

GRANTEE Update

September 21, 2009

The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

1&3 HHS Launches Best Bones Forever!

2 Regional Adolescent Health and Education Conference

4 BFH Fall Seminar

4 BFH Grantee Meeting

4 2009 CARES and Child Health/EPSDT Trainings

5 IME Annual Provider Trainings Online on 'Ready Talk'

5 Children's Safety Network Newsletter

6 Funding Opportunities

6 H1N1 Virus Health Care Provider/Public Health

7 Calendar of Events

8 Staff Directory

9-18 Additional Information

HHS Launches Best Bones Forever!

Campaign Targets Girls as Bone Health Risks Rise

On September 1, 2009 the U.S. Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced a new campaign, called Best Bones Forever!, designed to improve bone health and decrease the risk of osteoporosis. Research shows that bone fracture rates are increasing, and few adolescent girls get the recommended amounts of calcium and vitamin D—the building blocks for strong bones.



Osteoporosis is often called a “pediatric disease with geriatric consequences.” Childhood and adolescence are the key windows of opportunity for building strong bones and warding off the disease. In girls, close to 90 percent of bone mass is built by age 18. Girls, in particular, are at greatest risk for bone problems. Osteoporosis is four times more common in women than men, and adolescent girls consume calcium and participate in physical activity at lower rates than boys. The new campaign empowers girls ages 9 to 14 to build the best bones forever!

“We want girls to know that if you’re older than nine, now’s your time!” said Secretary Sebelius. “Building strong bones now will help you stand tall for a lifetime.”

HHS recommends girls look for foods with calcium and vitamin D, which is necessary to help bones absorb calcium. One recent study found 70 percent of kids in the U.S. had below-normal levels of vitamin D, with deficiencies increasing as kids age from childhood to adolescence.

continued on page 3

EQUIPPING YOUTH INVITES YOU TO ATTEND!

Educators...Parents...Social Workers...Teens...Counselors...Youth Prevention Specialists
Medical Professionals...Youth Leaders...and EVERY Concerned Community Member

This one day conference is your opportunity to hear from experts on the health and well-being of school-age teens today. Through science and humor you will gain knowledge and strategies to support and equip youth with the skills to make positive and powerful choices!

Thursday, October 15, 2009

8:00 am - 4:30pm

Regional Adolescent Health and Education Conference

Kirkwood Center for Continuing Education

7725 Kirkwood Blvd. SW

Cedar Rapids, Iowa 52404

Keynote Speakers

Freda McKissic Bush, M.D. FACOG, will provide attendees with up-to-date, medically accurate information and discussion on teen health issues. Dr. Bush will address STDs in adolescents and young adults, including their consequences. Dr. Bush will also present new science on how casual sex is affecting our children. Dr. Bush is co-author with Dr. Joe McIlhaney on their book, *"Hooked: New Science On How Casual Sex Is Affecting Our Children."*

Justin Lookadoo, a multi-book author on interpersonal relations in adolescence, will combine 5-1/2 years experience as a juvenile probation officer in the toughest part of East Texas and 17 years of professional speaking experience to address the topics of healthy teen relationships, dating, dating violence, and relationship exit strategies. Justin is known for his knowledgeable, humorous, high energy presentation style while offering insight and understanding on the guy/girl guidelines of "Dateable".

Julie Marie Carrier, a recognized expert in brain-based learning and educational best practices will return to Iowa to share the powerful, research-proven teaching formula and corresponding strategies that educators can utilize to reach youth with healthy choice messages. By understanding the adolescent brain and using science-based teaching strategies, attendees will learn how to have the maximum impact on youth learning and behaviors.

Host: Equipping Youth, 118 3rd Ave. SE, Suite 431, Cedar Rapids, IA 52401 - 319.861.2747 - www.equippingyouth.org

Conference supported in part by a Family & Youth Services Bureau grant, The US Department of Health and Human Services.

Name _____

Address _____

Day/Evening Phone _____ Email _____

Conference Registration: \$85.00. Registration includes light breakfast and lunch. Additional information? toverton@equippingyouth.org.
Please complete this registration form and mail in the enclosed envelope with check payable to Equipping Youth.

HHS Launches Best Bones Forever!

The federal government recommends that girls over 9 consume 1300 mg of calcium per day because at that approximate age they are entering a period of rapid bone growth. The guidelines for physical activity for kids are 60 minutes daily, including three days of bone-strengthening activity.



The new campaign embraces an issue close to every girl's heart: friendship. Best Bones Forever!, developed by the HHS' Office on Women's Health (OWH), urges girls and their BFFs (best friends forever) to 'grow strong together, and stay strong forever.' Research shows that girls whose friends like milk are more likely to have higher calcium intake. Similarly, physical activity also gets a boost among girls whose friends have positive attitudes toward sports.

