



## Sunny Start Core Partners Meeting Summary

**Meeting Date:**

Tuesday, July 27, 2010 – 1:30 – 4:00

**Location:**

Indiana State Dept. of Health, 8<sup>th</sup> Floor Training Room

**Facilitators:**

Andrea Wilkes, Dr. Judy Ganser  
Staff – Maureen Greer, Rylin Rodgers

**Participants:**

Rebecca Kirby, Dr. Jim Miller, Dana Jones, Brittany Dale, Steve Viehweg, Angie Tomlin, Cheryl Miller, Susie Lightle, Daniel Clendenning, Phyllis Kikendall, Lisa Henley, Mary Jo Paladino, Audie Gilmer, Missy Hahn, Janet Deal, Diana Wallace

**Items of Interest**

Next Core Partners Meeting:





**October 26, 2010**

Please note that meeting time has been shifted to 1:30-4pm.

Meetings will be held on the 8<sup>th</sup> floor going forward.

If you are unable to attend a meeting please send a proxy.

**Attachments:**

 [Eval\\_IX\\_Report.pdf](#)  [Galloway ECCS ISDH MeetingPlaceFlyer\\_fi Rpt 7-27-10.doc](#)  [MeetingPlaceFlyer\\_fi nal.pdf](#)  [IAITMH 12th Annual Conference 2010.pdf](#)

**Summary of Meeting:****Welcome and Updates**

- Introduced Dr. Miller, who has recently joined the ISDH. Indiana has been a leader in fluoride in water systems, and has a wonderful infrastructure in place. Dental sealants have been a growing commitment. The primary dentition (baby teeth) provide a foundation for permanent teeth, important to the development of the face and the overall health of the children of Indiana.
- Mary Ann Galloway, Director for Life Course Perspective at the ISHD.
- Dana Jones has joined the IDOE as of June 14<sup>th</sup>.
- Review of Packet & Upcoming Meeting Dates.
- Thank you to Daniel Clendenning for his three years of service as Sunny Start's Evaluator. Daniel will begin work on his PhD. this fall.
- Early Childhood Meeting Place is preparing to re-launch to a new

URL with all of the Sunny Start family resources available in English and Spanish and additional organization and resources for families and professionals.

- Foster Care will be piloting the use of the thumb drive with 100 Foster Care parents.
- The Early Childhood Summit will take place in Washington, DC, from August 1-5. Sunny Start Partners are well represented.  
ECCS Summit: [www.earlychildhood2010.org](http://www.earlychildhood2010.org)

### **Highlights from the Title V Block Grant**

Mary Ann Galloway ([magalloway@isdh.in.gov](mailto:magalloway@isdh.in.gov))

Life Course Health Systems looks at health over a lifespan and the factors that impact health over the life and in future generations. An emphasis is placed on assessing systems of care to address health issues. New initiatives will be starting throughout Indiana.

Every five years a new Needs Assessment is completed. The needs assessment, state application (narrative) and the annual reports make up Indiana's Title V application. A wide variety of stakeholders contributed to the identification of need. Needs were ranked and 10 priority needs selected. Eighteen additional federal performance measures are a part of the state's reporting requirements. The following ten state performance measures are reflective of the progress Indiana has made in a number of areas in MCH and CSHCS programs. They are also evidence of the continued need to reduce disparities and strengthen the health and well-being of Indiana's mothers, babies, children, children with special health care needs and women of childbearing age for years 2011 to 2015. Please share any input about partnership around these issues with ISDH.

1. *Reduce the rate of sudden unexpected infant deaths due to SIDS, and accidental suffocation and strangulation in bed 5% yearly.* Unsafe sleep practices have been shown to cause Sudden Unexplained Infant Deaths (SUID) including SIDS and unintentional suffocation that occurs when an infant is placed on its stomach to sleep, on an unsafe sleep surface, or shares a sleep surface with adults, other children or pets. Indiana has a high rate of suffocation among infants.
2. *Increase the percent of mothers who breastfeed exclusively through three months of age.* Exclusive breastfeeding is ideal nutrition and sufficient to support optimal growth and development for approximately the first 6 months after birth. The emphasis on exclusivity is new for 2011-2015.
3. *Decrease the percentage of pregnant women on Medicaid who smoke during pregnancy by 0.5% each year from a baseline of 30% in 2007.* Fifty-one percent of all pregnant women in Indiana are on Medicaid at time of birth. Smoking rates among pregnant women on Medicaid have been found to be 1.5 times that for pregnant women not on Medicaid.

