beyond those in the definition of Children with High Needs.

Race to the Top – Early Learning Challenge (RTT-ELC)

Technical Assistance to Applicants

Submission of grant:

- submit a **signed original** of Section IV of the application and one copy of that signed original
- Have your application hand delivered or mailed (overnight mail recommended)
- Must be received (not postmarked) by 4:30 p.m. (Washington, DC time) on October 16, 2013...or not accepted



Competition Timeline:

- October 16
- Late Oct – Nov
- Late Oct – Nov
- Late Oct – Nov
- Mid December

- Application due
- Training for peer reviewers
- Peer review apps off-site
- On-site Peer review
- Announcement of awards



Affordable Care Act



Fall 2013

Overview



- DPHHS role in the Affordable Care Act
- Eligibility changes
- Application and enrollment changes
- Customer service
- What we know about federal outreach planned for Montana
- Resources

Affordable Care Act Basics



Affordable Care Act - Basics



On March 23, 2010, President Obama signed the Affordable Care Act. The law puts in place comprehensive health insurance reforms that will roll out over four years and beyond.

Coverage

- ☞ **Ends Pre-Existing Condition Exclusions for Children:** Health plans can no longer limit or deny benefits to children under 19 due to a pre-existing condition.
- ☞ **Keeps Young Adults Covered:** If you are under 26, you may be eligible to be covered under your parent's health plan.
- ☞ **Ends Arbitrary Withdrawals of Insurance Coverage:** Insurers can no longer cancel your coverage just because you made an honest mistake.
- ☞ **Guarantees Your Right to Appeal:** You now have the right to ask that your plan reconsider its denial of payment.

Costs

- ☞ **Ends Lifetime Limits on Coverage:** Lifetime limits on most benefits are banned for all new health insurance plans.
- ☞ **Reviews Premium Increases:** Insurance companies must now publicly justify any unreasonable rate hikes.
- ☞ **Helps You Get the Most from Your Premium Dollars:** Your premium dollars must be spent primarily on health care – not administrative costs.

Affordable Care Act - Basics



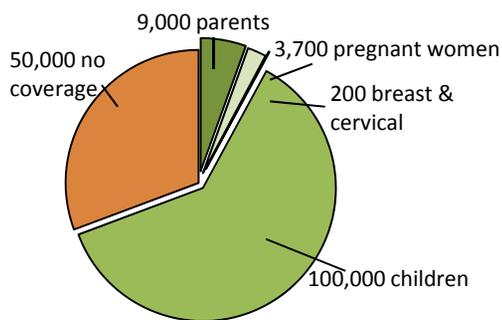
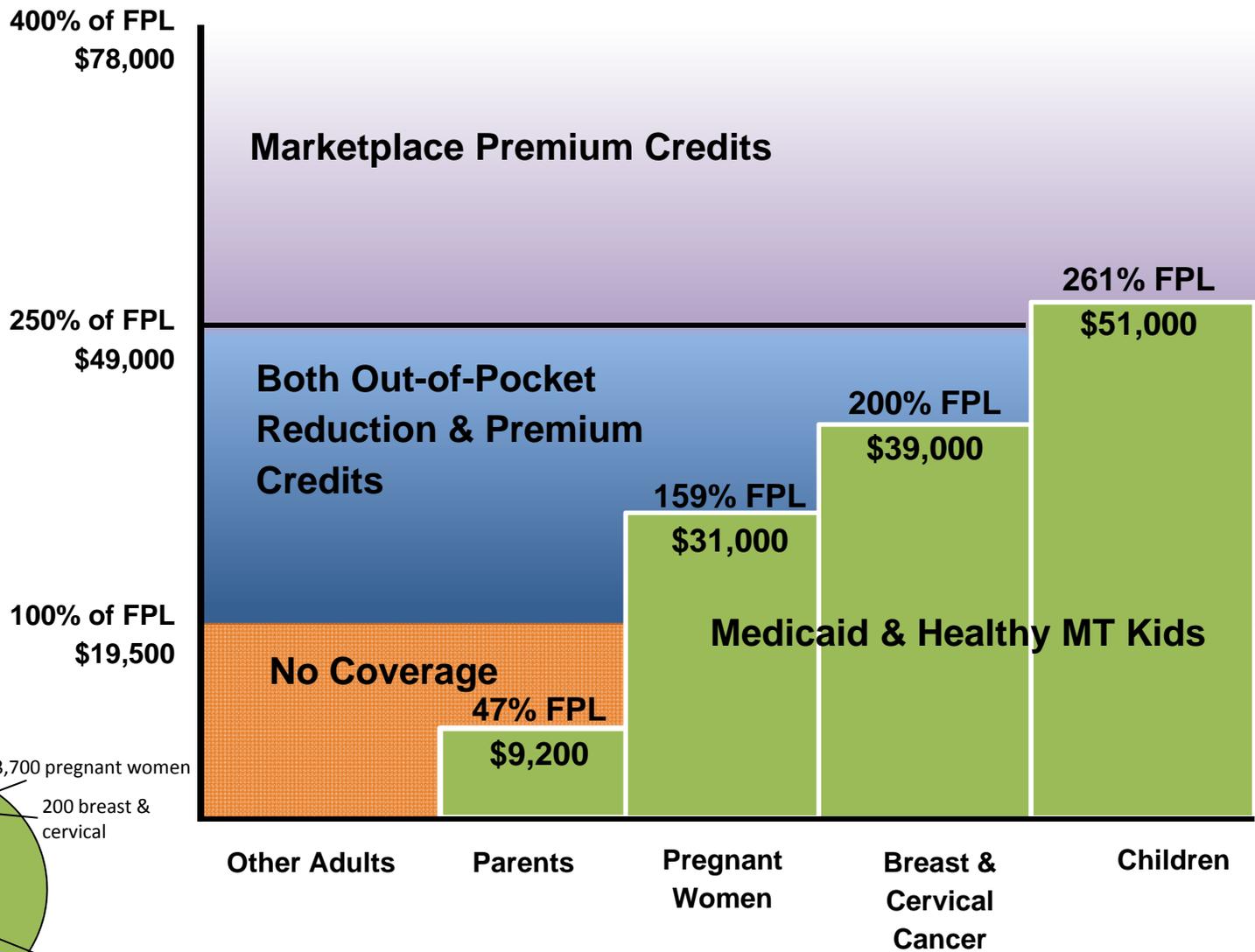
Care

- ☞ **Covers Preventive Care at No Cost to You:** You may be eligible for recommended preventive health services. No copayment.
- ☞ **Protects Your Choice of Doctors:** Choose the primary care doctor you want from your plan's network.
- ☞ **Removes Insurance Company Barriers to Emergency Services:** You can seek emergency care at a hospital outside of your health plan's network.



2014 Health Insurance Marketplace and Medicaid Eligibility

Income for a Family of Three



Medicaid Population Estimates

Notes

- FPL = federal poverty level for 2013
- Income levels are rounded estimates and are based on the percentage of federal poverty level for a family of three.
- Citizens and legal residents in families with incomes between 100% and 400% of poverty who purchase coverage through the Montana Health Insurance Marketplace (Marketplace) are eligible for a premium credit paid directly to the insurance company or co-op to reduce the cost of coverage.
- Someone who earns between 100-250 % FPL is eligible for both premium credits and a reduction in cost sharing (out of pocket costs not paid for by insurance) when they purchase a plan through the Marketplace. This is a discount that lowers the amount you have to pay in out-of-pocket for deductibles, coinsurance, and copayments. To qualify for out-of-pocket savings, an individual must choose a Silver plan. Those qualify for these savings will get the out-of-pocket savings benefits of a Gold or Platinum plan for a Silver plan price. A person can choose any category of plan, but will get the out-of-pocket savings only if they enroll in a Silver plan. More information <https://www.healthcare.gov/how-do-i-choose-marketplace-insurance/>
- In states like Montana without expanded Medicaid eligibility, adults without children who earn less than 100% of poverty (for example: some ranch hands, construction workers, or service industry employees) will not be eligible for premium credits or cost sharing. Parents who earn more than \$9,200 for a family of 3 are also not eligible.
- Medicaid eligibility for breast and cervical cancer patients did not change under the new federal Modified Adjusted Gross Income standard.
- Medicaid enrollment figures are posted online each month at <http://www.dphhs.mt.gov/statisticalinformation/Enrollments-Monthly.pdf>
- Aged, Blind, and Disabled Medicaid eligibility did not change under MAGI, varies based on assets and family size, and is not included in this chart. Montanans who are age 65 or older, blind, or disabled may qualify if they earn less than \$710 per month for an individual or \$1066 for a couple if they meet certain asset tests.

What is the Health Insurance Marketplace?



The Marketplace is a new way to find health coverage that fits your budget and meets your needs. With one application, you can see all your options and enroll.

When you use the Health Insurance Marketplace, you'll fill out an application and find out if you:

- ☞ Qualify for lower out-of-pocket costs.
- ☞ Qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).
- ☞ Can get lower costs on your monthly premiums for private insurance plans

Open enrollment starts October 1, 2013. Plans and prices will be available then. Coverage starts as soon as January 1, 2014.

The Health Insurance Marketplace is sometimes known as the health insurance "exchange."

Application and Enrollment

The screenshot displays the HealthCare.gov website interface. At the top, the browser's address bar shows the URL. The website header includes the "HealthCare.gov" logo, navigation tabs for "Learn" and "Get Insurance", and a language selector for "Español". Below the header, a secondary navigation bar lists "Individuals & Families", "Small Businesses", and "All Topics", along with a search bar. The main content area features a large banner with a smiling woman's face on the right. The text on the banner reads: "The Health Insurance Marketplace is coming soon", "A new way to get affordable coverage launches October 1.", and "Answer a few questions to learn if you qualify for lower costs." A prominent green "START NOW" button is positioned below the text. At the bottom of the banner, there is a sign-up section with the text "GET IMPORTANT NEWS & UPDATES" followed by an input field and a "SIGN UP" button. The footer contains three columns of links: "What is the Health Insurance Marketplace?", "What is the Marketplace in my state?", and "What if I have job-based insurance?", with left and right navigation arrows.

HealthCare.gov Learn Get Insurance Español

Individuals & Families Small Businesses All Topics

The Health Insurance Marketplace is coming soon

A new way to get affordable coverage launches October 1.

Answer a few questions to learn if you qualify for lower costs.

START NOW

GET IMPORTANT NEWS & UPDATES SIGN UP

What is the Health Insurance Marketplace? What is the Marketplace in my state? What if I have job-based insurance?

How the Marketplace Works



Create an account

First provide some basic information. Then choose a user name, password, and security questions for added protection.