The message for parents is one of urgency. Girls between the ages of 9 to 18 are in their critical bone-building years. Campaign materials and a Web site for parents empower them to "Act now to help her build her best bones forever!" When asked about who has the biggest influence on what they eat, girls ages 8 to 15 first cite parents (83 percent), followed by "themselves" (60 percent), and friends (19 percent).

"Parents can make a big difference in helping their kids build strong, healthy bones, and the things that improve bone health are also good for overall health," said Dr. Wanda Jones, Deputy Assistant Secretary for Health (Women's Health), HHS. "So go ahead and stock the fridge with foods rich in calcium and vitamin D, like yogurt, milk, cheese, tofu with added calcium, and leafy greens. Encourage her to be active, and do things as a family such as taking walks after dinner."

Best Bones Forever! updates and revamps an earlier national bone health campaign for girls called Powerful Bones. Powerful Girls, which was first launched in 2001. In order to appeal to girls as they mature, the new campaign has adopted an edgy vibe, trading the earlier campaign's cartoon spokescharacter for the 'exskullmation' point. This new iconic symbol is designed to get girls excited about building the best bones forever.

The Best Bones Forever! community pilot program also launched today in three sites: North Las Vegas, NV; Ulster County, NY; and Pinal County, AZ. Coalitions in each site will bring the campaign to their communities through a range of activities. They will also be executing and evaluating a bone health behavior change program for parents and girls called BodyWorks. Adapted from OWH's existing family health and fitness program for parents, BodyWorks will feature a new complementary physical activity program just for girls in these communities. Results from the community pilot program will demonstrate which activities can be replicated in towns across the country.

Best Bones Forever! is a public-private partnership that brings together organizations from across the country. Founding partner, National Osteoporosis Foundation, tops a partner roster that also includes Girl Scouts, Girls Inc., Action for Healthy Kids, the American Academy of Pediatrics, American Alliance for Health, Physical Education, Recreation and Dance, National Association of School Nurses, the National Institutes of Health, Women's Sports Foundation, and more. For more information on campaign partners and activities, go to the campaign Web site for girls at www.bestbonesforever.gov or for parents at www.bestbonesforever.gov/parents.

Program Management

Bureau of Family Health Fall Seminar

The Bureau of Family Health's Fall Seminar will be held October 5-6, 2009 at the Gateway Hotel and Conference Center in Ames. To view an agenda, go to page 9 of **The Update**. *This is a required meeting for Bureau of Family Health contract agencies.*

Bureau of Family Health Grantee Committee

The next Bureau of Family Health Grantee Committee will be held on October 5, 2009 from 12:15 - 1:45 p.m. in conjunction with the Bureau of Family Health Fall Seminar. *This is a required meeting for Bureau of Family Health contract agencies.* To view a tentative agenda and minutes from the June meeting, go to pages 10-18 of **The Update**.

2009 CAREs and Child Health/EPSDT Trainings

In calendar year 2009, there is one remaining date scheduled for the CAREs New User training and Child Health/EPSDT Program training in Des Moines. These trainings will be offered on Friday, October 23, 2009 in the Lucas State Office Building, Conference Room 517. **Please note that the November 12, 2009 training date has been CANCELLED due to a scheduling conflict with 'Off to a Good Start'.**

The 'CAREs New User' training will be held from 10 a.m. - 12 p.m. with the Child Health/EPSDT - Serving Iowa's Children and Families' training to follow from 12:30 - 4 p.m.

If you would like to sign up for the October 23 trainings, please e-mail Marcus Johnson or Janet Beaman with the names of staff from your agency that will attend. Specify which training each staff member will attend (CAREs or Child Health/EPSDT or both).

If you have questions, please contact:

- Marcus Johnson: mjohnson@idph.state.ia.us, or (515) 242-6284
- Janet Beaman: jbeaman@idph.state.ia.us, or (515) 281-3052
- Carol Hinton: chinton@idph.state.ia.us, or (515) 281-6924

Program Management

continued...

IME Annual Provider Trainings Online on 'Ready Talk'

Were you unable to attend the 2009 Iowa Medicaid Annual Provider Trainings? If so, you can find the **2009 General Policies and Procedures Training** and the **2009 Documentation Standards Training** on the Iowa Medicaid Enterprise (IME) Web site at www.ime.state.ia.us/Providers/TrainingSchedule.html offered via 'Ready Talk'. The General Policies and Procedures training is presented in four segments, and the Documentation Standards training is featured in three segments. Supporting training materials are also listed to download and print. These trainings are offered at no charge.



Children's Safety Network (CSN) Newsletter

The CSN Newsletter provides an update of events, news and development in injury prevention. Some of the information included in the September 16 edition include:

Child Maltreatment - Public-private partnerships for the prevention of child maltreatment: A special issue of Protecting Children journal. – A call for abstracts.

Child Passenger Safety - Federal motor vehicle safety standards; power-operated window, partition, and roof panel systems. – A NHTSA notice of proposed rulemaking.

Suicide Prevention - Sources of Strength: A new BPR program.

Traffic Injuries - Driving while distracted – Cell phone ban: A Nationwide Insurance survey.

