



Project LAUNCH

2221 1½ MILE ROAD, FULTON, MI 49052

Mno Penojewen (“Good Childhood”) Task Force Meeting Minutes Pine Creek Reservation Community Center, Fulton, Michigan December 16, 2013, 1:30 am – 3:30 pm

1. Present:
 - Rosalind Johnston – NHBP Director, Health Department
 - Meg Fairchild – NHBP Behavioral Health & Social Services Manager/Project LAUNCH Oversight
 - Martin Robinson – NHBP Young Child Wellness Coordinator
 - Scott Ryder – NHBP Tribal Court Administrator
 - Beth Moody – NHBP Maternal/Child Health Nurse
 - Dan Green – NHBP Project Director – Launch
 - Doreece Gaines – NHBP Maintenance and Parent
 - Ronda Peter – NHBP Health and Human Services Clinical Manager
 - Ella Fabel Ryder – Child Care Resources of Southwest Michigan
 - Jolane Conklin – NHBP Nurse Practitioner
 - Yammi Huerta – NHBP Parent
 - Mariesha Keith – NHBP Parent
 - Linda Dove – Western Michigan University Family Life Education Faculty Member
 - Emily Henning - NHBP Health Educator

2. Welcome and Opening Prayer.
 - a. Doreece opened the meeting by drumming a children’s song that he wrote.
 - b. Martin welcomed and thanked everyone for coming to the meeting.
 - c. A copy of the 11-25-13 minutes needs to be (and has since been) emailed to Mno Penojewen Task Force members.

3. Honoring Our Children (HOC) presentation information collection by Meg Fairchild.
 - a. Meg provided an overview of Honoring Our Children priorities of: Health, Education, and Safety
 - b. An exercise was conducted in which the group used sticky notes to write down their thoughts about causes of specific issues (e.g., lack of cultural education, use of alcohol/drugs, lack of community involvement, etc.)
 - c. The information was collected and an overview about the HOC survey results was given.
 - d. The next step is to review results of exercise and then work with Dan Green and health staff collaboratively to develop an implementation strategy

4. A short summary of previous meeting minutes was presented by Meg. The agenda used for this meeting will be the standing agenda for other Mno meetings.

5. Strategic Plan Progress:
 - a. Before we can implement we need to have specific fundamental components in place. Agreements have to be in place with providers for managing confidentiality information. It is an on-going process in all aspects of this Project. Project implementation tools include:
 - i. Agreements for data sharing and confidentiality

- ii. Data collection tools
 - iii. Outcomes need to be identified to ensure we are collecting data that will help to track and measure the progress of children/families
 - iv. Data collected initially, quarterly, and annually.
 - v. Implementation of services (boots on the ground):
 - a. ASQ-SE kit has been ordered (and received December 18). We need the evaluation component including the method of data collection to be completed with the help of our evaluation team (Brazelton) in Boston.
 - b. Pediatric Symptom Checklist is ready to use and need the evaluation component including the method of data collection to be completed with the help of our evaluation team in Boston.
 - c. We are registered with the National Reach Out and Read program and are ready for the providers and Martin to be trained. A draft flow chart has been completed to help guide us through the evaluation/data collection process. We need the evaluation component including the method of data collection to be completed with the help of our evaluation team in Boston.
 - d. Triple P (family strengthening) – staff are being trained and the pre-accreditation will be on January 15th and accreditation will be on January 30, 2014. We don't have anyone who can implement the program and may have to identify someone or contract this program out as we are short staffed.
 - e. We are anticipating a January 2014 start date for implementation of ASQ-SE, Pediatric Symptom Checklist, and Reach Out and Read. Movement is taking place.
6. Dan explained the reporting process for Project LAUNCH using TRAC Cross – Site, and End of the Year Report and passed around example copies.
7. Implementation Challenges and Barriers
- a. Need the Brazelton evaluation team to help us move forward with the evaluation and data collection
 - b. Martin will be working with our evaluation team and NHBP staff to move the process forward
 - c. Data collection forms and Resources Required

Comments:

Scott commented that there needs to be a better job of communicating with parents about what is happening and what is forthcoming. He also suggested to post information in the Turtle Press that will address what we are, where we are going, and how LAUNCH will benefit NHBP families, children, and the community.

Mariesha indicated that parents need to better understand HOW this Project can HELP them.

Larger portion of the Mno Penojewen agenda should be dedicated to parental topics. A “Parent Orientation” should take place. “Parents Night Out” should be held (Battle Creek good location) to provide parents with: mental health topics, overall needs of parents, overview of the LAUNCH strategies, and explanation of different curriculum (ex: ASQ-SE)

Information should be distributed to the Community that describes the timeline of Project LAUNCH and what major steps have taken place to get to this point. Déjà vu stated that action speak louder than words recognizing that manpower is an issue.

Dan stated that the Project is on the threshold of doing dome good things in the form of implementation of strategies.

Ella emphasized benefits and expectations for parents and what they will receive. Ella – Great Start Collaborative: Calhoun County is starting ASQ online. Parents turning in the questionnaire will receive a packet of child development information and parenting tips. Family support people serve the whole county. NHBP will have the opportunity to connect with them and would like them to have a representative to be part of the collaboration

The Mno Penojewen is an advisory group, any suggestions or comments should be directed to Martin as it is essential to get input from the community.

Project LAUNCH's Five Core Strategies to promote young child wellness:

- 1. Screening and assessment in a range of child-serving settings:** The goal of this strategy is to increase the use of validated screening instruments (with a particular emphasis on social and emotional functioning) to ensure that there is an emphasis on development screenings, screening for other behavioral health issues is also encouraged as relevant.
- 2. Integration of behavioral health into primary care settings:** The goal of this strategy is to increase the likelihood that issues related to young child wellness (particularly social and emotional issues) can be identified and appropriately addressed within the primary care setting. This goal can be achieved through increasing knowledge, changing practices, and co-locating mental health and family support professionals within the primary care setting, as well as improving linkages and ongoing communication between primary care and other providers within the community.
- 3. Mental health consultation in early care and education:** The goal of this strategy is to ensure that child care and educational settings provide optimal learning environments for young children that lead to positive development across all domains, with a particular focus on social and emotional development. Mental health consultation can be at the program/school or classroom level to enhance provider/teacher knowledge and behavioral strategies or at the individual child and family level in order to facilitate appropriate assessment, intervention, and/or referral for behavioral health concerns.
- 4. Enhanced home visiting through increased focus on social and emotional well-being:** The goal of this strategy is to expand and enhance existing home visiting programs, with particular attention to increasing the focus on promoting healthy social and emotional development and behavioral health among children and families participating in home visiting programs. Existing home visiting programs can be expanded or enhanced to improve the quality of care provided through training, mental health consultation and improved coordination.
- 5. Family strengthening and parent skills training:** The goal of this strategy is to help improve outcomes for young children by helping their parents to provide healthy, safe and secure family environments in which to learn and grow. Family strengthening activities can range from broad-based parent education (e.g. workshops for parents) to more targeted and ongoing efforts such as parent support groups, preventive interventions, peer-to-peer support, and parent leadership training.