Apply

Starting October 1, 2013 you'll enter information about you and your family, including your income, household size, and more.

Visit HealthCare.gov to get a checklist to help you gather the information you'll need.

Pick a plan

Next you'll see all the plans and programs you're eligible for and compare them side-by-side.

You'll also find out if you can get lower costs on monthly premiums and out-of-pocket costs.

Enroll

Choose a plan that meets your needs and enroll!

Coverage starts as soon as January 1, 2014.

Why use the Marketplace?



Coverage in all States

No matter where you live, you can use the Marketplace to compare plans and enroll in coverage.

Health Insurance Marketplace in Montana

If you live in Montana, you'll use the **HealthCare.gov** website to apply for coverage, compare plans, and enroll. You can apply as early as October 1, 2013.

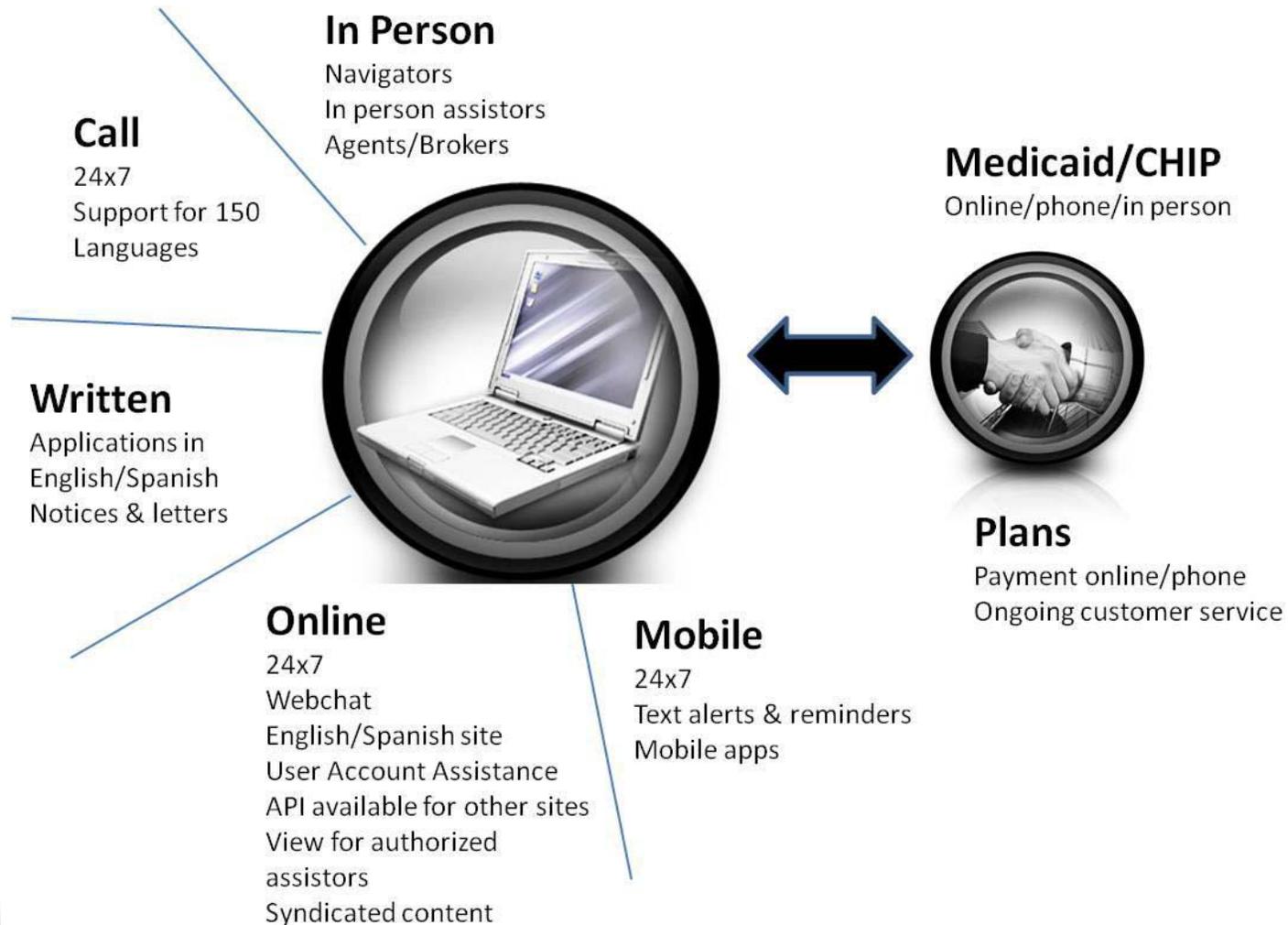


Consumer Assistance for FFM States



<i>Website</i>	HealthCare.gov
<i>Marketplace service center</i>	1-800-318-2596

Consumer Assistance for FFM States



Why use the Marketplace?



High-quality coverage

All Marketplace plans offer the same set of comprehensive benefits. They cover things like pre-existing conditions, pregnancy, hospitalizations, prescriptions, doctor's visits, and more.



All private health insurance plans offered in the Marketplace will offer the same set of essential health benefits.

Why use the Marketplace?



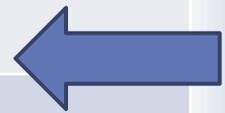
Lower insurance costs

- Most people will get some help with costs. You may qualify for lower costs on your monthly premiums and out-of-pocket costs. You may be able to get free or low-cost coverage from Medicaid or CHIP.



Marketplace Resources

<i>Website</i>	HealthCare.gov
<i>Marketplace service center... "healthcare.gov"</i>	1-800-318-2596
<i>Youtube</i>	YouTube.com/HealthCareGov
<i>Facebook</i>	Facebook.com/HealthCareGov Facebook.com
<i>Twitter</i>	@HealthCareGov
<i>Resources</i>	marketplace.cms.gov



“Essential Health Benefits”



Essential health benefits are minimum requirements for all plans in the Marketplace. Plans may offer additional coverage. You will see exactly what each plan offers when you compare them side-by-side in the Marketplace.

- ☞ Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- ☞ Emergency services
- ☞ Hospitalization
- ☞ Maternity and newborn care (care before and after your baby is born)
- ☞ Mental health and substance use disorder services, including behavioral health treatment (this includes counseling and psychotherapy)
- ☞ Prescription drugs
- ☞ Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)
- ☞ Laboratory services
- ☞ Preventive and wellness services and chronic disease management
- ☞ Pediatric services

Marketplace Application Checklist



When you apply for coverage in the Health Insurance Marketplace, you'll need to provide some information about you and your household, including income, any insurance you currently have, and some additional items.

Use the checklist below to help you gather what you need to apply for coverage. Open enrollment starts October 1, 2013 for coverage starting as early as January 1, 2014. Open enrollment ends March 31, 2014.

- ❧ Social Security Numbers (or document numbers for legal immigrants)
- ❧ Employer and income information for every member of your household who needs coverage (for example, from pay stubs or W-2 forms – Wage and Tax Statements)
- ❧ Policy numbers for any current health insurance plans covering members of your household
- ❧ A completed Employer Coverage Tool (available at HealthCare.gov) for every job-based plan you or someone in your household is eligible for. You'll need to fill out this form even for coverage you're eligible for but don't enroll in.

Medicaid



A state-administered health insurance program for low-income families and children, pregnant women, the elderly, people with disabilities, and in some states, other adults. The Federal government provides a portion of the funding for Medicaid and sets guidelines for the program. States also have choices in how they design their program, so Medicaid varies state by state and may have a different name in your state.



Am I eligible for Medicaid or the Children's Health Insurance Program?

Montana's Marketplace



Health Insurance Marketplace in Montana

If you live in Montana, you'll use the **HealthCare.gov** website to apply for coverage, compare plans, and enroll. You can apply as early as October 1, 2013.



Federal Referral Site



Need affordable health insurance?

New coverage options coming soon!

Sign up at HealthCare.gov for email and text updates about the Health Insurance Marketplace.

HealthCare.gov/subscribe



The Health Insurance Marketplace

It'll help you find health coverage that fits your budget, and meets your needs. Whether you're uninsured, or just want to explore your choices, the Marketplace can help you find a plan that's right for you.

Don't miss out – make sure you're ready to enroll on October 1. For more information, visit HealthCare.gov or call 1-800-318-2596. TTY users should call 1-855-889-4325.

Referral Sites & Resources

ACA Navigators



Intermountain Planned Parenthood, Inc. DBA Planned Parenthood

Planned Parenthood of Montana (PPMT) will use funds to establish the Montana Marketplace Connection to assist consumers in navigating the Montana Marketplace. Consumers will be able to access assistance from a Navigator by scheduling an appointment or as a walk-in to a PPMT health center, calling a hotline or by video conferencing.

Planned Parenthood Heights

100 West Wicks Lane
Billings, MT 59105
P: 406.869.5040
F: 406.294.8643

Planned Parenthood West

1844 Broadwater #4
Billings, MT 59102
P: 406.656.9980
F: 406.656.9928

Planned Parenthood Great Falls

211 9th Street South
Great Falls, MT 59405
P: 406.454.3431
F: 406.454.3433

Planned Parenthood Helena

211 9th Street South
Great Falls, MT 59405
P: 406.454.3431

F: 406.454.3433

Planned Parenthood Missoula

219 East Main Street
Missoula, MT 59802
P: 406.728.5490
F: 406.728.5497

Montana Primary Care Association, Inc.

The Montana Primary Care Association (MPCA) is an association of community health centers aimed at delivering primary and preventive healthcare to under-served and vulnerable populations. MPCA will use funds to partner with 17 affiliated federally-qualified community health centers, which provide primary and preventive health care services to 100,000 Montanans in 20 counties, to serve currently uninsured Montanans. Funding will be used to train community health center staff to expand current outreach and enrollment assistance activities and to enroll patients into affordable health insurance coverage.

Montana Primary Care Association

1805 Euclid Avenue
Helena, MT 59601
Phone: (406) 442-2750
Fax: (406) 449-2460
Email: [Lara Salazar](mailto:Lara.Salazar@montanapca.org)

Rural Health Development DBA Montana Health Network

Rural Health Development is a non-profit consortium of rural health care providers established in 1990 with a strong network of relationships enabling them to bring value to healthcare through cost savings, research and development of products and services in underserved Frontier communities. Rural Health Development will provide enrollment assistance, through member health care providers, in eastern Montana.