Young Worker Safety - CDC announces a new Director of NIOSH.

Data & Surveillance - Injury episodes and circumstances: National Health Interview Survey, 1997–2007. – A National Center for Health Statistics report.

Ten leading causes of death and injury (charts): A CDC resource.

Trends in unintentional injury deaths, U.S., 1999-2005: age, gender, and racial/ethnic differences.

To view the current newsletter, go to www.childrenssafetynetwork.org/news/default.asp.

W O R T H N O T I N G

Funding Opportunities

Build-A-Bear Workshop, Inc.

Build-A-Bear Workshop, Inc. is accepting grant applications as part of its annual giving program. The Build-A-Bear Workshop and its charities support children's health and wellness, literacy and education, animal causes and the environment. For more information, go to www.buildabear.com/aboutus/community/grants/default.aspx.

CDC Funding Opportunity

The CDC has announced the release of \$373 million from the American Recovery and Reinvestment Act of 2009 to fund the first part of a new \$650 million public health initiative, *Communities Putting Prevention to Work*. This initiative will put money into the hands of communities, states, tribes and territories with the goals of reducing risk factors for chronic diseases and promoting wellness.

The initial \$373 million will support grants which will be awarded through a competitive selection process for communities to support evidence-based prevention strategies for youth and adults and to promote partnerships across communities and sectors. Communities that wish to apply for awards will be able to find a Funding Opportunity Announcement at www.grants.gov/search/search.do;jsessionid=3PDJK6HGD2yXWR2WqttMz1FxTRN0s2nMt1kmgsMy6GLYpFxX6p1y!1685747439.

Novel Influenza A (H1N1) Virus Health Care Provider/Public Health

Visit www.idph.state.ia.us/h1n1/healthcareproviders.asp to find the latest information available for health care providers/public health provided by the Iowa Department of Public Health. Information is available on mandatory reporting, specimen collection and testing, planning and response, infection control, and much more.

CALENDAR OF EVENTS

*October 5, 2009

Bureau of Family Health Grantee Committee Meeting

12:15 - 1:45 p.m., Gateway Conference Center, Ames

*October 5-6, 2009

BFH-CSCH Fall Seminar

Gateway Conference Center, Ames

October 15, 2009

Adolescent Health Conference

Cedar Rapids

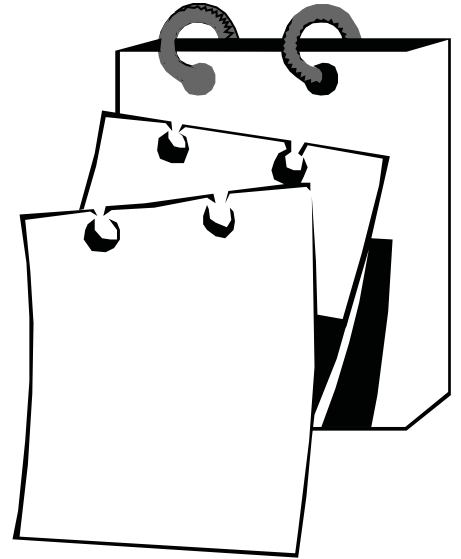
November 12, 2009

Off to a Good Start

8:30 a.m. - 4:30 p.m., Science Center of Des Moines

401 West Martin Luther King Jr. Parkway

Des Moines



GRANTEE Update

Phone Directory

Bureau of Family Health: 1-800-383-3826

Teen Line: 1-800-443-8336

Healthy Families Line: 1-800-369-2229

FAX: 515-242-6013

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Area code is 515

Bureau of Family Health Fall Seminar
 October 5-6, 2009
 Gateway Hotel and Conference Center
 Ames, Iowa



