

2011 AMCHP and Family Voices National Conference: System Building by Way of Transformational Partnerships: You Can Do It Too!

02/15/2011 Omni Shoreham, Washington, D.C.

RYLIN RODGERS: And they wanted us to tell you that if you are getting continuing education credits, keep track of the sessions you've been in for which those might apply, and they're going to have a link online afterwards. So you can... you can fill in the necessary information then, so look for that on the AmCHP website.

The other pre-session reminder is that right after this session there are regional lunches. In your program is a list of regions and what rooms those are meeting in and they're box lunches for those. So everybody... the regions are all looking forward to your participation in those.

And now, I'm going to turn this over to the Stephen Vbag, who is with the LEND Program and at Riley in Indiana and to Judith Ganser, who is known to many of us here in AmCHP in the Children with Special Healthcare Needs Program. Thank you.

STEPHAN VIEHWEG: Are you guys ready? Welcome to this session. We're very excited to be here to share with you our experience in Indiana in partnerships and in doing some really fun, cool things. And we hope that we can share with you some of our knowledge and experience and wisdom and how this worked for us that you can take back to your state and whatever projects that you're working on. And we wanted to be mindful and let you know who we are, so hopefully you can see this. I'm on the right, that is me, Steve, and about me; you know, what brings me to this work, 'cause I'm a dad, I have a 13-year-old and a 19-year-old, who just moved out – yes! And I've suddenly gotten smarter as it turns out. And my kids have taught me a lot in my career in working as a social

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worker with the Indiana LEND, which is a Leadership, Education in Neuro-Developmental Disorders Program at the School of Medicine at IU. And we're located in the Riley Hospital for Children.

I'm also the founding member of the Indiana Association for Infant and Toddler Mental Health and that has informed a lot of the work involved with this particular project and is sort of my sponsoring group for the work that we're going to share with you today.

But basically, I'm an all-around great guy. It's the best way I could come up to summarize that. I have a colleague who does a lot of speaking and she tells people, "Hi, my name is, whatever I'll say "Steve," and I'm like amazing," and people would kind of like step back, but we have to celebrate who we are and who else is going to say it? Right? So I'm just gonna say it. Yes, thank you.

And I'm also the new President, Founding President of the Family Voices, Indiana. We have been a grassroots organization in Indiana for many years, but now we are official and real as a 501c3 organization and moving forward and it's a very exciting time. And so that's a little bit about me.

And this is a presentation, we're going to go back and forth because we want to model the partnership that has worked so well, and so it's only fair that you get to meet the other baby in our group, and that's Dr. Ganser.

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JUDY GANSER: I wish I were a baby, and I'm glad it's a baby picture because my teenage pictures are pretty awkward.

I'm the Medical Director, I'm a Pediatrician and I serve as Medical Director for Maternal and Child Health and Children's Special Healthcare needs in Indiana. I'm the oldest of five, so I might as well be a mother. And my youngest brother was 18 years younger than me. And I have seven nieces and nephews and I'm fortunate to have like one generation in their early 20s and another generation that are school-age now. So, I'm both an aunt and a grandmother, I think. I enjoy that.

And I serve as the Project director for the Early Childhood Comprehensive System in Indiana, which we, after our two years of planning we started calling Sunny Start, Healthy Mind, Healthy Bodies. And we'll be describing that even more.

Steve put up here that I'm an all-around great gal, and I am. I'm a little quieter, but I'm very persistent. So we will share with you our experience together.

STEPHAN VIEHWEG: So we wanted to give you the official logos of who we are, the *****, so you find us you know, on You Tube and the web and Twitter and Facebook and all those places, but here's our official places that we're claiming today in what we're trying to talk with you about.

And the way we've framed this, coming from Indiana, we wanted to give you the top 10 lessons are learned. So here they are just in

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order. And we'll go through each of these and share with you what this has meant to us. But as we thought about what made our project successful, it came out to these kinds of things. So, change takes time; patience is a virtue; have an open mind; process is important; structure is appreciated; creativity is welcome; keep inviting partners to the table; translate, translate, translate; be persistent; and periodically look back to appreciate progress; make a new plan; and celebrate.