Montana Healthcare Network

11 South 7th Street, Suite 241
Miles City, MT 59301
Phone: (406) 234-1420
Fax: (406) 234-1423

Montana DPHHS Outreach



- œ Providers
- œ Current clients
- œ Navigators/Certified Application Counselors
- œ Uninsured/Public
- œ Stakeholder Groups
- œ Tribal Communities
- œ Intergovernmental
- œ Field Staff

Thank you!



Katherine Buckley-Patton, Deputy Administrator

Human and Community Services Division

(406) 444-5288 or **kbuckleypatton@mt.gov**

Department of Public Health & Human Services

A Report Addressing Development of Montana Physical Activity and Nutrition Guidelines for Early Childhood Programs



Conducted for Best Beginnings Advisory Council Health Committee

August 2013

Carmen Byker, PhD
Assistant Professor, Food and Nutrition
Montana State University
Bozeman, MT

Executive Summary

This report was developed for the Best Beginnings Advisory Council (BBAC) Health Committee. In order to continue development of Montana Physical Activity and Nutrition Guidelines for Early Childhood, create higher quality standards needed for child care facilities, and improve child care provider training requirements, this report outlines research collected from key stakeholders about the current activities in these key areas. Two surveys were developed to separately gather information from key stakeholders – child care providers in Montana (referred to as Montana Child Care Provider Survey) and individuals that influence (e.g., administration, advisory council, government official, etc) child care policy or standards (referred to as Montana Child Care Policy Survey). In total, 148 child care providers completed the Montana Child Care Provider Survey and 46 individuals completed the Montana Child Care Policy Survey.

Child care providers report that several positive nutrition practices exist in their facility. A majority of providers take one training about nutrition per year and report that a written nutrition policy or standard exists, is available, and is followed. For physical activity, a majority of providers facilitate outdoor and indoor playtime for 60 minutes or more each day. The amount of screen time allowed is mixed, approximately equally ranging from never to less than 2 hours per day and 2% more than 2 hours per day. A majority of child care providers never take a physical activity training and report that a written policy or standard about physical activity does not exist.

The Montana Child Care Provider Survey indicates that a majority of survey participants support further nutrition and physical activity policy or standard development, and particularly in the area of physical activity. When asked if further standards or policies about nutrition and/or physical activity would be accepted and implemented, a majority answered 'yes' with monitoring, training, incentive and further funding, while others answered 'no' because of similar reasons – incentives, further funding, training, staff time, and licensing requirements are needed to reinforce policies or standards.

The results from this report suggest that child care providers have a better understanding of nutrition practices, policies, and standards for child care facilities than of physical activity. There is a desire to further develop nutrition and physical activity policies or standards that are adapted for the unique needs of each child care facility to reinforce existing regulations. Efforts should be made to clarify the nutrition and physical activity resources available and requirements for early childhood programs in Montana with all key stakeholders. Nutrition and physical activity policies and standards should be developed by reviewing what exists within Montana and best practices from other states and agencies. If nutrition or physical activity policies or standards are created, individuals from providers to policy influencers should be involved in contributing to the process.

Background

Best Beginnings Advisory Council (BBAC) was established in 2011 as a part of the Early Childhood Services Bureau within the Department of Public Health and Human Services in Montana. BBAC serves as the comprehensive and collaborative early childhood entity for Montana. BBAC underwent a needs assessment and strategic planning session in late 2012 and early 2013 to develop vision and goals for early childhood system support in Montana. Six committees steer the work of BBAC, including: (1) Strategic Communication, Outreach, and Public Awareness, (2) Professional Development, (3) Family Support, (4) Social, Emotional, and Mental Health, (5) Health, and (6) High Quality Early Care and Education. Within each committee, a work plan was created which charges each committee with purpose for the year.

Report Purpose

This report was developed for the BBAC Health Committee. The charge for the Committee is to work with multiple agencies, systems, and communities to address the following objectives: (1) strengthen collaborative relationships among local public health authorities and early care and education services, (2) increase Montana's rankings related to immunization utilization, especially in relation to the early childhood population, (3) develop innovative approaches to accessing dental services for low income and rural populations, and (4) develop Montana Physical Activity and Nutrition Guidelines for Early Childhood. *This report is specifically addressing objective four, to develop Montana Physical Activity and Nutrition Guidelines for Early Childhood.* It also addresses two needs identified in the Montana Early Childhood System Needs Assessment: (1) higher quality standards needed for child care facilities and (2) child care provider training requirements are low. *In order to continue development of Montana Physical Activity and Nutrition Guidelines for Early Childhood, create higher quality standards needed for child care facilities, and improve child care provider training requirements, this report outlines research collected from key stakeholders about the current activities in these key areas.*

Data Collection Methodology

Two surveys were developed to separately gather information from key stakeholders – child care providers in Montana (referred to as Montana Child Care Provider Survey) and individuals that influence (e.g., administration, advisory council, government official, etc) child care policy or standards (referred to as Montana Child Care Policy Survey).

Survey questions (see Appendix) for the Montana Child Care Provider Survey were developed from Nutrition and Physical Activity Assessment for Child Care (NAPSACC), Child Care and Physical Activity Assessment Survey, and Georgia Farm to Preschool Survey (see References). To gauge attitudes and actions towards existing policies and

standards, the Montana Child Care Provider Survey questions asked about current nutrition practices, current physical activity practices, barriers to and opportunities for healthy nutrition and physical activity practices, and outcomes and suggestions for training and professional development opportunities. The Montana Child Care Policy Survey asked about the need for and general challenges, benefits, and likelihood of further adoption of nutrition and physical activity standards or policies.

An e-mail was sent to several distribution lists and individuals containing Montana child care providers and policy influencers. The e-mail asked individuals to identify themselves as a child care provider or policy influencer and complete the corresponding 15-minute survey. Participants were notified that the survey was completely voluntary and they could choose to stop at anytime. Participants were offered to enter a drawing for incentive. The survey was open for participants to complete for four weeks.

Following survey collection, results were presented to key stakeholders in one-on-one interviews for further feedback and interpretation about next steps in the development of Montana physical activity and nutrition guidelines. Notes were taken during interviews to inform study results and are presented within the discussion section.

Analysis

All responses were entered into a Microsoft Excel spreadsheet. Survey participants were deidentified. For qualitative results, descriptive statistics were calculated. For quantitative results, quotes were analyzed for key themes and grouped for interpretation. Interview notes were annotated to define their relationship to study questions.

Results

Montana Child Care Provider Survey

Demographics

In all, 148 participants completed the Montana Child Care Provider Survey. When asked about position in child care, 30% indicated director, 28% indicated owner, 16% indicated teacher or caregiver, 10% indicated program manager, and 16% did not respond. Representation came from 31 of 56 counties in Montana (see Table 1). Survey participants work with several program models, including approximately 41% licensed child care facility, 39% licensed family day care home, 6% work with multiple types of models, 6% licensed pre-k program, 5% group facility, 3% licensed Early Head Start, 3% Head Start center, 3% unlicensed Head Start, 1% unlicensed family day care, and 1% Pre-K program. In total, this group of child care providers serve 5,217 children, 38% of which were are classified as low-income.

Table 1. Montana Child Care Provider Survey Respondents by County (n=147)					
County	Responses	County	Responses	County	Responses
Beaverhead	0	Granite	0	Powell	1
Big Horn	0	Hill	6	Prairie	0
Blaine	1	Jefferson	1	Ravalli	3
Broadwater	1	Judith Basin	1	Richland	2
Carbon	1	Lake	3	Roosevelt	2
Carter	1	Lewis and Clark	22	Rosebud	0
Cascade	3	Liberty	0	Sanders	1
Choteau	0	Lincoln	2	Sheridan	1
Custer	0	McCone	0	Silver Bow	2
Daniels	0	Madison	1	Stillwater	0
Dawson	2	Meagher	0	Sweet Grass	0
Deer Lodge	0	Mineral	0	Teton	1
Fallon	0	Missoula	18	Toole	0
Fergus	4	Musselshell	1	Treasure	0
Flathead	10	Park	1	Valley	7
Gallatin	30	Petroleum	0	Wheatland	0
Garfield	0	Phillips	1	Wibaux	0
Glacier	0	Pondera	1	Yellowstone	16
Golden Valley	0	Powder	0		

Nutrition Practices

Of respondents, 97% of facilities serve food and 89% participate in Child and Adult Care Food Program (CACFP). Breakfast (94%), morning snack (78%), lunch (96%), afternoon snack (96%), and dinner (6%) are meal types served at each facility (7% reported not applicable). Child care providers source food for meals from multiple food outlets: grocery store (83%), super center (56%), on-site garden (23%), contracted vendor (19%), Bountiful Baskets (17%), farmers market (15%), directly from a farm (6%), purchasing cooperative (3%), convenience store (2%), community supported agriculture (1%), and don't know (3%) or not applicable (4%). Child care providers report participating in offering nutrition education (75%) at the child care center, including educating children about where their food comes from (80%), cooking or preparing food with children (76%), planting or working with children at an on-site garden (55%), serving meals or snacks with some locally grown food (48%), taking children to visit a farm, community garden, or farmers market (32%), conducting taste tests for children to try locally grown foods (28%), composting with children (23%), special event or unit related to farms and food (21%), invited a farmer to visit children (11%), invited a chef to visit children (6%), don't know (3%) or not applicable (9%). Several providers note that they would like to incorporate more activities in the future. Most providers report that drinking water is available for children to self-serve (73%) or given to children upon request (23%).

Nutrition Standards and Policy

Child care providers participate in a range of number of nutrition trainings per year (14% never, 43% 1 time per year, 26% 2 times per year, 13% 3 times per year, 4% 4 or more times per year). A majority (55%) report that a written nutrition policy or standard exists, is available, and is followed, while 27% report that a written policy or standard about nutrition does not exist. Others (11%) report that a nutrition policy or standard exists informally, but is not written or followed, while 7% report a written policy or standard about nutrition exists but is not always followed. Written policies or standards about nutrition that do exist cover a range of topics: types and serving sizes of foods (68%), special dietary needs (66%), menu cycles (66%) types and serving sizes of beverages (66%), child feeding practices (61%), staff support for healthy eating (61%), nutrition education for staff, children, and parents (47%), and other (6%).

Physical Activity Practices

Survey respondents report a range of screen time (i.e., television, computer, and/or video games) for children at the child care facility: 26% never, 19% monthly but not each week, 27% weekly but not each day, 26% daily less than 2 hours, and 2% daily 2 hours or more. Outdoor and indoor playtime is provided to 75% of children more than 60 minutes each day, 14% of children 46-60 minutes each day, 5% of children 31-45 minutes each day, 5% of children 15-30 minutes each day, and 1% of children less than 15 minutes each day.