Agenda

<u>October 5, 2009</u>	
<u>Pre-Conference Meetings</u>	
8:00 a.m. – 12:00 p.m.	Family Planning Directors' meeting – Harvest room
9:00 a.m. - 12:00 p.m.	I-Smile Coordinators' meeting – South Prairie (registration for I-Smile Coordinators starts at 8:30 a.m.)
9:00 a.m. – 11:30 a.m.	hawk-i Outreach Task Force – North and South Meadow
<u>Fall Seminar</u>	
12:00 p.m. – 2:00 p.m.	Registration - Lobby
12:15 p.m. – 1:45 p.m.	BFH Grantee Meeting – Central Prairie
2:00 p.m. – 2:15 p.m.	Welcome & Announcements – Garden Room
2:15 p.m. – 2:45 p.m.	Five Year Needs Assessment Overview – <i>Jane Borst</i>
2:45 p.m. – 3:15 p.m.	Iowa MCH Needs Assessment and Prioritization Process – <i>Gretchen Hageman, Lucia Dhooge and Melissa Ellis</i>
3:15 p.m. – 3:30 p.m.	Break
3:30 p.m. – 5:00 p.m.	Prioritization Process – <i>Gretchen Hageman, Lucia Dhooge and Melissa Ellis</i>
5:00 p.m. – 5:15 p.m.	Summary and Next Steps
5:15 p.m.	Adjourn
<u>October 6, 2009</u>	
7:45 a.m. – 8:30 a.m.	Registration / Continental Breakfast – Garden Room
8:30 a.m. – 9:30 a.m.	Needs Assessment Follow-up/Prioritization Results – <i>Gretchen Hageman, Lucia Dhooge and Melissa Ellis</i>
9:30 a.m. – 10:00 a.m.	Health Care Reform – <i>Beth Jones</i>
10:00 a.m. – 10:15 a.m.	Break
10:15 a.m. – 12:00 p.m.	MCH & FP Program Updates – <i>IDPH Staff</i>
12:00 p.m. – 12:30 p.m.	Lunch
12:30 p.m. – 1:30 p.m.	Agency Best Practice Discussion Tables 12:30-12:55 – Round 1 1:00 – 1:25 Round 2
1:30 p.m. – 2:15 p.m.	Perinatal Depression – Behavioral Health – <i>Dr. Robin Kopelman</i>
2:15 p.m. – 2:30 p.m.	Break
2:30 p.m. – 3:15 p.m.	Youth Services Panel – <i>Lindsay Miller, facilitator</i>
3:15 p.m. – 3:30 p.m.	Wrap Up
3:30 p.m.	Adjourn

BFH Grantee Committee Meeting
October 5, 2009
12:15 - 1:45 p.m.
Ames

*BFH Required Meeting

Agenda

12:15 p.m.	Call to Order Introductions & Roll Call	<i>Val Campbell</i>
12:25 p.m.	Announcements Introduction of Vice Chair Approval of Minutes	<i>Val Campbell</i> <i>Val Campbell</i>
12:30 p.m.	Agency Contact Information & FFY09 Meeting Calendar	<i>Val Campbell</i>
12:35 p.m.	Workgroup Reports <ul style="list-style-type: none">- Communications- Grant Monitoring- Contract Expectations- Consultation/TA	
12:45 p.m.	Budget/Legislative Update	<i>Jane Borst</i>
1:00 p.m.	MCH Manual Revisions	<i>Lucia Dhooge</i>
1:05 p.m.	HCCI CCNC System Evaluation <ul style="list-style-type: none">- Intro to Evaluation Process & Preliminary Findings- Grantee Dialogue	<i>Jane Borst</i> <i>Rhonda Bottke/</i> <i>Cindy Harpenau</i>
1:20 p.m.	TBD	<i>TBD</i>
1:45 p.m.	Agenda Items for Next Meeting Adjournment	<i>Val Campbell</i>

*This is a required meeting for Bureau of Family Health contractors (Maternal Health, Child Health, and Family Planning).

BFH GRANTEE COMMITTEE MEETING

Date: June 18, 2009

Time: 9–11 a.m.

ICN

Members Present:

Allen Memorial Hospital: Sandy Kahler*

American Home Finding: Tom Lazio*, Tracey Boxx-Vass

Black Hawk County Child Health Department: Arlene Prather O’Kane*

Child Health Specialty Clinics: Rae Miller*, Linda Meyers

Community Health Services of Marion County: Kate Roy*, Kim Dorn*, Katie McBurney, Diane Ellis

Community Opportunities, Inc. (d/b/a New Opportunities): Paula Klocke*, Rebecca Fox

Crawford County Home Health Agency: Kim Davis*, Laura Beeck, Sharon Davidson, Jennifer Muff

Crittenton Center: Sue Griffith*, Georgann Appleton

Grinnell Regional Medical Center: Vicki Nolton*, Patty Hinrichs, Kim Howard

Hawkeye Area Community Action Program: Gloria Witzberger*

Hillcrest Family Services: Sherry McGinn*, Cynthia Kaczinski

Johnson County Dept. of Public Health: Chuck Dufano*, Eileen Tosh, Nadine Fisher

Lee County Health Dept.: Michele Ross*, Julie Schilling

MATURA Action Corporation: Mary Groves*

Mid-Iowa Community Action: Pat Hildebrand*

Mid-Sioux Opportunity, Inc.: Cindy Harpenau*

North Iowa Community Action Org.: Lisa Koppin*

Northeast Iowa Community Action: Lori Egan*

Scott County Health Dept.: Amy Thoreson*, Tiffany Kennedy, Leslie Scanlan, Libbet Brooke, JaNan Less

Siouxland Community Health Center: Ivy Guthridge*, Sheila Martin

Southern Iowa Family Planning: Vicki Palm*

St. Luke’s Family Health Center: Val Campbell*

Taylor County Public Health: Joan Gallagher*

Unity Health System: Mary Odell*

Upper Des Moines Opportunity, Inc.: Kristal Shirk*

Visiting Nurse Assoc. of Dubuque: Nan Colin*, Elaine Sampson, Therese Maiers

Visiting Nurse Services: Cari Spear*, Jeanette Lethrinjer, Kari Lebeda Townsend, Cathy Renz