So we want to share with you our process and how we got to where we are.

[CROSS TALK]

Female: People, feel free to come up because I have more seats up here.

STEPHAN VIEHWEG:

So this is not easy, I don't know if you can see this, but here's our attempt at some humor. The cartoon says, "Easy chair, my foot." So you know, this takes a lot of work, it takes a lot of effort for what we need to do, but what we've learned was that partnerships are worth it.

And then some other attempt at humor, does anybody read the Zit's Cartoon? This is like the guy lives in my house because I have teenagers, but when we think about innovation, the dad says, "What's this?" And his son, Jeremy, says, "It's my invention. It's an anti-lost device for cordless telephones. Now the phone will never be further than the length of this string from the base." And

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his dad says, “Well maybe you could make it curly and call it the telephone cord.” And Jeremy says, “What do you know about applying for a patent?” You know, like this is a great idea. So, sometimes things... it’s stuff that we already know. Right? And that we have to apply and put into place.

So, our first quote comes from another partner of ours, Maureen Greer, who is the consultant to the Sunny Start Project, and she said, “This project that we’re going to describe is the bargain of the century.” And it really was. And I think Dr. Ganser wants to explain why.

JUDY GANSER:

Yes, we’re sitting there in the MCH Program and we get this announcement from the Maternal and Child Health Bureau, “We’re going to give you \$140,000. And we expect you to take care of young children, zero to five, and make sure they have a Medical Home or insurance coverage that early childcare and education is in place, that their social and emotional health is taken care of, that parents are educated and families are supported. These are the five domains that they wanted us to cover in the Early Childhood Comprehensive System Program. And I must say, I was a bit skeptical. I was sitting there trying to figure out, now how are we going to do this with \$140,000.

But right away, I had some good partners in the director at that time of the Family and Social Service Agency and our Health Commissioner, who we got together and we talked about this project and they both said, be sure that you pick one or two things

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to focus on. If you're getting all these people together, but be sure you pick just one or two things that we can all work on. And that as very important in the beginning and we explained... we did explain to people that there were these five domains, but we knew we couldn't do everything. And I think that was a more realistic approach that helped.

STEPHAN VIEHWEG:

the other thing that we were aware of was that we wanted to remind ourselves, particularly in this presentation of our MCH background. We are all encouraged to use and to refer to the MCH Leadership competencies and that, in fact, has been a strong piece of how we've envisioned our partnerships, that we think about this from a leadership perspective.

So here is a reminder of what they are; the three main categories of self, others and the wider community in thinking about how we bring our partners together and take advantage of or build their strength and their leadership competencies.

JUDY GANSER:

Yeah, I think we really covered all of these, but mainly the other section is, you will see examples of that throughout.

STEPHAN VIEHWEG:

And so we have this fabulous Wordle that we created just to remind ourselves of the various perspectives of leadership because it really is a broad category and it was just a reminder of the complexity, but the opportunity as we think about building leadership skills. And I've also included on the tables, those of

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you in the back, if you would, move forward like we asked you to, there's some additional copies of this, but in some of the work that's going on, in fact, even at this conference, we have opportunity to talk with coaches and learn about leadership skills. In the Leadership 2.0, it's kind of broken into these four categories. And the handout on the table gives some of the suggested skills that fit in these four categories. And we wanted to share this with you as you just think about where maybe you fit or maybe some of your colleagues fit. What skills do you bring in terms of leadership?

And one of the things that we've learned is that we all don't fit... we all don't have skills necessarily in all four of these categories, but we need leadership skills in all of these categories in order to make a difference, to move forward. And we in the MCH public health world tend to fit in more, like one or two of these categories. We're very good at relationship building and maybe strategic thinking and I learned that I need to find people who are good influencers because I'm not, that's not one of my personal strengths, but we really need that. We need people to go convince other people about what we're doing.

So we encourage you to think about this throughout the presentation of what skills do you have? What is it that you bring to the table in your state and project and what do you need to find. Where do you find those other partners?

JUDY GANSER:

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Right, I think we use all of these in public health and you know, in Maternal and Child Health we're great at relationship building, I've been called the queen of collaboration at some time because that's our way of doing business. But also the strategic thinking is very important and sometimes we get caught up in doing and executing, but the mental health people seem to do a little more reflection and thinking. So ****.