Physical Activity Standards and Policy

Child care providers participate in a range of number of physical activity trainings per year (52% never, 32% 1 time per year, 12% 2 times per year, 2% 3 times per year, and 2% 4 or more times per year). Some (30%) report that a physical activity policy or standard exists, is available, and is followed, while 54% report that a written policy or standard about physical activity does not exist. Others (8%) report that a physical activity policy or standard exists informally, but is not written or followed, while 9% report a written policy or standard about physical activity exists but is not always followed. Written policies or standards about physical activity that do exist at child care centers cover a range of topics: safe outdoor spaces (84%), safe indoor spaces (81%), staff support for physical activity (63%), amount of physical activity per day or week (58%), limitations on screen time (55%), education about physical activity (47%), type of physical activity (49%), and other (16%).

Opportunities and Barriers for Nutrition and/or Physical Activity Standards and Policies

When asked about level of agreement, child care providers have mixed attitudes about whether “nutrition and/or physical activity trainings are a good way to spend staff time, presented in a professional manner, and used to improve the child care center”: 34%

strongly agree, 42% agree, 16% are neutral, 1% disagree, and 7% strongly disagree. Child care providers requested training topics, including reducing food waste (70%), physical activity education (52%), farm to preschool or school (48%), nutrition education for staff, children, and/or parents (44%), staff support for physical activity (42%), child feeding practices (42%), special dietary needs (42%), types and serving sizes of foods (41%), menu cycles (39%), safe indoor and outdoor spaces (38%), and amount and type of physical activity (23%).

Survey respondents convey some barriers to promoting nutrition and physical activity practices at the child care center: insufficient funds (41%), lack of staff training on physical education (28%), limited time to teach nutrition (24%), lack of establishing physical activity policies (20%), lack of staff training on nutrition education (20%), lack of support from parents/families (19%), lack of nutrition education resources (16%), lack of physical education resources (16%), limitations of food service providers or vendors (16%), lack of established policies about nutrition (13%), limited opportunities for physical education (9%), serving unhealthy foods to children at parties or events (8%), inadequate food preparation or storage facilities (7%), lack of training for food service staff (3%), lack of support from food service staff (3%), lack of support from administration, and other (20%; e.g., cost and time to prepare healthy foods).

Montana Child Care Policy Survey

In all, 46 participants completed the Montana Child Care Provider Survey.

Perceived Need for More Standards or Policies About Nutrition and/or Physical Activity

Sixty-four percent of survey participants endorse more standards or policies about nutrition and/or physical activity for child care centers in Montana – of which, 50% support better physical activity standards, 38% support strengthening or reinforcing nutrition standards, and 12% highlighted other reasons. Others supported more standards or policies because they make individuals accountable, bolster licensing requirements, and increase Montana’s standings nationally. One participant noted, “Physical movement is addressed [within the childcare system] but it does not require that outside time be a priority. The CACFP standards for nutrition could also be reinforced to ensure children are receiving the best nutrition possible through their child care provider.”

Twenty-six percent of survey participants do not support more standards or policies about nutrition and/or physical activity for child care centers in Montana. They suggest that good nutrition and physical activity needs to be a community effort and not a child care center responsibility, current standards already exist that need incentive to follow, new rules will not encourage compliance, new standards or policies will be redundant with what exists, existing standards or policies are adequate, and other types of education are available. One participant described, “There are already standards for

nutrition as long as the provider participates in the regulated food program ... I don't think that creating a new policy to mandate physical activity will encourage people to become or remain registered facilities.”

Challenges to Implementing Standards or Policies About Nutrition and/or Physical Activity

Survey participants identify several challenges to implementing standards or policies about nutrition and/or physical activity. The effort required to monitor and enforce current licensing requirements is highlighted in light of the work that new standards or policies require. Cost of implementation, provider buy-in, and lack of education and mentoring for providers are also major concerns. One participant wrote, “Following guidelines and policies is just more paperwork for providers. The best way to enforce is direct coaching and mentoring.” Others suggest that the needs of children in facilities vary by age and facility, sometimes space for physical activity is low, and increased staffing needs with increased requirements. Survey participants describe the challenge to and importance of creating attainable standards and gaining community involvement.

Benefits of Implementing Standards or Policies About Nutrition and/or Physical Activity

Benefits to implementing standards or policies about nutrition and/or physical activity were also identified. Most respondents note that implementing standards or policies about nutrition and/or physical activity create healthier, better equipped, and more informed childcare providers and parents. The standards or policies are also an effective way to create a structure for children that teach healthy lifetime habits, including improved diets and physical activity. Participants suggest longer-range benefits, such as health outcomes and supporting existing state programs. One participant detailed what others describe as well, “Generally children are with their care providers more than they are with their families. Therefore, what a child care center does with the time they have with the children is extremely important. Not all parents are concerned about nutrition and physical activity, but if child care centers are required to implement higher standards, I believe it would mean vast improvements in the health of our children. What happens in the home is up to the parent, however, a child care center is a business and should be held to higher standards.”

Potential Implementation of Standards or Policies About Nutrition and/or Physical Activity

When asked if further standards or policies about nutrition and/or physical activity would be accepted and implemented, 49% answered ‘yes’ with monitoring, training, incentive and further funding. Seventeen percent answered ‘no’ because of similar reasons – incentives, further funding, training, staff time, and licensing requirements are needed in addition to the policies or standards. Seventeen percent answered ‘maybe’ with provider buy-in, while another 17% answered ‘mixed’ with some of the standards or policies would be implemented while others would be ignored.

Ideas About Specific Nutrition and/or Physical Activity Standards or Policies

By a large margin, survey participants suggest that physical activity and outdoor time requirements need to be created. Other physical activity suggestions include supporting the I Am Moving, I Am Learning curriculum for every facility, limit TV in childcare facilities, and provide clothing that allows outdoor activity.

In terms on nutrition standards and policies, survey participants suggested a focus on whole and not processed foods (including education about cost savings), promotion of breastfeeding, a requirement for unlicensed facilities to apply for CACFP, and nutrition education for staff.

General suggestions about both areas of standards and polices vary. Great emphasis was placed on family and child education, as well as coordinating any new policies or standards with existing state and federal policies. Tying standards to licensing, increasing number of trainings required for nutrition and physical activity, incentives and recognition, and resource support for implementation (education and funding) are also suggestions. One participant wrote, “The resources and support to give to providers is important. Change is hard and support is needed in this field so devalued. The children are our future and providers who do it right and care the most to change should be recognized and supported some way. Grants available... Eduation...Support... and Backing is critical!” Some participants note that adding regulations raises costs and any new policy or standard should be minimal while a few others supported no new policies or standards.

Recommendations

The results from this report suggest that child care providers have a better understanding of nutrition practices, policies, and standards than of physical activity in child care facilities. This is largely due to the comprehensive support CACFP provides for nutrition in resources and trainings. Still, there is a desire further developing nutrition and physical activity policies or standards that are adapted for the unique needs of each child care facility to reinforce existing regulations. Policies and standards must take into account the unique needs of each center, family day care, or group facility.

Efforts should be made to clarify (with all key stakeholders) the requirements for nutrition and physical activity in early childhood programs in Montana as well as the resources available to meet such requirements. Answers indicate that child care providers and policy influencers may not be understanding each other nor using the same vocabulary when addressing nutrition and physical activity policies and standards. Some confusion exists about the difference between guidelines, standards, and policies and what efforts already occur in Montana early childhood programs with respect to nutrition and physical activity. Key stakeholders will benefit from additional clarification

of existing early childhood nutrition and physical activity programs in Montana as well as identification of those individuals/groups in charge at each level of current programs. Perhaps a resource center that is well-publicized and known among *all* child care providers would be useful for centralizing information.

Nutrition and physical activity policies and standards should be developed by reviewing what already exists within Montana. Attention should also be given to best practices from other states and agencies. This is particularly important given the limited resources available for further development of nutrition and physical activity guidelines as identified by survey respondents. If nutrition or physical activity policies or standards are created, key individuals (e.g. providers, policy influencers, etc.) should be contribute thoroughly during all stages of the process. Survey results repeatedly indicated that this type of participation would increase buy-in for implementation. Policies or standards should be implemented in a stepwise fashion, possibly first with best practices or guidelines, then standards, and followed by policies. Finally, policies and regulations should compliment existing state and federal regulations and avoid any duplication of efforts.

Given the ever-increasing focus on decreasing childhood obesity for lifelong health through nutrition and physical activity efforts, these recommendations are particularly important. While other states saw slight decreases in childhood obesity between 2008 and 2011, there was no change in Montana's childhood obesity prevalence during the same period. Policies and standards can help tip the scales in the right direction, but not without the involvement of families and communities. The child care facility is one critical place where education about healthy nutrition and physical activity practices can start.

Future Research

Future research should work to clarify several study results.

- What do child care providers perceive as current policies or standards?
- What unique characteristics of each child care facility exist that need to be considered for policy or standard development?
- Who is most appropriate to create, facilitate, and regulate policies or standards in the areas of nutrition and/or physical activity?
- To what degree do trainings increase likelihood of implementation?
- Do incentives facilitate implementation of policies or standards?

References

- Centers for Disease Control and Prevention. *Progress on Obesity*. <http://www.cdc.gov/VitalSigns/ChildhoodObesity/>.
- Department of Public Health and Human Services. *Best Beginnings Advisory Council*. <http://www.dphhs.mt.gov/hcsd/childcare/advisorycouncil.shtml>.

- Nichols, MN & Rollins School of Public Health. (2013). *Georgia Farm to Preschool Survey*.
- Smith, K. (2013). *Best Beginnings Advisory Council Strategic Plan*.
- Ward, D, et al. *Nutrition and Physical Activity Self-Assessment for Child Care (NAPSACC)*.
http://www.centertrt.org/content/docs/Intervention_Documents/Intervention_Materials/NAP_SACC/Intervention_Materials/Self-assessment_instrument.pdf
- Yale Rudd Center for Food Policy & Nutrition. *Child Care and Physical Activity Assessment Survey*.
<http://www.yaleruddcenter.org/resources/upload/docs/what/communities/ChildCareDirectorSurvey.pdf>

APPENDIX

Montana Child Care Providers Survey

Consent and Directions

You are being asked to participate in a research study about the development of Montana Physical Activity and Nutrition Guidelines for Early Childhood Programs. This may help us obtain a better understanding of the need for new standards and trainings or improvements in child care facilities. Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time. One randomly selected participant will receive a cash incentive of \$100. This is a one time survey and will take approximately 15 minutes. There are no foreseen risks. There will be no penalty if you decide to decline to participate. There is no cost to you. Your answers will be kept completely confidential and your name will not be associated with any research findings. If you have any questions feel free to contact Carmen Byker at carmen.byker@montana.edu or 406-994-1952. By completing this survey, you consent to participate in the study.