Washington County PHN Service: Edie Nebel*, Peggy Wood

Webster County Public Health: Kari Prescott*, Jennifer Ellis

*Voting Representative

Minutes

Handouts included: Agenda, April 7, 2009 Meeting Minutes, Care Coordination as an Administrative Service, DHS Notice of Intended Action (Interpretation Services), New Medicaid Services/Codes for Maternal Health Centers and Screening Centers, DHS SFY 2010 Health Care Reform Implementation Timeline, I-Smile Media Campaign

Gloria Witzberger, Chair Val Campbell, Vice Chair Notes Taken by BFH Staff

TOPICS	KEY DISCUSSION POINTS/OUTCOMES
Call to Order Introductions & Roll Call	<i>Gloria Witzberger</i> <ul style="list-style-type: none">• Gloria Witzberger called the meeting to order at 9 a.m.• Roll call to identify voting members from each agency.
Approval of Minutes	<i>Gloria Witzberger</i> <ul style="list-style-type: none">• Motion made by Amy Thoreson to approve the April 7, 2009 meeting

	minutes. Motion seconded by Mary O'Dell. Motion approved.
<p><u>Announcements</u></p> <p>FY 2010 Meeting Dates</p> <p>Vice Chair Position</p>	<p><i>Gloria Witzberger</i></p> <ul style="list-style-type: none"> • Motion made by Nan Colin to approve FY 2010 meeting dates. Motion seconded by Pat Hildebrand. Agencies approved the following meeting dates: January 21, 2010 (ICN), October 5, 2009 (in conjunction with Fall Seminar) and June 17, 2010 (ICN). Attendance at the spring Grantee Committee Meeting will be optional. <p><i>Gloria Witzberger</i></p> <ul style="list-style-type: none"> • This will be Gloria's last meeting as chair. Val Campbell will become chair, effective October 1, 2009. • The Communications Workgroup will begin the process of appointing a new vice chair.
<p><u>Grantee Dialogue</u></p> <p>New funding sources</p>	<p><i>Gloria Witzberger</i></p> <ul style="list-style-type: none"> • HACAP – MCH has not received direct money, but HACAP has received stimulus dollars. Program of community developers across Linn County to identify needs and then provide outreach to communities in need. • HACAP is developing a youth outreach program. Strong partnership with Head Start, who has also received stimulus funds. An elementary school that was lost to the floods of 2008 is being re-built with flood money. • Jane Borst asked if any agencies have contacted their AEAs. Grant Wood AEA is focusing on their NICU graduates, 0-1. • Jen Van Liew has also been talking with her local AEA; VNS Des Moines is working with the Heartland AEA. • Tom Lazio met with his local AEA, but nothing has been formalized. • Grinnell also talking with their AEA, but nothing has been formalized. • Webster County has had success in working with their AEA. Webster will be training to provide screenings at two weeks of age, with possible follow-up at six months.
<p><u>Questions for State Staff</u></p> <p>1: We previously received community empowerment funds that we used for a CCNC position. We were not able to obtain these funds this year. What should we do for the counties that we do not have funds for the CCNC position?</p> <p>2: Will the requirement for Title V Child Health agencies to provide Early ACCESS service coordination for children with elevated blood levels ever change?</p>	<p><i>Heather Hobert Hoch</i></p> <ul style="list-style-type: none"> • <i>Question 1 Response: Jane Borst</i> <ul style="list-style-type: none"> – Question raises deeper issues than on the surface. Please contact IDPH if you are having trouble getting Empowerment funds. – IDPH needs to be able to “tell your story” so we can work with the Legislature. – Encouraged agencies to consider patterning off the WIC New Employee Orientation for MCH/FP. – Agencies need to be clear with state staff about local needs. • <i>Question 2 Response: Meghan Wolfe</i> <ul style="list-style-type: none"> – The requirement for Title V agencies to provide Early ACCESS service coordination will not be changing. The IDPH is a signatory partner in building the statewide Early ACCESS system (signed Memorandum of Agreement in 2002 and 2008). As a signatory partner, IDPH has identified specific populations of children to provide Early ACCESS services. (Iowa Administrative Rules for Early ACCESS 120.4(10)).

3. Is it possible to collaborate with local AEAs and have the local AEA provide service coordination to children with high lead levels?

4. Our staff feel “incompetent” when it is time to admit a child because the service is provided so infrequently and we have had only a few referrals in the past two years.