STEPHAN VIEHWEG:

And that's what this was all about was for the Infant Mental Health piece was using that reflection and taking some time. So, the number 10 thing that we learned was that change does take time. And we went back over 20 years and here's, in four slides, just to give you a sense of the things that happened over the last 20 years to get us to this place. And we all had to appreciate that change does take time and that things happen at certain times when it's the right time to make it happen.

But it started for us way, way back with our early intervention system when we convinced the state to include some competencies about infant mental health and social/emotional development and it was a part of our personnel standards.

And then later on we had a SPRANS Grant that had a focus on infant mental health, and that's when we decided to create an Infant and Toddler Mental Health Association that is aligned with our state's Mental Health America of Indiana Initiative. So we had a home and we wouldn't go away. And we use that network to really build the strength of the voice of kids. And I've served on

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that board since we created the Infant Mental Health Association. And it was interesting to watch the change over time because at the beginning, when I would sit at board meetings and listen to other people talk, I had to go, “Hey, hey, what about the kids. Don’t forget the kids.”

And then a few years later, they would turn to us and say, “Hey, what about the kids? Are we thinking about it?” So we thought that was progress. So it took a long time, but you know, that was progress, people starting to think about who we were.

And now what we have done is we’ve become toddlers at that because now we’re loud and we’re terrible because now we have more of a voice and so we’re trying to push the envelope further. So I’ve said, you guys have created a monster because we are now toddlers.

Do you want to add anything?

JUDY GANSER:

Well that original SPRANS Grant came from the work of the Part C Coordinator and also the Director of the Children’s Special Healthcare Needs Coordinator at that time. And we also started working on Medical Home through that and entry into those two programs. So there was early collaboration that then developed into the mental aspect.

STEPHAN VIEHWEG: So then as we move along, you can following the trajectory probably in everybody’s state, just some of the things that have

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happened as we head our ECCS Project which we did a lot of planning and then we formed the Sunny Start implementation and as Dr. Ganser said, we really started to focus on something in particular and then through the Infant Mental Health Project we started being strategic about how we move this forward and bringing in outside people because they're always smarter than you are in your own state and help telling us things that we need to be thinking about.

And then we created some core competencies and we infused all this work into your state's annual Infant Mental Health Conference bringing in different people to help bring in the message about infant mental health in lots of different ways so that people could understand it.

And then we finally ended up at the end now with... and we'll tell you how we got tot his process, but amazingly, we have partnerships at the state level where we have this collaborative funding approach to bring in the Michigan Endorsements System for social, emotional development providers, which covers a wide variety of people. And we are working on a certificate program in **** social work that's interdisciplinary with nursing and psychology and social work to really help build our dream which was that wherever you are in Indiana that you would have access to somebody who understands social and emotional development near you rather than the six of us that are located in Indianapolis.

JUDY GANSER: And now one of the other developments which I forgot to put on the slide was that one of our Title V state priorities is to increase

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the capacity for professionals who are involved in infant, toddler mental health. So it goes right along with this and it became such a big issue that we decided to make it a priority.

Also, in the beginning when we did our ECCS planning, we had a series of town meetings around the state and this really came out as a need that there were children being expelled from preschool and parents that didn't know what to do with the behavior problems and where could they possibly go. And so it has led to making that a priority in our MCH program also.

STEPHAN VIEHWEG: So, number nine, as you can see, after a 20-year experience we had to say that patience is a virtue, that it takes time. Right? And I remember many years back, going to a regional MCH meeting where the workshop focus was on building relationships and that everything that we do where we're successful in our Maternal and Child Health world is based on relationships. And we thought it was really important to stop occasionally and look back and see what progress we made. And unfortunately, the Sunny Start process supported that. And we would write a document periodically and say, well what's the status of this today and it would make us kind of look back and appreciate that we really had made some differences.

And then that gave us an opportunity, it was really important at some of our core partner meetings where we would just bring like a cake and say, wow! We've done a really great job and thank you for all that you've done.