Think about the child care facility you work with as you answer the following questions. If you work with more than one facility, only choose one child care facility to answer the following questions.

1. What is your current position?
2. How would you best describe your program model that you work with? Please select all that apply.
 - a. Licensed child care center
 - b. Licensed Early Head Start center
 - c. Licensed Head Start center
 - d. Licensed family day care home
 - e. Licensed Pre-K program
 - f. Unlicensed child care center
 - g. Unlicensed Early Head Start center
 - h. Unlicensed Head Start center
 - i. Unlicensed family day care home
 - j. Unlicensed Pre-K program
 - k. I don't know
 - l. Not applicable
 - m. Prefer not to answer
 - n. Other (please specify) _____
3. How many children total are enrolled at the child care site you work with?

- a. Not applicable
 - b. Prefer not to answer
 - c. I don't know
 - d. Fill in number: _____
4. In what city/town is your child care center located?
5. What is the percentage of low-income children that attend the child care facility you work with (for the purposes of this survey, low-income is defined as those children that qualify for government assistance (e.g., free or reduced child care, WIC benefits, etc)?)
- a. Not applicable
 - b. Prefer not to answer
 - c. I don't know
 - d. Fill in percentage: _____
6. Does your facility serve food?
- a. Yes
 - b. No
7. Does your facility participate in the USDA Child and Adult Care Food Program (CACFP)?
- a. Yes
 - b. No
 - c. I don't know
8. Where does your facility buy the food that it serves? Please select all that apply.
- a. From a grocery store
 - b. From a super center
 - c. From a convenience store
 - d. From a contracted vendor
 - e. Through a purchasing cooperative with other centers/buyers
 - f. Directly from a farm or farms
 - g. From a farmers market
 - h. Through a CSA (community supported agriculture)
 - i. Bountiful Baskets
 - j. My facility grows some food
 - k. I don't know
 - l. Not applicable
 - m. Prefer not to answer
 - n. Other (please specify) _____
9. Please indicate whether or not your site serves the following by answering with yes or no.

- a. Breakfast
- b. Morning Snack
- c. Lunch
- d. Afternoon Snack
- e. Other (please specify)_____
- f. Not applicable

10. Please select any farm to school activities that your facility has participated in.

- a. Served meals or snacks with at least some locally grown food
- b. Educated children about food, nutrition, or where food comes from
- c. Cooked or prepared food with children
- d. Invited a chef to visit children
- e. Hosted a special event, special day, or special unit related to farms and food
- f. Took children to visit a farm, community garden, or farmers market
- g. Planted or worked with children on a garden at your site
- h. Conducted taste tests for children to try locally grown foods
- i. Educated children about composting or involving children in composting activities
- j. I don't know
- k. Not applicable
- l. Prefer not to answer
- m. Other (please specify)_____

11. Is nutrition education offered at your child care center?

- a. Yes
- b. No

12. How often do staff members receive nutrition trainings by qualified professionals (e.g., registered dietitian, nurse, MTCACFP, local resource and referral agency, etc)?

- a. Never
- b. 1 time per year
- c. 2 times per year
- d. 3 times per year
- e. 4 or more times per year

13. Does a written policy about nutrition exist at the child care center you work with?

- a. No, a written policy about nutrition does not exist
- b. A written policy about nutrition exists informally, but is not written or followed
- c. Yes, a written policy about nutrition exists, but is not always followed
- d. Yes, a written policy about nutrition exists, is available, and is followed

14. If a policy about nutrition is written at the child care center you work with, check all of the topics it covers.

- a. A written policy about nutrition does not exist at the child care center I work with
 - b. Types and serving sizes of foods, including fruits, vegetables, meats, fats, grains, and snacks
 - c. Types and serving sizes of beverages, including juice, milk, and water
 - d. Menu cycles (i.e., menu changes each week, each month, etc)
 - e. Child feeding practices (e.g., seconds, trying new foods, family or individual style serving)
 - f. Staff support for healthy eating (e.g., joining children at meals and consuming the same food and drinks)
 - g. Special dietary needs (e.g., food allergies, diabetes)
 - h. Nutrition education for staff, children, and parents
 - i. Other (please specify) _____
15. At the child care center you work with, television, computer, and/or video games (including education programs and videos or games) is viewed by each child on average:
- a. Daily, 2 hours or more
 - b. Daily, less than 2 hours
 - c. Weekly, but not each day
 - d. Monthly, but not each week
 - e. Never
16. At the child care center you work with, active play time is provided to all children (including outdoor and indoor):
- a. Less than 15 minutes each day
 - b. 15-30 minutes each day
 - c. 31-45 minutes each day
 - d. 46-60 minutes each day
 - e. More than 60 minutes each day
17. Does a written policy exist about physical activity at the child care center you work with?
- a. No, a written policy about physical activity does not exist
 - b. A written policy about physical activity exists informally, but is not written or followed
 - c. Yes, a written policy about physical activity exists, but is not always followed
 - d. Yes, a written policy about physical activity exists, is available, and followed
18. If a written policy about physical activity exists at the child care center you work with, check all of the topics it covers.
- a. Amount of physical activity per day or week
 - b. Type of physical activity
 - c. Limitations on screen time (i.e., television, computer, or video game)

- d. Staff support for physical activity (e.g., encouraging behaviors)
- e. Education about physical activity
- f. Safe indoor spaces
- g. Safe outdoor spaces
- h. Other (please specify) _____

19. Staff members receive physical activity trainings by qualified professionals:

- a. Never
- b. 1 time per year
- c. 2 times per year
- d. 3 times per year
- e. 4 or more times per year

20. The information offered in nutrition and/or physical activity child care trainings are a good way to spend staff time, presented in a professional manner, and is used to improve the child care center.

- a. Strongly disagree
- b. Disagree
- c. Neither agree or disagree
- d. Agree
- e. Strongly agree

21. Please check which additional nutrition and physical activity topics would be useful for trainings with your child care center director or staff?

- Types and servings sizes of fruits, vegetables, meats, fats, grains, and beverages at regular meals and during snacks
- Menu cycles
- Child feeding practices (e.g., seconds, trying new foods)
- USDA Child and Adult Care Food Program
- Staff support for healthy eating (e.g., joining children at meals and consuming the same food and drinks)
- Special dietary needs (e.g., food allergies, diabetes)
- Nutrition education for staff, children, and/or parents
- Reducing food waste
- Farm to preschool or school
- Amount and type of physical activity limitations on computer or television time
- Staff support for physical activity (e.g., encouraging behaviors)
- Physical activity education
- Safe indoor and outdoor space
- Other suggestions (Please list as many as possible)

22. Which age group is the additional training checked in question 20 needed for?

- a. Infant

- b. Preschool
 - c. Early elementary (K-2)
 - d. Elementary (3-5)
 - e. Middle school
23. Drinking water is:
- a. Not freely available
 - b. Offered to children during designated water breaks
 - c. Given to children on request
 - d. Easily and visibly available for children to self-serve
24. Are any of the following barriers to promoting healthy eating and physical activity practices in your center? (Check all that apply)
- a. Lack of support from administration
 - b. Lack of support from teachers
 - c. Lack of support from food service staff
 - d. Lack of support from parents/families
 - e. Lack of established policies on nutrition
 - f. Lack of established policies on physical activity
 - g. Lack of staff training on nutrition education
 - h. Limited time teaching nutrition
 - i. Lack of staff training on physical education
 - j. Limited opportunities for physical education
 - k. Sales of unhealthy foods as fundraisers
 - l. Serving unhealthy foods to children at center parties or social events
 - m. Lack of training for food service staff
 - n. Lack of nutrition education resources (e.g., curriculum, materials)
 - o. Insufficient funds
 - p. Lack of physical education resources
 - q. Inadequate food preparation or storage facilities
 - r. Limitations of food service provider or vendors
 - s. Other (please specify): _____
25. THANK YOU FOR YOUR TIME! If you would like to be entered into a randomly selected drawing for a \$100 Visa gift card, please enter your name and e-mail address below.

Montana Child Care Center Policy Survey

Consent and Directions

You are being asked to participate in a research study about the development of Montana Physical Activity and Nutrition Guidelines for Early Childhood Programs. This may help us obtain a better understanding of the need for new standards and trainings or improvements in child care facilities. Participation is voluntary, and you can choose to not answer any question that you do not want to answer, and you can stop at any time. One randomly selected participant will receive a cash incentive of \$100. This is a one time survey and will take approximately 15 minutes. There are no foreseen risks. There will be no penalty if you decide to decline to participate. There is no cost to you. Your answers will be kept completely confidential and your name will not be associated with any research findings. If you have any questions feel free to contact Carmen Byker at carmen.byker@montana.edu or 406-994-1952. By completing this survey, you consent to participate in the study.

Think about all of child care facilities you work with on Montana as you answer the questions on the next page.

1. Do you think more standards or policies about nutrition or physical activity for child care centers in Montana need to be created and enforced?
2. What are challenges to implementing standards or policies about nutrition or physical activity for child care centers in Montana? What would the benefits be for implementing standards or policies about nutrition or physical activity for child care centers in Montana?
3. Do you think standards or policies about nutrition and physical activity would be accepted and implemented in child care centers if instituted?
4. List any ideas you have about specific standards that should be instituted regarding nutrition and physical activity.
5. Is there anything else you would like to add about nutrition and physical activity standards or policies in child care centers?
6. Can I contact you for more feedback about your survey answers if needed? If so, please provide name, e-mail, and phone number. If you would like to be entered into a randomly selected drawing for a \$100 Visa gift card, please enter your name and e-mail address below.

THANK YOU FOR YOUR TIME!