5. Would it be possible to share MCH action plans (those deemed well-written/good by IDPH staff) with all MCH grantees prior to the next grant cycle? It is extremely frustrating to write action plans and activities and then have to re-write them annually. It would be great to have a template of sample action plans that meet the criteria of IDPH and the Feds or a work session at the Fall Seminar related to writing action plans. I think we get stuck in a rut and have difficulty thinking about new ideas for action steps that might have already been identified by others. How do agencies make their action plans address vulnerable populations? Do agencies feel that their action plans are really making a difference? Our data doesn't change significantly year to year, or even over a 5-year period of time. Are there some

• ***Question 3 Response: Meghan Wolfe***

- In June 2002 and 2008 a Memorandum of Agreement was signed by signatory agencies. In the agreement, the Signatory Agencies made a commitment to make staff from their agencies available to provide initial and/or ongoing service coordination.
- Signatory agencies include the Iowa Department of Education, Human Services and Public Health and the University of Iowa's Child Health Specialty Clinics.
- The launching of Title V Early ACCESS service coordination is the outcome of IDPH's Memorandum of Agreement commitment to contribute to an interagency pool of EA service coordinators.
- IDPH's contribution enhances the EA system's ability to provide a service coordinator of the discipline most relevant to the child and family (Iowa Administrative Rules for Early ACCESS 120.4(10). Therefore, it is not an option to contract with the AEAs to have the AEA provide service coordination for children with high lead levels.
- If an agency has a need to contract this service out, an option would be to contract with another Title V agency or CHSC.

• ***Question 4 Response: Meghan Wolfe***

- Due to the frequency or lack of referrals we understand that some service coordinators (SC) have not been able to utilize the skills they were taught.
- TA is readily available for SC's. Contact Meghan Wolfe or Kelly Schulte for questions and guidance.
- Many guidance documents and resources have been prepared for SC's.
- New staff are continuously being trained and SC's are always welcome to attend these trainings.

• ***Question 5 Response: Jane Borst***

- Agencies can use the MCH state and national performance measures as a template for focus areas. Program data and Medicaid data may help.
- Action plans from other agencies are available as public record. Please be specific in what you request. You may also request action plans from the state or other agencies.
- Cautioned agencies in using templates because one template may not be a good fit for all agencies.
- Action plans are used to help explain/demonstrate to the feds how the money is/was used.
- Suggestion about a work session at the Fall Seminar can be investigated.

<p>action plans that we should all be working at in order to make a difference statewide?</p> <p>6. We were given an amount this year for MH and CH Title V budget funds. If we use those funds up before the end of the grant year, will we be able to access more funds?</p> <p>7. When will we get the go ahead for the release of the 15% MCH funds on hold? Will we get a budget amendment or can we just add that amount back into our budgets?</p> <p>8. The MH Title V billing process using WHIS is very time consuming with our MH staff using many hours to get the reports to run correctly so we can bill. To date, we have generated about \$450 in MH fee-for-service billing, but it has literally cost our project thousands of dollars in grant funds for time to generate the bill. This cannot continue. Is there any hope of a better process or being allowed to temporarily suspend Title V fee-for-service billing until there is a better process? For now we are forced to cut MH clinic time as all our grant funds are used for the billing process.</p> <p>9. What seem to be the most frequent issues that come up during monitoring visits to local agencies?</p>	<ul style="list-style-type: none"> • Question 6 Response: Melissa Ellis <ul style="list-style-type: none"> – Showed a flow chart of Title V funding. – The Title V funding allocated in the RFA and subsequent FFY 2010 contract are for the entire contract period. There is no mechanism for local agencies to access further Title V Block Grant funds for the FFY 2010 year. • Question 7 Response: Melissa Ellis <ul style="list-style-type: none"> – Bureau started mailing amendments out on June 17. Other contracts will be sent out on June 18, 2009. • Question 8 Response: Steph Trusty <ul style="list-style-type: none"> – There are problems with limitations within the Time Input Report generated from WHIS. The comment box is limited in the report. Agencies can submit a hard copy of the WHIS comment box with the bill. This report will be revised in the next upgrade of WHIS. We will also explore the possibility of exporting data from WHIS to excel spread sheets. – A contract was recently signed with Karen Ossenbaugh to work on a WHIS upgrade and provide ongoing maintenance of the WHIS database. • Question 9 Maternal Health Response: Steph Trusty <p><i>Documentation requirements for WHIS and Medicaid.</i></p> <ul style="list-style-type: none"> – WHIS required documentation: Intake, Medicaid Risk Assessment, Care Plan if high risk, Time Input Form and the Outcome Form. – Documentation for social work visits, health education, home visits, nutrition visits and transportation log may be paper documentation. – Medicaid documentation requirements are included in IAC 441-79.3(2). <p><i>Medicaid and IDPH billing questions</i></p> <ul style="list-style-type: none"> – Refer to the Maternal Health Summary of Services, Documentation & Codes for Medicaid and IDPH billing questions. Contact Steph if you need a copy. <p><i>Medical legal questions</i></p> <ul style="list-style-type: none"> – Agencies need to consult with their agency attorney regarding these issues. – Refer to the MCH Administrative Manual (<i>307 Minor Consent Laws</i>) for issues regarding minor consent. This section contains links to the Iowa laws regarding minor consent for health care. – IDPH is working with Heather Adams (assistant to the Attorney
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General) on annotations of the laws for the next MCH Administrative Manual.