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I mean, as I was talking to Dr. Ganser in preparation, I said, you know, we have to thank you for the work that you do at the state office and all the partners there because it's hard and you really are looking out for kids. So we would bring a cake and we would have ice cream and just say, wow! Let's look and see what we've done.

JUDY GANSER: Yeah, and we all gained weight. No, we didn't really. We really didn't...

STEPHAN VIEHWEG: It was fat-free cake.

JUDY GANSER: Yeah. It was... and so one of my colleagues came up with the 4 P's of Public Health. And they are: Passion, Persistence, Patience, and Pliability. And this is really an example... this project has been an example of all of that, I think. Also, my third-grade teacher said, "Onward ever, backward never," and I've had to modify that a little because sometimes you would kind of go in spirals, but as you see if you keep working on this. The other thing is I noticed or I felt during this is we had a lot of talk about home visiting, but in this relationship, we do office visits. I mean, you really cannot spread your passion about a topic through an email invite to a meeting. And so we've had personal conversations and when there was change in administrations, we had to go and personally reorient people to the process.

STEPHAN VIEHWEG: Which leads us to having an open mind. That we wanted to really think about the variety of partners and how do we keep talking to people and inviting them to the table? And that got us to

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thinking about our commitment to not just one person being in charge, that's one of the beauties of Dr. Ganser and her style of leadership is a very much a shared vision.

When we came up with what are we looking at from the Sunny Start perspective, it wasn't a decision made at the state level, it was a discussion. And there was agreement about well, what can we do with the resources we have and how do we use this process to move forward? But that required being really clear about what it was. What was the message? And how do we go and have these office visits and share with our partners with what we are trying to do?

JUDY GANSER: And a lot of the shared vision came out of the town meetings and also we had work groups in each of those five areas, those five domains. And we... our core partner group or Steering Committee, as some people might call it, was made up of people from Department of Education, Department of Corrections, Early Head Start, Head Start, parent organizations, and we had quite a diverse group. So we got our feedback from our town meetings and our consultant put them together in a very organized manner.

Then we had meetings... we had feedback from the committee then the core partner met several times before we came up with our vision, which is basically that children in Indiana will be healthy and ready to learn and then we focused in on our priority areas.

STEPHAN VIEHWEG: And interestingly, the partnership keeps expanding, that there's always new people coming to the table as you discover who

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else should be involved and be part of the process. So our process, we kind of called an incubator process, 'cause you kind of get a sense that we just kind of let these ideas kind of build and grow and take life of their own. And in ways that we hadn't even imagined. And as we said, we decided as a Sunny Start effort to focus on just one thing, one or two things that we could make sure were sustainable. And that was always another piece of the puzzle was that the work that we were doing for infant mental health had to have... had to continue on its own, which is what we wanted. And that's actually what we've been able to sustain.

And of course, this was only going to be possible with the very active involvement with families in the entire process. And our model has lots of ways where we do that, where we keep that voice included because that's how we're gonna really make a difference in achieving these goals that we have.

JUDY GANSER: Yeah, and I took a little more maybe clinical look at the incubator concept. If you think, you know, you have a premature infant in an incubator, well we took one small area like infant and toddler mental health, we decided to concentrate multi-disciplinary efforts on this one small area. But that area also had a parent, it had a home in the infant and toddler mental health association, we just didn't kind of pick something brand new that was floating out there because we really were concerned that it would continue.

So we focused our... the efforts of all the groups it really, we found that you know the parents wanted your input, childcare providers were not sure what to do about it children with behavioral

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problems, so it really... this topic work for everyone. And the parents were very helpful in telling us what they needed and in fact, we in the Sunny Start Program came out with a series of fact sheets and the parents really develop those fact sheets in ways that everyone could understand and we did the research together, but they were the ones who persisted and wrote them so that they would be very useful.

Steven Vbag:

At the same time structure was necessary and I think you're getting a sense of what goes behind our success in making this work. And all throughout the process, the stable has always been, okay, well if we're going to give you money, even though it's not very much, we have to know what we're getting for that. And so we needed products, that was the way... there has to be measurable outputs and outcomes etc.