Executive Summary: A Report Addressing Development of Montana Physical Activity and Nutrition Guidelines for Early Childhood Programs



Conducted for Best Beginnings Advisory Council Health Committee
August 2013
Carmen Byker, PhD

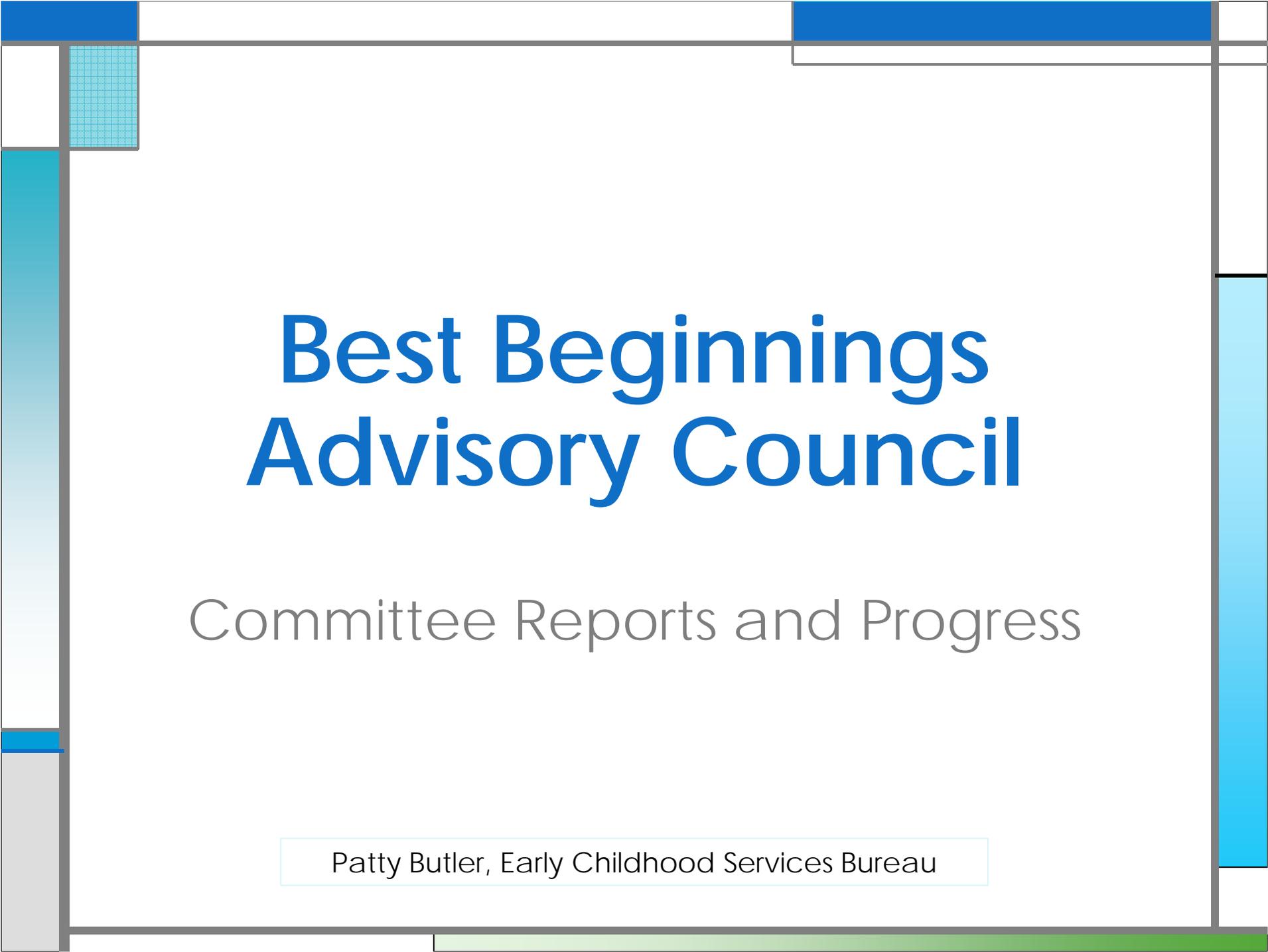
Executive Summary

This report was developed for the Best Beginnings Advisory Council (BBAC) Health Committee. In order to continue development of Montana Physical Activity and Nutrition Guidelines for Early Childhood, create higher quality standards needed for child care facilities, and improve child care provider training requirements, this report outlines research collected from key stakeholders about the current activities in these key areas. Two surveys were developed to separately gather information from key stakeholders – child care providers in Montana (referred to as Montana Child Care Provider Survey) and individuals that influence (e.g., administration, advisory council, government official, etc) child care policy or standards (referred to as Montana Child Care Policy Survey). In total, 148 child care providers completed the Montana Child Care Provider Survey and 46 individuals completed the Montana Child Care Policy Survey.

Child care providers report that several positive nutrition practices exist in their facility. A majority of providers take one training about nutrition per year and report that a written nutrition policy or standard exists, is available, and is followed. For physical activity, a majority of providers facilitate outdoor and indoor playtime for 60 minutes or more each day. The amount of screen time allowed is mixed, approximately equally ranging from never to less than 2 hours per day and 2% more than 2 hours per day. A majority of child care providers never take a physical activity training and report that a written policy or standard about physical activity does not exist.

The Montana Child Care Provider Survey indicates that a majority of survey participants support further nutrition and physical activity policy or standard development, and particularly in the area of physical activity. When asked if further standards or policies about nutrition and/or physical activity would be accepted and implemented, a majority answered ‘yes’ with monitoring, training, incentive and further funding, while others answered ‘no’ because of similar reasons – incentives, further funding, training, staff time, and licensing requirements are needed to reinforce policies or standards.

The results from this report suggest that child care providers have a better understanding of nutrition practices, policies, and standards for child care facilities than of physical activity. There is a desire to further develop nutrition and physical activity policies or standards that are adapted for the unique needs of each child care facility to reinforce existing regulations. Efforts should be made to clarify the nutrition and physical activity resources available and requirements for early childhood programs in Montana with all key stakeholders. Nutrition and physical activity policies and standards should be developed by reviewing what exists within Montana and best practices from other states and agencies. If nutrition or physical activity policies or standards are created, individuals from providers to policy influencers should be involved in contributing to the process.



Best Beginnings Advisory Council

Committee Reports and Progress

Patty Butler, Early Childhood Services Bureau

Strategic Plan – Introduction

- The BBAC met on January 9 and 10, 2013 for a facilitated strategic planning session. This strategic plan resulting from the January meeting outlines strategic directions or objectives and associated milestones to support the Council's vision and goals.
- The Best Beginnings Advisory Council is comprised of six committees:
 1. Strategic Communication, Outreach, and Public Awareness
 2. Professional Development
 3. Family Support
 4. Social, Emotional, and Mental Health
 5. Health
 6. High Quality Early Care and Education
- The committees are the vehicles through which the Council's work will be accomplished. The Council committees created work plans for defined accomplishments, which will guide their work in the upcoming year.

Strategic Plan – Vision and Objectives

- The Best Beginnings Advisory Council's vision is to *ensure Montana has a comprehensive, coordinated, early childhood system that provides a governance structure and leads to strong collaboration in order to best meet the needs of Montana's youngest citizens*. The Council is pursuing work within four objectives, which support the overall vision

Strategic Plan – Vision and Objectives

If the Council and partnering stakeholders are successful in implementing these objectives, the following would be in place in three to five years as a result of their actions:

<p>Families with young children are supported in their community</p> <ul style="list-style-type: none"> • There is decreased food insecurity • Housing is viewed as a basic need and housing services are available to ensure all families have affordable housing • Family support services are offered through a no-wrong door approach 	<p>Social, emotional, and mental health needs of young children and families are supported</p> <ul style="list-style-type: none"> • There is less need for mental health providers • The stigma associated with mental health needs is reduced • Evidence-based practices are widely used and possibly required • Screening and assessment tools are consistently used in a well-coordinated fashion • The pyramid model is being used • EPSDT is a required tool • Programs, including those within Children's Mental Health, incorporate a focus on early childhood (0-5)
<p>Children have access to a medical home and health insurance</p> <ul style="list-style-type: none"> • There is a larger number of early childhood health specialists in the State • More children with special health care needs are connected to medical homes • More low income children and their families are connected to health insurance 	<p>Children have access to high quality early childhood programs</p> <ul style="list-style-type: none"> • High quality is defined and broadly understood • Private and public sector early child care systems are connected • Early childhood systems are better coordinated with Office of Public Instruction, with some shared budget for collective initiatives • Pre-service education requirements for early childhood educators are enhanced

Strategic Communication, Outreach, and Public Awareness

- The Strategic Communication, Outreach, and Public Awareness (SCOPA) committee's charge is to develop recommendations for a strategic communication and outreach plan related to early childhood services in Montana. The SCOPA committee must work closely with other Council committees and DPHHS administration.

Objectives

5.1 Provide recommendations to educate and engage the public through effective communication and outreach

5.2 Improve referral processes to promote increased access to health care

Professional Development

- The Professional Development committee's charge is to promote and support cross-sector early childhood professional development and workforce preparation for those professionals working with young children and families. The Professional Development committee must work closely with other Council committees and DPHHS administration.

Objectives
6.1 Support professional development and workforce preparation across child-serving systems
6.2 Support child care professional development opportunities aligned with STARS to Quality initiative

Family Support

- The Family Support committee's charge is to support and enhance services to families around the state; to support a network of services around the state by ensuring referrals are provided and systems are connected; and to provide information to and awareness around parent education and family support services. The Family Support committee must work closely with other Council committees and DPHHS administration.

Objectives
7.1 Support improved access to and increased retention of family support services
7.2 Increase and improve coordination of parent education opportunities

Social, Emotional, Mental Health

- The Social, Emotional, and Mental Health committee's charge is to work with multiple agencies, systems, and communities, provide leadership in Identifying opportunities to use the Pyramid model to promote the social emotional well-being of young children using, prevent challenging behaviors and provide intense, individual, interventions when needed. The Social, Emotional, and Mental Health committee must work closely with other Council committees and DPHHS administration.

Objectives
8.1 Identify and recommend a universal model for early childhood social, emotional, and mental health
8.2 Increase use of evidence-based and outcome-focused practices
8.3 Address mental health service gaps and access problems
8.4 Support professional development across child-serving systems

Health

- The Health committee's charge is to work with multiple agencies, systems, and communities to: 1) strengthen collaborative relationships among local public health authorities and early care and education services; 2) increase Montana's rankings related to immunization utilization, especially in relation to the early childhood population; 3) develop innovative approaches to accessing dental care services for low income and rural populations; and 4) develop Montana Physical Activity and Nutrition Guidelines for Early Childhood. The Health committee must work closely with other Council committees and DPHHS administration.