- A brochure on adolescent rights and responsibilities is being developed. This will contain a summary of laws regarding minor consent laws for health care that can be given to adolescents or their parents.

Subcontractor relationships

- Another issue raised at site visits is subcontractor relationships regarding the development and renewal of contracts and oversight of subcontractors.

- **Question 9 Child Health Response: Janet Beaman**

Training issues

- Child Health/EPSTD trainings have been held both locally and onsite at IDPH. Most recent technical assistance site visits to agencies addressed IDPH review of CAREs documentation.
- IDPH CAREs reviews over the past year were in-depth reviews. Each agency received its results onsite, which provided an opportunity for agency and state staff to openly and candidly discuss strengths and concerns related to documentation of services in CAREs.
- Documentation is a continuous quality improvement issue. State staff welcome questions on child health services and documentation!

Documentation

- Quality and detail in services notes for inform completion and care coordination services (need specific detail on who talked to, information provided, response from family, services declined, outcomes, referrals and follow-up planned).
- Once informing service is begun for Newly Eligible clients on the Informing List, the informing service must be completed before billing care coordination services (provided on future dates).
- Use of abbreviations: These should be limited, commonly used, and easily understood by an outside reviewer. (Do not create a local agency shorthand). Maintain a key.

Documentation Improvements

- Avoid billing care coordination on same date as direct care and avoid billing care coordination for sending written correspondence.
- Service dates on claims matching service dates in CAREs.
- Avoid billing the informing process for the same family in subsequent months.

Tips

- Involve board representation of service providers in CAREs reviews.
- Promptly inform/train all service providers on policy advisements pertaining to service delivery and documentation issues.

- **Question 9 Oral Health Response: Kay Brinkman**

Documentation

- Documentation issues for both hard copy charts and CAREs are the most frequent oral health issues that come up during site visits.

- **Question 9 Family Planning Response: Denise Wheeler**

Documentation, billing, legibility, referrals, education provided

- Title X requires confidential services be provided for minors.
- Clients need to be given a billing statement describing the cost of the services they received with the discounts explained before they leave the clinic.

<p>10. Are there model services that agencies can turn to for advice or examples? For instance, if an agency has an effective outreach effort, perhaps their efforts could be shared.</p>	<ul style="list-style-type: none"> • Question 10 Response: hawk-i Outreach (Taylor County, Unity, VNS) <i>Taylor County hawk-i Outreach</i> <ul style="list-style-type: none"> – Worked with companies that had layoffs and the Chamber of Commerce offices in service area. <i>Unity Public Health hawk-i Outreach</i> <ul style="list-style-type: none"> – Worked with temporary workforce agencies to provide them with information about <i>hawk-i</i>. <i>VNS Public Health hawk-i Outreach</i> <ul style="list-style-type: none"> – Thanked Angie for sharing outreach activities. – Working with Workforce Development to provide unemployed with information about <i>hawk-i</i>. – Primary Health Care is working with VNS to screen families who are seen at PHC’s clinic for <i>hawk-i</i> and Medicaid eligibility. VNS staff also assist potential families with the eligibility process. – Monica has put together a toolkit on working with local Community Health Centers which will be available to other outreach coordinators. • Question 10 Response: Outreach to Medical and Dental Practices – Michele Ross – Lee County <ul style="list-style-type: none"> – Oral health staff developed an informational booklet to take to community providers. There is a referral form in the booklet that providers can use to contact Lee County Health Dept. – Lee Co. has received several referrals from this outreach effort.
<p><u>Workgroup Reports</u> Grant Monitoring</p> <p>Communications</p>	<p><i>Val Campbell</i></p> <ul style="list-style-type: none"> • The Grant Monitoring Workgroup met on June 16, 2009. • The Single Point of Contact (SPOC) Flow Chart was presented. • Grantees would contact Melissa Ellis via e-mail or the bureau’s 800-number with a policy, procedure, point of clarification, or TA issue, including oral health questions. Issues with CARES, WHIS or FPAR will continue to go to database staff. • The SPOC process will be piloted in three agencies, as determined by Jane Borst, for a six-month period. An evaluation will be conducted at the end of the pilot, using performance measures established by the committee. • The SPOC process will allow for tracking of calls (issues), monitoring responses and communication in a consistent manner. • A core site visit team (CSVT) will be established and piloted with the same two agencies. Two core members and one expert consultant would do the site visit, based on the agency’s needs, i.e., if an agency requests a visit for maternal health TA, the core team members and the Maternal Health consultant would attend. • The CSVT model allows for consistency, knowledge and sharing of best practices, and improved reporting and communication. • A summary of issues addressed and best practices will be provided in The Update on a monthly basis. <p><i>Heather Hobert Hoch</i></p> <ul style="list-style-type: none"> • The Communications Workgroup met on May 8, 2009 via the ICN. • Heather met with IDPH Information Technology (IT) on May 7 to discuss the posting of the EPSDT Web pages.