It so that really did make us focus on, well what are... how can we make this a product? What are the things we're going to be able to produce? If so we came up with a lot of things. But just training, but ways it could keep on going. So we created mentorship models, modules where we have them online on their website where any group could continue conversations after they've had some training on their own by using this module and having a conversation in their local community to keep on learning. And while they're still connected to some other places. We have this kind of monthly, almost monthly flyer series where we are putting out information about early childhood social, emotional development and just disseminated broadly. So getting people to think about how does it fit in child care or Head Start or their local

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community or your hospital or in the early intervention system etc., what are the issues that are coming up.

We did a couple of other specific projects, we did a consensus statement trying to come up with our competencies, what did we think really worked for us in Indiana, we created a white paper on infant mental health just to get people to understand what is it that were talked about. And we even found some ways; one of our colleagues was able to come up with a Medicaid rehab option in order to get some things paid for. So we put that out as a product so that other mental health providers could see how they could participate in several concrete ways, not just because we wanted them to, or 'cause they wanted to.

And so it was really important to have that structure to keep us focused on not just great ideas but actual things and products that would keep moving us forward.

JUDY GANSER: And as you can imagine in state government, there is an emphasis on what did you achieve, what is the outcome of this. The other situation I had, was people wanted to know like, how... well how do families enroll in Sunny Start? Well, I had to explain, this is... it's not a program that you enroll in, this is a systems building effort, it's an effort to get agencies that work with children working together to decide on what's important and try to push that focus through all their different programs. And that's kind of a challenge at times.

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The Sunny Start itself developed a website that... we forgot to put the website up, but if you Google Early Childhood Meeting Place, Indiana, you will see there will be a parent information site on there and that's where the fact sheets are available and also information about services in every county in Indiana. And we also did a developmental calendar and a medical passport for children all of which had behavioral health aspects to it, but again, helped us have credibility that we were doing something.

STEPHAN VIEHWEG:

Along with that structure, we realized that creativity was really important. And what we mean by that is we connected really early on in this project with the Infant and Toddler Mental Health Association for a lot of reasons, and one was fiscal because in order to access some of the dollars, we needed to put it in a place that would transcend the changes in the administrations that we experienced over the last 10 years.

And so that association as part of the mental health Association is its own organization that can accept dollars even though they weren't many, that it allowed us to do some of these important things. And in fact, it was able to transcend some of the changes that we experienced while we all have kind of remained common partners; we had to do a lot of reorienting and dealing with new structures and systems that were better. Right?

JUDY GANSER: Yes.

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STEPHAN VIEHWEG: Yes. Enhanced policies and procedures about how we handled money in our state. So that was very important. And some other ideas about creativity that you can see here is that we thought about this as a system rather than a program approach. And I think you just heard Dr. Ganser say that, that we were looking at this in a broader context this wasn't a particular program, but how are we going to really meet the needs in a way that makes sense and how do we use these resources to create services or support services? And that means we really had to keep reaching out. How do we reach the people around our state, people from different walks of life? Because what we found was that, not a surprise, all of this work is important to a variety of communities. So we had to keep bringing them in and finding ways to involve them and get that input and make this make sense to them so that ultimately we were successful.

JUDY GANSER: I think we had many people are workgroups, our subcommittees, you know they were people who were experts in the field as well as people who were on the core partner group, so we felt really free to invite people in and people asked to be included and we said, oh yes please come.

And another thing we did which was kind of new for us, we had them Medical Home access to health insurance subcommittee, but then about half, oh about a year-and-a-half into the implementation period, we received a Community Integrated Systems Of Services Grant for children and youth with special health care needs and we had decided in that project to emphasize to develop a Medical Home Learning Collaborative. So we said, ah-ha, we have the

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same people in both groups, so let's just combine them. So basically that Medical Home project went to the KISS program and those people reported back at our core partners meeting and it's really worked well and saved people from going to multiple meetings.