4. *Increase the percentage of black women (15 through 44) with a live birth during the reporting year whose prenatal visits are adequate to 66.5%. Early and adequate prenatal visits are important for positive birth outcomes. Indiana aims to lower the disparity for black women receiving adequate prenatal care.*
5. *Decrease the percentage of children age 72 months and below with blood lead levels equal to or greater than 10 Micrograms per deciliter to .80% of the total children tested. The projection for total tested is 80,000 with 640 elevated.*
6. *The percentage of births that occur within 18 months of a previous birth to the same birth mother will be reduced to 12% in 2009. According to the ISDH report Short Interpregnancy Intervals and the Risks of Adverse Birth Outcomes in Indiana: Statistics from the Live Birth Data 1990-2005, 44.5% of all pregnancies were conceived within 24 months of the last pregnancy, 18.8% were conceived within less than 12 months, and 6.2% in less than 6 months.*
7. *Decrease total preterm birth percentages by 15% by 2015 from 12.9% in 2007 to 10.9% by 2015. B. Decrease late preterm births due to cesarean delivery with no medical reason among Indiana resident births by 50% from 10.2% in 2006 to 5.1% by 2012. In 2008, the March of Dimes announced that Indiana had a failing grade due to a number of perinatal indicators including late preterm births. The consistent escalation of our preterm rate has created major concerns in the public health community and prompted an MCH investigation into the patterns of preterm births and the potential contributing factors.*
8. *Decrease the percent of high school students who are obese by 3% (from 12.8 to 11.3) over 5 years. The Indiana Healthy Weight Initiative Task Force and DNPA have continued development work on a state obesity prevention plan that addresses issues related to childcare, school settings, and special populations. By the end of August 2010, the Indiana Healthy Weight Initiative Task Force and the DNPA will complete, publish, and disseminate a state plan for obesity prevention.*
9. *Reduce the percentage of chlamydia and gonorrhea among adolescents ages 15-19 from 13.6% to 12% and 4% to 2.5% respectively. An increase in sexual activity among adolescents and young people in Indiana and the United States has lead to an alarming number of teen pregnancies and an increase in the rates of sexually transmitted infections.*
10. *Increase the capacity for promoting social and emotional health in children from birth to age 5. Early social and emotional competence is associated with continued competence and may help reduce the risks for later problem behaviors.*

It is important to note all 10 indicators touch the Sunny Start Population.

## **Support for Pregnant Moms**

*Text4baby is a free mobile information service designed to promote maternal and child health.* An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), *text4baby* provides pregnant women and new moms with information they need to take care of their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY (or BEBE for Spanish) to 511411 will receive free SMS text messages each week, timed to their due date or baby's date of birth.

Text4baby is made possible through a broad, public-private partnership that includes government, corporations, academic institutions, professional associations, tribal agencies and non-profit organizations. For more information on text4baby, please visit [text4baby.org](http://text4baby.org).

## **Children's Special Health Care Services Division will focus its efforts with families and other partners in two main areas:**

First, the mission of the Integrated Community Services (ICS) Program within the Children's Special Health Care Services (CSHCS) Division is to improve access to quality, comprehensive, coordinated community-based systems of services for Children and Youth with Special Health Care Needs (CYSHCN) and their families that are family-centered and culturally competent. The Indiana Community Integrated Systems of Services (IN CISS) Project's objective is to develop lasting and sustainable integrated community systems of care for CYSHCN that achieve long-term outcomes of systems development; ensuring all families are able to access health and related services along the continuum of care in a manner that is affordable and meets their needs; appropriate policies and programs are in place to guarantee that children have access to quality health care; providers are adequately trained; financing issues are equitably addressed; and families play a pivotal role in how services are provided to their children.

Indiana was one of six states to be awarded federal funding from HRSA/MCHB to support system improvement for CYSHCN and their families and began working on systems improvement on June 1, 2009. Indiana is using the framework of the "National Agenda for Children with Special Health Care Needs: Achieving and Measuring Success" to address objectives that fill gaps for CYSHCN in Indiana in each of the six core outcomes of successful systems of care while synthesizing the goals into "umbrella" or overarching goals focused on 1)Medical Home Implementation, 2)Transition to Adult Care, and 3)The Indiana Community Integrated Systems of Services ( IN CISS) Advisory Committee development in order to sustain the project.

