

Health Services Advisory Committee Minutes

November 16, 2017

Members Present: Tiffany Footit, Sarah Myers, Dr. Gregory Dye, Kim Vance, Ledora Wohler, Misty Hulett, Sarah Rust

Staff Present: Lillian Okla, Jill Bergeman, Ashley Braaten, Jennifer Diggs, Carrie Whitehill, Emily Schmeiss, Alyssa Keller, Renita Quam

Welcome and introductions were made by those in attendance.

Minutes from the December 14, 2016 meeting were reviewed and approved by the members.

Program updates from the Director:

Lillian read the program updates in the absence of the Director. We are in the final month of our 5 year grant, which ends on 11/30/17. The baseline grant was written and submitted in September and we received our award on 11/13/17. As a part of the grant, goals were written to complete over the next 5 years. These goals include: Partnerships (community), Family Engagement, Holistic Child Services, Child Social-Emotional Health, and Dual Language Capacity Building. A reduction grant was written for EHS and approved in August. This eliminated the combination program option and moved 8 spots to full day services, eliminating 8 spots. We were awarded a COLA grant in July; giving all staff a 1% raise, which was retroactive back to the beginning of our grant on 12/1/16. At this time we are fully staffed. The Education component has been working on strengthening the Teacher Coaching System. We currently have 1 full time coach and 2 part time coaches. We are also offering Teacher Learning Collaboratives (group coaching). Current enrollment is 309 Head Start, 52 Early Head Start, and 4 pregnant moms. The wait list is 202 for Early Head Start and 150 for Head Start.

PCP-Primary Care Providers:

Lillian mentioned that we had seen many problems last year with Medicaid and picking Primary Care Providers (PCP), especially for our DLL families not being able to read English and responding in time. This issue from last year has not been as big of an issue this year. The few families who were affected by it this year have been directed to their caseworkers to resolve the issue.

Community Health:

Head Start has developed a new relationship with Community Health in Moorhead. An MOU was signed allowing Community Health to come to Head Start to complete physicals. As a part of this agreement, Community Health is offering In-kind Services for children without health insurance or lapsed insurance. Mary, who helped complete hemoglobin and lead screens for Head Start, has officially retired. Community Health was able to fill that role by providing the same service at Head

Start. They also offered this as an In-kind Service for any families without health insurance or lapsed insurance. There was no cost for Head Start. Community Health processed for insurance before completing the screens, and it was discovered that several children had lapsed in insurance or had updated ND Medical Assistance numbers. Tiffany Footitt stated that the parent or Head Start staff (with signed release from parent) can contact her to get any updated M.A. numbers that are needed. All ND M.A. numbers now start with "ND" followed by numbers.

Immunizations for Early Head Start

The PIR questions C.11 and C.12 for immunizations were presented to the members and asked how to define the difference for Early Head Start children. The problem that is being seen is that either all children fit into the category of C.11 or C.12, leaving one of the categories with a "0". This is a red flag as there should be no "0's". After much discussion it was decided that C.11 will be counted for all Early Head Start children who are all up-to-date/complete for their age and that C.12 will be counted for all Early Head Start children who may have immunizations but are behind and in progress of getting up-to-date.

Dental Exams for Pregnant Moms:

As a part of the PIR and Head Start guidelines, pregnant moms are expected to see the dentist. There has been issues with getting pregnant moms to go to the dentist for various reasons: outright refusing, transportation, time taken away from work. This shows a low percentage on the PIR and is a red flag. The importance of going to the dentist is a part of the curriculum taught by Jennifer during her meetings with pregnant moms. There is a dentist that comes on site to Early Head Start to see the children and the moms would be able to be seen by that dentist as well. The main issue is that it is at scheduled times throughout the year and moms have not been able to make it. Suggestions from members included taking a different approach with the moms (ex. Asking mom her story of her past dental experience, asking mom on a scale of 0-5 how important going to the dentist is to her, talking about the mom being a role model for her children, offering to go with mom to the appointment if she is experiencing anxiety about going).

Review Health Data:

Lillian shared the health data for Early Head Start and Head Start. The data showed the past three years and covered the topics of health insurance, medical homes, well child exams, and dental homes.

Community Updates:

None at this time.