STEPHAN VIEHWEG: And I'm remembering, when we think about strategic thinking and being creative, at that time in our state when it was the time to create the strategic plan and move toward implementation for the ECCS project, it was right at an election time in our state. And so it was kind of hard to create a strategic plan not knowing who was going to have to support it because it was a real opportunity for change in administrations. So we had to like think ahead, well what are we going to do? And that is where and we ended up with a very broad mission that we would have a healthy start for all kids because that was really easy get behind. And sort of, the way I thought about it was, well it doesn't matter. I mean who's not going to be behind just having a great start for all kids? Which turned out to be a very smart thing for us to do because we did in fact have a change in administration and it took us some time to get involved and to explain this and to get people on board, and of course they were on board because who would be against having a good start for kids. It makes sense in all kinds of ways. So it was a very strategic, creative way to make that work that paid off in the long run.

JUDY GANSER: And I think it was really important that we went ahead and wrote down our plan. We did have a couple of people who said, "well, we don't know who's gonna be the governor so maybe we should

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wait." And we said, oh no, let's get it down on paper; let's demonstrate that we have this partnership so that we can keep going no matter what.

STEPHAN VIEHWEG: And I remember having some conversations, I'll admit, I don't know if you know this, with some of our new state partners who kind of said to me, "Well, you know, we didn't make that plan. We were part of that." And I was able to say, "Well, what part of this kit you get behind? Really, let's talk about how we move forward." And I could do that because I was representing the Infant Mental Health Association, I wasn't the state, I was in some other program, I was just an advocate for kids and families. And so I was able in that role to be able to ask those kinds of questions and to bring those kind of people to the table through our association level and try to have those kinds of conversations.

And so, that was important, it was important for that role to how do we bring people to the table and have conversations and communication different from how the state was able to do that.

JUDY GANSER: Yeah, and I think that we... you know one of our roles is to, as state bureaucrats, is to get things through the bureaucracy. And that to me is a good sign of a good bureaucrat is that you can move things through. Also, I think one of the questions that we constantly ask people as they joined us is, what can we do for you? What are you interested in promoting, and how does this program work for you?

STEPHAN VIEHWEG: In the reminder, I think we said is that we really learned that we had to anticipate that there would be changes. Right? I

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mean, this was not a shock. But that people change. So we had to be cognizant of that there's going to be opportunities again and again and again. One of our family colleagues, I always get nervous when she shows up in my office and says, I have an opportunity for you, because I know what that means.

JUDY GANSER: I have the same reaction. Yeah.

STEPHAN VIEHWEG: Yes, yeah. And we learned that there has to be a give-and-take in the leadership roles and we have to think about that. So sometimes that our core partner meeting, we discuss ahead, well who's the best person to take the leadership on this issue? And how we frame and set it up? And sometimes it's the state folks and sometimes it's the association folks and that has proved to work very well.

And that reminds us that we realize we have to translate, translate, translate that we have to find ways for people to understand us because it's so broad. I remember it took, there was I think at least four meetings were a colleague of mine and I met, we kept asking to come back and talk with one of the folks in our state office level who focuses on childcare to explain what we're trying to do. And we had to really work hard at coming up with language around how this really was going to help her and how this was going to be beneficial to the kids in childcare, because I mean it made sense, it was logical to us, but she didn't get it. She just wasn't sure how this fit for. And after the fourth visit, we were just kind of sit down and talking about it and she goes, "I get it. You know what, I see this now, I see where this fits. So I'm glad you were

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persistent with me..." and then she's become one of our best advocates. Right after that she had us meeting with a couple of other people that we really weren't sure how to get to, but once she knew because we kept translating and using words that made sense that were beyond the words we were using in infant mental health but that were kind of making sense to her, then we had like a whole new level of collaboration and activity.

So again, it was persistence, but really being open to thinking about this in other ways. And we frame it so that it makes sense to other people?

JUDY GANSER:

Yes. And I think this was, this is an example of a cross-cultural experience because, you know we have some public health speak where we talk about infrastructure, building, population-based, and we were working with people who had been fairly focused on one population or another and we had to say, you know, we're looking at the whole state and were seeing... this is what we see in all the children of the state. We pretty often talk about goals and objectives and smart objectives and all of those things that need to be translated so that we're all sure what we're talking about. Very important to watch your use of jargon and acronyms. And we never had a printed glossary, but we've always been pretty careful about explaining what we're talking about. And you know, also to use terminology that's real-world terminology that parents understand, families understand, physicians understand.