The second area of focus involves Indiana's Children's Special Healthcare Services (CSHCS) program reimbursement of providers for direct service expenses related to the CSHCS participants' medical condition. With the present economic climate the program faces continuing challenges to provide the past level of benefits within the current budget constraints.

Further Information is available from:

Kimberly K. Minniear, [KMinniear@isdh.IN.gov](mailto:KMinniear@isdh.IN.gov)

### **Information on Preparedness for Vulnerable Populations**

The Public Health Preparedness and Emergency Response Division at ISDH is developing an At-Risk Population Guidance document for local health departments. Children are, indeed, one of the at-risk populations and we would be interested in any input from the pediatricians. What happens after an earthquake, widespread storm damage, or flooding when children are displaced from their homes and/or family members? Suggestions for the newborns, children with chronic diseases, emotional reactions to trauma, etc., are welcome.

For more information contact:

Janet Archer, RN, MSN [jarcher@isdh.in.gov](mailto:jarcher@isdh.in.gov)

### **Fiscal Scan**

Diana Wallace ([dwallace@iaeyv.org](mailto:dwallace@iaeyv.org))

Helpful to see what the investments are in young children in Indiana. This draft document came from data about federal and state budget funds that support children birth to age five in Indiana sourced from the state budget and from the reversions letters as received by Senator Vi Simpson's request. The intention was to make it possible for a reader to find that information with the account number in the state budget. Barnes and Thornburg provided the legal review and analysis. Sunny Start partners can help identify what information is missing from this draft. Some funds listed do not reflect the percentage of dollars spent on 0-5 instead of the broader population each program serves. A total number was not reported because it was not possible, as the numbers are not reflective of money solely spent on children 0-5.

Public schools 12,430 pre-k 3,080 pre-k children

Medicaid is not listed in this report.

Youth services bureaus are now serving five-year olds.

Administrative expenditures do not reflect cuts that may have happened.

Would it be helpful to show in balance to other pieces of the state budget?

Can this help build public awareness and be a guidepost for policy makers?

Are there any other funds that are more hidden in the state budget that serve children 0-5? Food stamps?

Please share further comments to Dianna.

### **ITMHA Endorsement Announcement**

Angie Tomlin ([atomlin@iupui.edu](mailto:atomlin@iupui.edu))

Sunny Start partners have supported significant advancement and development in access to mental health services for children 0-3. This incubation has provided significant growth for the state.

The following Sunny Start sponsored activities have been completed:

- Sunny Start sponsored Sarah Martinez as a speaker at The Institute for Strengthening Families.
- Three Infant and Toddler Mental Health mentorship groups are underway at this time.
- A paper describing how providers working in CMHCs may use Medicaid MRO option to fund appropriate services for young children has been developed and will be published pending review by DMHA.
- Expert consultation to plan the Early Childhood Mental Health Certificate program received.

**Additional activities:**

The Social Emotional committee continues its commitment to the following overarching goal: Families with young children will be able to access social emotional supports and services in their home communities. This goal will be met using a three-prong approach:

- **Certificate Program:** Three syllabi were developed with plans to present the first course through IUPUI School of Social Work in summer 2011. This project will increase number of highly trained mental health providers on a long term basis.
- **Intensive ECMH training:** Proposal submitted to DMHA to fund intensive ECMH training program for CMHC mental health professionals. This project will result in a quicker increase of highly trained providers across the state.
- **Adoption of the Michigan Endorsement:** Funding has been identified by Sunny Start to support purchase of the license to use MI-AIMH Endorsement in Indiana. Other core partners are working to identify funding to support required TA and implementation of the Endorsement. Adoption of the Endorsement supports competency based training in social emotional areas for a variety of providers, places a priority on continuing education and mentorship, and increases agreement and coordination across disciplines. We anticipate that it will result in a more highly trained and integrated workforce serving young children and families. Information on the Michigan endorsement is available [www.mi-aimh.org](http://www.mi-aimh.org).

**Next Target Issue**

Options for effective use of funds as incubator for another issue:

- child safety
- unintentional injury
- oral health
- children's access to dentist
- family leadership
  - CDCAP requires parent representation
- environmental impacts on young children
- lead in the home
- child abuse

Could we use previous needs assessment to guide our work?  
Can the ECCS meeting be a venue for creating additional focuses of the work plan?

Home Visiting ISDH and DDS will jointly apply for federal funds from health care reform legislation to support home visiting; could this provide an opportunity for partnership to impact outcomes?