	<ul style="list-style-type: none"> • The Bureau of Family Health Web pages will be sent to IT after the posting of the EPSDT Web pages. We anticipate that these pages will be posted by mid-August. • Workgroup discussed ways to streamline information presented by state staff, which would allow additional time for grantee dialogue. • Information presented by state staff that are primarily updates can be sent out electronically prior to the meeting and any questions regarding these materials can be discussed at the meeting. • An e-mail will be sent to grantees to solicit ideas of what topics grantees would like to discuss. • A survey will be sent to all grantees prior to the Fall Seminar to evaluate the work done by the Communications Workgroup.
<p><u>Budget Legislative Update</u></p>	<p><i>Jane Borst</i></p> <ul style="list-style-type: none"> • The state budget has been set. Health care reform debate in Washington, D.C. is raging. It is of great concern that Title V and MCH are largely silent in the Washington health care reform discussions. <p><i>Julie McMahon</i></p> <ul style="list-style-type: none"> • June 30, 2009 wraps up SFY 2009. It has been a difficult year. SFYs 2010 and 2011 have bleak projections for state revenues, especially for 2010. • The state, by code, cannot spend more than 99 percent of state revenues. The Governor can implement across the board budget cuts. IDPH's SFY 2010 budget is \$2.9 million less than for FY 2009. IDPH received \$3 million in stimulus dollars. • Department wide, all contracts must withhold 3 percent of funds until permission is granted to allow these funds to be spent. • Looking to FY 2010/2011, rough economic times will continue. We must all work together to utilize our funding most efficiently and effectively in meeting the needs of Iowans. Public/private partnerships will be very important in looking ahead. • Public Health Modernization – consider how each agency's structure and mission fit in with PHM and the Iowa Public Health Standards. • CHNA HIP process will move forward in 2010/2011. Health Improvement Plan (reports) will be due in February, 2011. Local Boards of Health are responsible for submission of the report. • Legislators will be meeting to evaluate state government efficiencies and reorganization possibilities.
<p><u>Medicaid/hawk-i Updates</u> <u>Medicaid Code Updates</u></p>	<p><i>Sally Nadolsky</i></p> <ul style="list-style-type: none"> • See handouts: New Medicaid Services/Codes for Maternal Health Centers and Screening Centers' and documentation guidelines for: <ul style="list-style-type: none"> – Code 1001 (Nursing assessment/evaluation) – Code T1013 for sign language or oral interpretive services – Code W5023 for telephonic oral interpretive services • See handout: Care coordination as an Administrative Service, which provides guidelines for care coordination as an 'administrative service' within Medicaid (no longer 'targeted case management'). Care coordination must include linkage to medical, dental, mental health or other Medicaid programs/services.

<p>Medicaid/hawk-i Eligibility and Implementation of SF 389</p>	<ul style="list-style-type: none"> • Iowa Administrative Code rules for interpretation services rules are available for public comment until June 22, 2009. These services become effective under Medicaid July 1, 2009. Services must be included in an approved cost analysis prior to billing. <p>Angie Doyle Scar</p> <ul style="list-style-type: none"> • See handout: IDHS SFY 2010 Health Care Reform Implementation Timeline, June 12, 2009. • Will now average 3 years of income for self-employed (ex. farmers).
<p><u>I-Smile Media Campaign</u></p>	<p>Shaela Meister</p> <ul style="list-style-type: none"> • The Oral Health Bureau partnered with Delta Dental of Iowa Foundation. • Conducted a television test market campaign in Cedar Rapids. • The campaign will run from April 27 – June 21. • Target audience is low-income families with young children. <ul style="list-style-type: none"> – Primarily mothers ages 25-49 with a HHI less than \$55,000. • Also targeting health care providers. • Goal is to provide general children’s oral health awareness and exposure of the I-Smile™ program. • Three components of the campaign include: <ul style="list-style-type: none"> – Two public service announcements – Full page print advertisement (four newspapers – Waterloo Insider, Dubuque Telegraph Herald, Cedar Rapids Penny Saver and Johnson County Community News Advertiser). – Targeted local outreach • Bureau has contracted with ISU Extension for the operation of a toll-free line – 1-866-SMILE-15. • Extension will collect demographic information of caller and their child(ren). • Toll-free line will provide callers with general information and referrals to a local I-Smile™ coordinator. • New I-Smile™ Web site available at www.ismiledentalhome.org which provides oral health information and general information about the I-Smile™ program. Web site went live in April. • Data will be reviewed after the campaign ends to determine if we should pursue funding for a statewide campaign.
<p>Agenda Items for Next Meeting/Adjournment</p>	<p>Gloria Witzberger</p> <ul style="list-style-type: none"> • The next BFH Grantee Committee Meeting will be held on October 5, 2009 in conjunction with the Fall Seminar. • If you have an agenda item for the next meeting, contact Val Campbell at campbev@crstlukes.com or Heather Hobert Hoch. • Meeting adjourned at 11 a.m.