Objectives
9.1 Increase access to health services and providers
9.2 Improve referral processes to promote increased access to health care
9.3 Analyze policy approaches to improving access to health care
9.4 Improve early childhood nutrition

High Quality Early Care and Education

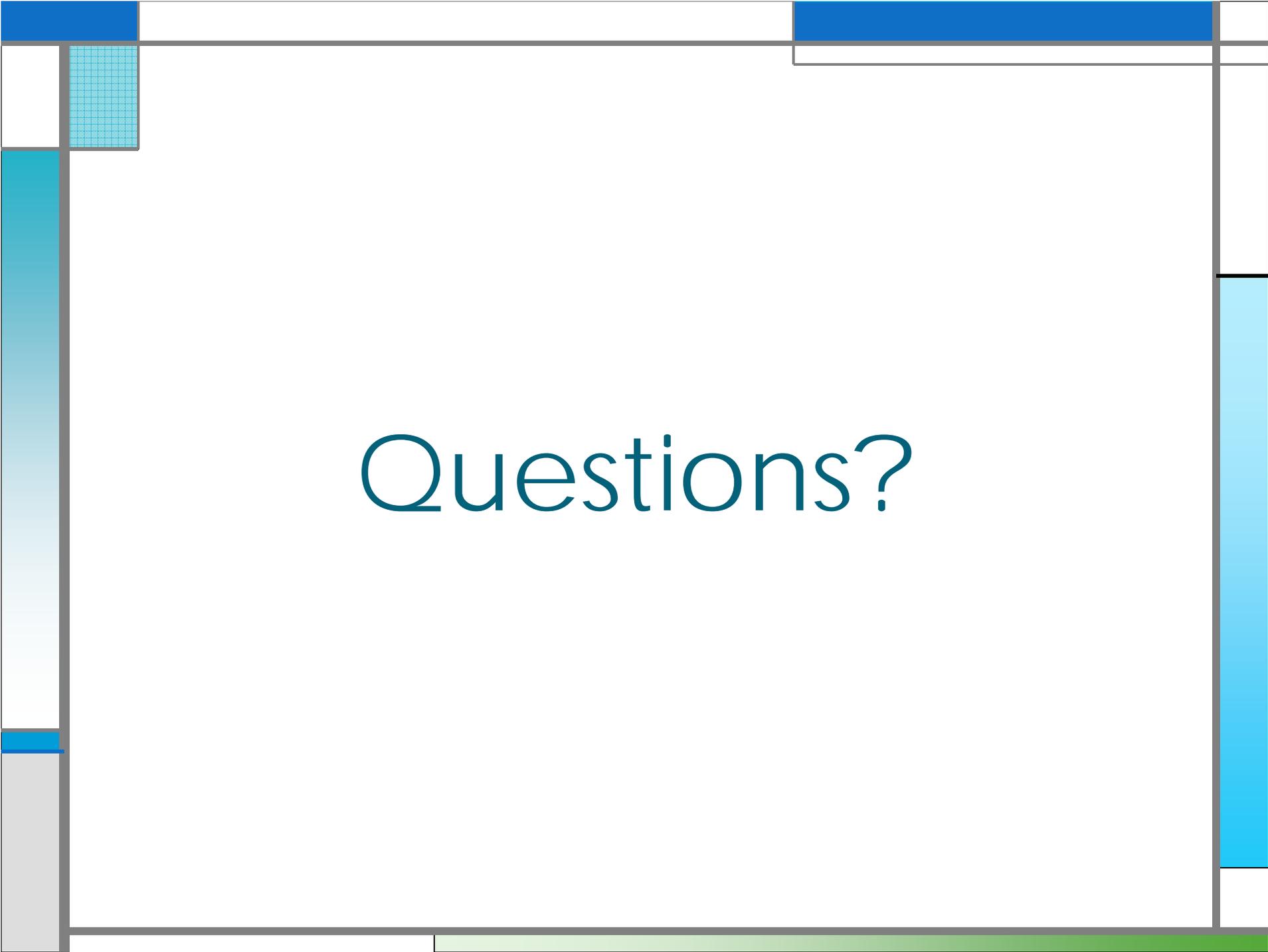
- The High Quality Early Care and Education's committee's charge is to assure access and affordability of high quality child care in a variety of settings including child care centers, family and group child care, and informal care settings. High quality care is family friendly and/or driven as applicable, and fair to providers. The committee is charged with assuring that the basic health and safety needs of children are addressed in child care settings and that all children shall benefit from quality experiences in which young children are supported as they develop. The High Quality Early Care and Education committee must work closely with other Council committees and DPHHS administration.

Objectives

- | |
|--|
| 10.1 Implement policies and processes supporting high quality standards and increased access to high quality early childhood education |
| 10.2 Increase collaboration with other early childhood systems to improve outcomes for children and families |
| 10.3 Educate and engage public through effective communication and outreach |
| 10.4 Support child care professional development opportunities aligned with STARS to Quality initiative |
| 10.5 Continue to assess and respond to evolving needs in early childhood systems |

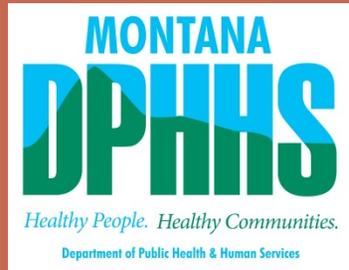
Defined Action

- The Council defined innovative, substantial actions to deal with the underlying contradictions of the needs assessment and move the group toward the vision and objectives. Strategic work is needed in multiple settings, including:
 1. The Governor's office
 2. Department of Public Health and Human Services administration
 3. The private sector and Montana communities
 4. The Best Beginnings Advisory Council
 5. The Best Beginnings Advisory Council's committees



Questions?

Family Support Committee Report



*Kelly Hart,
Family
Support
Committee
Chair*



**Family Forums: Building
Relationships Between
Families in Communities**

Family Forum Overview

- Background and Purpose of Family Forums
- Results of Family Forums
 - Examples of Events
 - Key Successes
 - Lessons Learned



Establishing the Family Forums

- One-time only CHIP bonus money
- Opportunity for cross-systems collaboration
- Local Best Beginnings Councils (and teen parenting councils) eligible
- Funding available between \$10,000 and \$15,000 per community



Why Family Forums?

- To fully engage families and create an opportunity for relationship building between the families as well as between providers and families;
- To normalize community support activities for families and children.





Family Forum Requirements

- Take place at a location that is considered “neutral/normal” and will promote attendance;
- Include free child care and a free meal or snacks for families and children attending;
- Connect children and families to service providers and resources in the local community;
- Discuss the work of Coalitions;

Additional Requirements

- Provide an opportunity for families to give input;
- Provide an opportunity for education and discussion about a relevant parenting issue and provide modeling of the parenting strategies suggested;
- Provide materials for families to take home and use to support healthy family relationships and positive child development and family functioning.



Additional Requirements

- Include the following community partners (if they are present):
 - Providers receiving “In-Home” Title IV-B funds from Child and Family Services Division of DPHHS
 - Child Care Resource and Referral Agency
 - Public Health Department
 - Recipients of the *Services for Pregnant and Parenting Teens* grant from the Early Childhood Services Bureau of DPHHS
 - Recipients of the Maternal and Early Childhood Home Visiting grant from the Maternal and Child Health Bureau
 - Community “Prevention Strategist” associated with the DPHHS Prevention Resource Center
 - Agencies providing resources to eliminate childhood hunger

Family Forum Timeline

- November 2012 – Family Forum Planning within DPHHS
- December 2012 – Call to discuss funding opportunity
- January 2013 – Applications Due
- June 29, 2013- Deadline for events and funds to be expended





THE RESULTS OF THE FAMILY FORUMS

Communities Who Hosted Family Forums

- Big Horn
- Butte Silver Bow
- Cascade
- Custer
- Dawson
- Flathead (County)
- Flathead (Reservation)
- Fort Peck
- Gallatin
- Hill
- Lake
- Lewis and Clark
- Lincoln
- Mineral
- Missoula
- Northern Cheyenne
- Park
- Ravalli
- Richland
- Rocky Boy's
- Rosebud

Family Forums

- **Community Resource Fair**

- **School Readiness Event**



- **Keynote Speaker/Training/Workshops**



Family Forums: Community Resource Fair

Mineral County

- 0 – 5 Tots Carnival
- Held in 3 communities
- Activities, educational stations
- Goodie Bag Examples

Family Forums: School Readiness Event

Big Horn County

- Kindergarten Readiness Event
- Large Group Session
- Small Group Presentations





Family Forums: Keynote Speaker/Training/Workshops

Ravalli County

- Guest Speaker: Erin Ramsey

Cascade County

- Circle of Security Training with Kent Powell

Custer County

- Guest Speaker: James Vollbracht

Lake County

- Guest Speaker: Bob Sornson

Key Successes

- Opportunity to offer event
- Speaker
- Event Outcomes
- Partnerships/Collaboration/Connections
- Providing:
 - Takeaways
 - Child care
 - Resources for families
 - Activities for families
- Increased awareness:
 - Importance of early childhood education
 - Community resources
 - Local council



Key Successes

“The greatest success was the remarkable cooperation and collaboration shown by all the community partners working together. Not only did families receive access to all community services in one convenient location through the communities, service providers also had an opportunity to learn more about individual agencies and what services they provide. In addition, families had an opportunity to network, share experiences, and gain valuable educational insights.”

Challenges and Lessons Learned

- Providers

- Timing

- Event Details



Challenges and Lessons Learned

“Just go with the flow if things do not turn out as planned. Just continue on and in the end, everything will turn out.”

Questions?



Great Beginnings, Great Families Conference

August 19 – 20th
Helena

Conference Goals

■ Goals:

- To provide education and training on topics important to supporting families
- To develop a network of family support providers



Conference Details



■ Monday Topics/Speakers:

- Keynote: Deborah Daro, University of Chicago

■ Sessions:

- Life Skills Progression - Linda Wolleson
- Engaging Parents as Partners - THRIVE
- Strengths Based Coaching: Why Won't They Change - Terrell Mann
- Strengths Based Coaching: 10 Tips for Coaching Adults - Terrell Mann
- Strengths Based Coaching: Resolving Tough Conversations Using Strengths Based Strategies - Terrell Mann
- Introduction to the Pyramid Model - Christy Hill Larson
- Love and Logic - Florence Crittenton



Sarah Corbally
introducing
Special Guest
Governor
Bullock at
lunch

GBGF Conference



- **August 19 – 20th in Helena**
- **Tuesday Topics/Speakers:**
 - **Keynote: Sandra Smith, University of Washington**

 - **Sessions:**
 - **Learning to Teach by Asking: Ways to Build Reflective Skills- Linda Wolleson**
 - **Resilience and Protective Factors- Bart Klika (University of MT)**
 - **Health Insurance Marketplace – Christina Goe (Auditor’s Office)**