Please send any additional thoughts to Andrea or Rylin.

### **Subcommittee Reports**

#### **Evaluation Committee**

David Roos (droos@ckfindiana.org)

The Evaluation Committee is thrilled to have new participation from the Indiana Youth Institute. Staff members Sarah Patterson and Emily Krauser are now participating. As a follow-up to the Sunny Start Evaluation Report Kim Minnear participated in the last committee meeting to address questions about CSHC enrollment that were raised by Core Partners as a result of the last evaluation report. Kim shared a brief history of the service delivery model used by CSHC over the last twenty years.

The committee continues to work to identify data sources for the State of the Hoosier Child Report.

#### **Family Advisory Committee**

Mary Jo Paladino, (mpaladin@indiana.edu)

Recent Activities:

The committee worked with IIDC staff on the organization of information and resources on the soon to be re-launched Early Childhood Meeting Place. Members of the committee continue to participate in the development of the Family Leadership Initiative. Plan to expand committee representation to include family leaders from Head Start and Foster Care. A new resource fact sheet on Medical Home has been created.

#### **Social Emotional Committee**

Angie Tomlin ([atomlin@iupui.edu](mailto:atomlin@iupui.edu))

Report proved with ITMHA Endorsement Announcement

#### **IN CISS Project Update**

mpaladin@isdh.in.gov

Medical Home Learning Collaborative Initiative:

- We are pleased to complete staffing for the Medical Home Resource Team and welcome our newest member, Dr. Stelzner. Dr. Swigonski, Dr. Stelzner, Angela Paxton (Parent Consultant), Mary Jo Paladino (Project Facilitator) are the members of the Medical Home Resource Team.
- There are nine pediatric and family practices participating in the Medical Home Learning Collaborative (MHLC). Site visits to all nine practices were scheduled and completed from March through June 2010. The second

round of site visits began in July with four of the nine practices scheduled and one of the site visits complete. Practices continue to participate on bi-weekly conference calls on Wednesdays from 12:15–12:45. We discontinued the Thursday calls due to low attendance and have taken a hiatus during July due to light attendance with summer vacations and time away. The calls resume in August.

- The second face-to-face meeting with the practices occurred at the Riley Child Care Conference May 20, 2010. Dr. Swigonski, Dr. Ciccarelli, Dr. Ganser, Kimberly Minniear, Meredith Edwards, Angela Paxton, Mary Jo Paladino and the Olio Family Care Group (guest faculty for the session) led the morning session in a successful experiment with the “un-conference” experience. Practices were invited to identify issues and concepts that they wanted to know more information about; these were captured on cards and placed on a sticky wall. After a brief sort of like topics, four small groups were formed to discuss issues they had identified. A Q&A document was developed to cover all the questions posed and used in follow-up bi-weekly practice calls.
- Plans are underway to add six practices to the MHLC by the end of July or beginning of August. They will join the collaborative at the third face-to-face meeting planned for September 25, 2010.
- We have begun collection of data for our baseline measures. Medical Home Indexes are being collected from all learning collaborative practices. Practices were mailed the index in July, to be collected during the second site visit. The Medical Home Index for Family was completed by parent partners at the Riley Child Care Conference May 20<sup>th</sup> in the afternoon session held at ISDH. Practice staff who attended also completed the Index for Providers.
- Indiana’s MHLC along with Florida’s collaborative are working with the AAP to collect data on the utilization of the Medical Home Toolkit through a tool kit survey. The nine practices have been contacted to complete the survey.

### **Medicaid Trends**

Trend reports will be shared at a later date

### **Core Partners Updates**

#### **Early Childhood Meeting Place ([mipower@indiana.edu](mailto:mipower@indiana.edu))**

- It is being revised and new site will launch by the first of June.
- Infant Toddler Specialist Conference

### **Next Steps**

Please share other topics with Rylin Rodgers ([rylin@ilines.net](mailto:rylin@ilines.net)) or Andrea Wilkes ([Awilkes@isdh.IN.gov](mailto:Awilkes@isdh.IN.gov))

Please share input and needs assessments that will support next topic of focus to Rylin Rodgers ([rylin@ilines.net](mailto:rylin@ilines.net)) or Andrea Wilkes ([Awilkes@isdh.IN.gov](mailto:Awilkes@isdh.IN.gov))



Please contact Diana Wallace ([dwallace@iaeyv.org](mailto:dwallace@iaeyv.org)) with input about the fiscal scan.