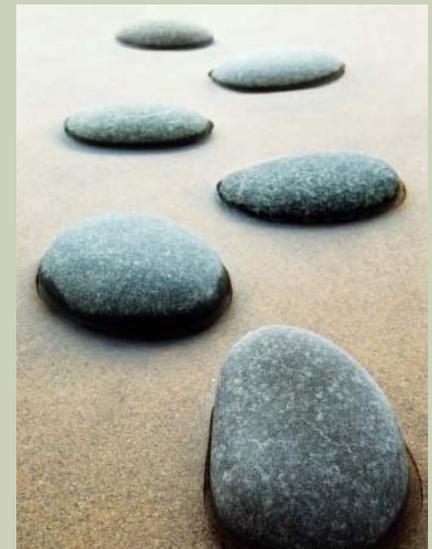
 - **Facilitated Discussion with Kirsten Smith**

Facilitated Discussion

- Discussed:
 - Objectives of a family support provider network
 - How to prioritize these objectives and next steps
- Defined objectives of the network as:
 - Defining external messaging
 - Increasing internal collaboration and synergy
 - Defining the family support provider network
 - Increasing access to services for families
 - Advocating for families and providers
 - Measuring performance

Next steps

- **Next Step:**
 - **Further define the family support provider network**
- **Planning next conference**
 - **Tentative dates: June 16 - 18**

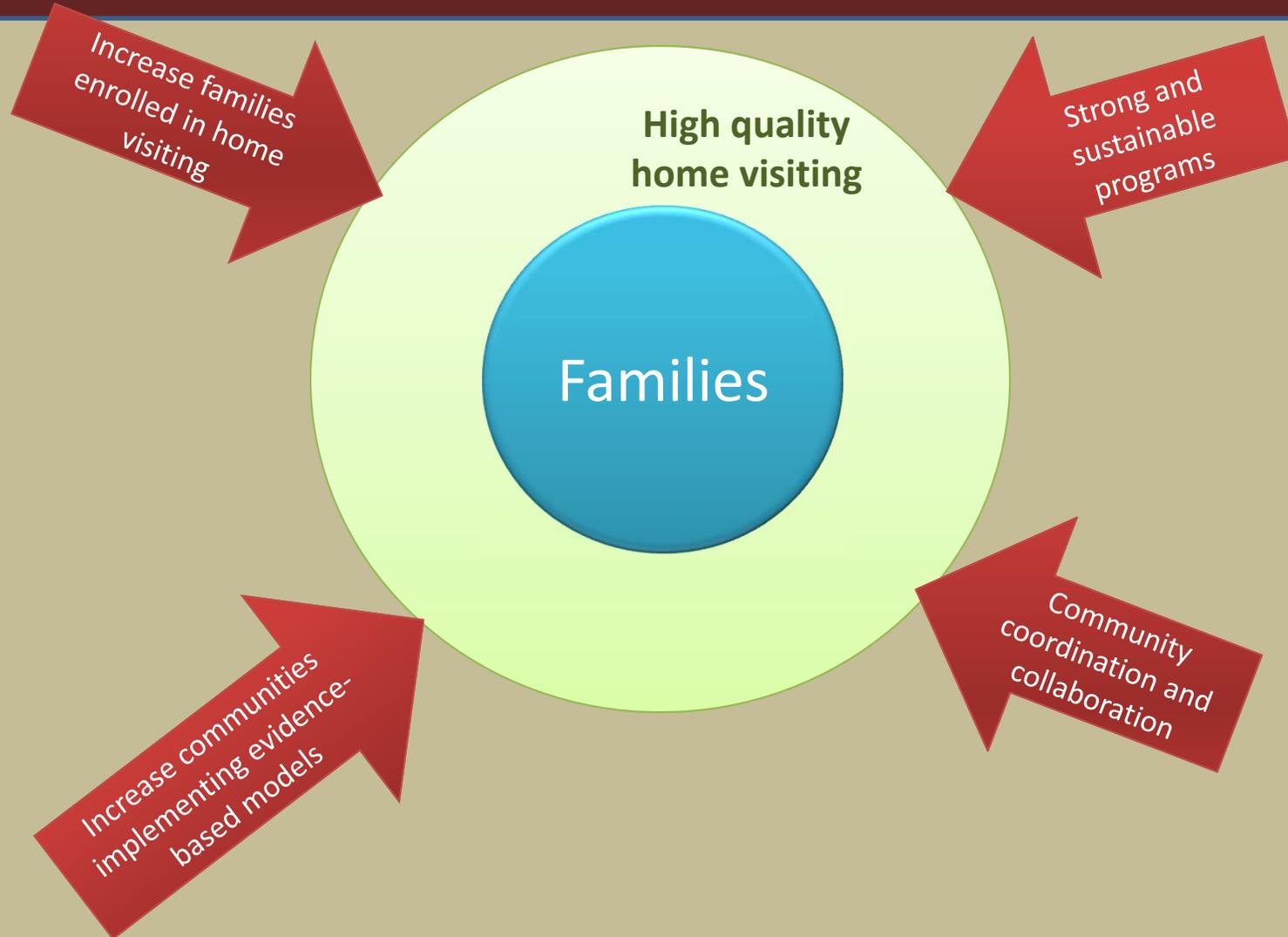


Questions?

MATERNAL, INFANT, AND EARLY
CHILDHOOD HOME VISITING
EXPANSION GRANT

October 10,
2013

OVERVIEW



MIECHV EXPANSION GOALS

- Expand the number of families served by evidence-based home visiting in Montana
- Support and sustain evidence-based home visiting programs in Montana

MIECHV EXPANSION STRATEGIES

- Expand communities implementing home visiting
 - 19 communities with existing Best Beginnings coalitions (PAT, NFP, Family Spirit models)
 - 3 new at-risk communities without Best Beginnings coalitions (PAT, NFP, Family Spirit, SafeCare Augmented models)

MIECHV EXPANSION STRATEGIES

- Expand the home visiting models in Montana
 - SafeCare Augmented: Implement in 6 communities with highest number of neglect cases
 - Yellowstone, Butte-Silver Bow and Anaconda-Deer Lodge, Missoula, Lewis and Clark, Flathead, Cascade
 - Family Spirit (promising approach): Implement in interested tribal communities
 - Northern Cheyenne and other potential new awardees

MIECHV EXPANSION STRATEGIES

- Expand the types of providers who can receive MIECHV funding to implement home visiting
 - Health departments (county and tribal), community health centers, schools, non-profit organizations, etc.

MIECHV EXPANSION STRATEGIES

- Provide structure, assessment, technical assistance, and support on program quality, evaluation, and sustainability (Infrastructure and capacity)
 - Strengthen state partnerships
 - State Best Beginnings Advisory Council
 - Grant/program team participation
 - Partnership between Family and Community Health Bureau and Child and Family Services Division to implement SafeCare Augmented

MIECHV EXPANSION STRATEGIES

- Infrastructure and capacity, continued:
 - Home Visiting Sustainability Workgroup
 - Policy revisions and funding for sustaining EBHV
 - Training partnerships
 - MT Coalition Against Domestic and Sexual Violence, Part C, EPSDT/Medicaid, Targeted Case Management
 - Cross-sector trainings on tools
 - Implementation Science
 - Evaluation

MIECHV EXPANSION STRATEGIES

- Infrastructure and capacity, continued:
 - Best Beginnings coalitions are advisory/collaboration entity in communities
 - Funded communities develop a plan for integrating home visiting with early childhood system
 - Coordinated referrals
 - Consistent framework and language with parents
 - Same/similar screening tools and sharing results
 - Cross-train providers

MIECHV EXPANSION STRATEGIES

- Infrastructure and capacity, continued:
 - Quarterly MIECHV meetings
 - Coaching and support to implementing sites
 - Conference calls, site visits, calls with model developers
 - Client recruitment and retention plans for all sites
 - Data system
 - Model-specific trainings in-state (PAT, SafeCare Augmented, Family Spirit)
 - Training on MIECHV Benchmarks and Constructs and related topic areas

MIECHV EXPANSION STRATEGIES

- Infrastructure and capacity, continued:
 - In-state trainings on required tools: ASQ3, ASQ:SE, domestic violence, motivational interviewing, Life Skills Progression, etc.
 - Continuous Quality Improvement
 - Statewide home visiting group and home visiting/family support conference

WHO IS ELIGIBLE?

- Eligibility based on:
 - Interest expressed from communities
 - Risk status from needs assessment
- 22 current Best Beginnings communities
- 3 new communities
- 6 of those communities also eligible for SafeCare Augmented, in addition to other models

CURRENT BEST BEGINNINGS COMMUNITIES

(PAT, NFP, FAMILY SPIRIT)

- Big Horn
- Butte-Silver Bow
- Cascade
- Custer
- Dawson
- Flathead
- Fort Peck
- Gallatin
- Hill
- Lewis and Clark
- Mineral
- Missoula
- Northern Cheyenne
- Park
- Ravalli
- Richland
- Roosevelt
- Rosebud
- Yellowstone

NEW BEST BEGINNINGS COMMUNITIES

(PAT, NFP, FAMILY SPIRIT, SAFECARE AUGMENTED)

- Anaconda-Deer Lodge
- Blackfeet
- Blaine
- Crow
- Fort Belknap
- Glacier
- Jefferson
- Rocky Boy
- Sanders

SAFECARE AUGMENTED

- Partnership between Family and Community Health Bureau and Child and Family Services Division
- Separate RFP
 - Butte-Silver Bow and Anaconda-Deer Lodge
 - Cascade
 - Flathead
 - Lewis and Clark
 - Missoula
 - Yellowstone

EXPECTATIONS OF COMMUNITIES WITH MIECHV EXPANSION FUNDS

- Implement a home visiting model (NFP, PAT, Family Spirit, SafeCare Augmented) with fidelity
- Serve eligible (high-risk) families
- Measure and report on benchmarks and constructs for all clients
- Follow client screening and caseload guidance
- Participate in Implementation Science, Continuous Quality Improvement, and evaluation

EXPECTATIONS OF COMMUNITIES WITH MIECHV EXPANSION FUNDS

- Best Beginnings coalition is advisory group
- Establish and/or coordinate a referral system with community partners
- Coordinated language
- Sharing of information

FUNDING

- Federal, Health Resources and Services Administration
- Two allocations: \$5.7 million and \$5.6 million
- Short-term (through Sept. 30, 2016)
- \$2.2 million for current and new Best Beginnings communities
- \$675,542 to implement SafeCare Augmented
- Community funding through Requests for Proposals (RFP)s

EXPECTED DATES

- RFP released for Parents as Teachers, Nurse-Family Partnership, and Family Spirit: November
- RFP released for SafeCare: est. December
- RFP for small amount of Service Delivery funds

QUESTIONS

- What would help your community and coalition be better prepared and able to meet the goals?
- How can you work together as a community for home visiting implementation/expansion?
- Others?
- Facilitation support will be made available to communities to prepare for applications and implementation.

PLEASE SEND QUESTIONS TO:

dfrick@mt.gov