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I think that that consensus statement Steve talked about, had a section for what parents need to know about early childhood development, what childcare providers should know, what physicians should know, what even developmental pediatricians should know. So it was kind of in everybody's language and that helps a lot.

STEPHAN VIEHWEG: And that's a good reminder about the value of having those partners in the development and discussion of these things because we have been very successful in including our family partners to help us save these things, in particular about infant mental health, so that it makes more sense, it's understandable.

And it's amazing how sometimes we create these big things that look really good and the value we learn, even her family partners will say, wow, we've created something that's really important and has a lot of evidence behind it because parents want that to, but yet how do we explain this to people so they understand this. And we have to protest. And sometimes we have to go off and do things now that the general community doesn't get what we're talking about because we missed something and how it made sense to us, but may not make sense to them. So it's important to keep those people involved in that process.

And you have to be persistent, we've learned that. You have to keep sticking to the original message, which helped us survive lots of turnover, but keep sharing it. Just over and over and over. And that... you have to be okay with that. And so it's been helpful is, when we have opportunities with our relationships with our core

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partners is, every once in a while... sometimes I have to be the one to says to Dr. Ganser, you know, "It's okay. We've made a lot of progress. It's really going to be all right, don't worry." And other times she has to say to me, "Steve, it's going to be okay. We've made a lot of progress and so don't worry." And that's important. It's important for us to be able to keep mindful of where we've been and where we're going, which is why you appreciate that reflective part about our relationship now, right. Yes, that's good.

Did you want to add to this?

JUDY GANSER: No, no I think we're...

STEPHAN VIEHWEG: So then, the last... the number one thing that we learned was to, as I said earlier, is to periodically look back. It really is important to see how much progress that you've made and appreciate it. And we can't, I don't think under estimate the value of that. And so however you might do that with your projects, it might be that you could create a product, see, here's the flip side. Do a white paper or do a status update, what is the status of X in our process so that you have a way to document it but the value of just pausing and looking back and seeing how much progress you've made is first of all affirming, but also then gives you a chance to kind of regroup and think, well who are we missing and where do we go next? How do we involve the other layers of partners in what we're trying to do?

JUDY GANSER: You know, Steve, as I was standing there I was thinking of, we don't have a parent up here, an official parent, but...

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STEPHAN VIEHWEG: That's because she's presenting...

JUDY GANSER: That's because she's presenting in another room and... but she's the one who pushed us to do this.

STEPHAN VIEHWEG: Yes.

JUDY GANSER: So, Rylan Rogers has been a big, big part of this project and as... she works for Emerald Consulting and she's kept us organized, I would say. And she also has that gift, I think for looking and seeing what's occurred and analyzing it. So we have to give her credit for the idea that this was something to present.

STEPHAN VIEHWEG: And it's fair to say she would have been here with us...

JUDY GANSER: Yes, she would have.

STEPHAN VIEHWEG: ... except she is actually presenting right now.
Unfortunately, that's just how the schedule worked out.

So, based on all that success what we ended up with at the Sunny Start core partner area was that, you know what, we sort of did it. Because here's what happened, this is not what's on the slide. But because of our long term efforts, we were able to get \$50,000 from the Division of Mental Health Services to support training for some of our mental health partners around the state for a year. And then they just said, "You know what? Do you need money for a second year?" We went, "Okay. Sure, yes we do." We got

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\$50,000 from our Head Start collaborative because they had access to another pot of dollars. And that person went down the hall to our Division of Children Services and said, “You need to participate in this,” and they gave us \$25,000. And then we were able to access through our block grant kind of pieces at the state level because they understood what we were doing, enough money to buy the endorsement process from the state of Michigan. That was also \$25,000.

So, we came up with a couple hundred thousand dollars just at the right time from this 10-year partnership to implement all these things we talked about. And that’s what’s allowing us now to have our endorsement system, which covers all kinds of providers in very meaningful ways, to document and appreciate their knowledge and experience in early childhood social/emotional development and we’re able to reach. We’re going to have mental health providers around the state that are buying into this and they’re already thinking about, well how do we build this in our community because they see the value and importance of it.

And we’re going to have a certificate program for those advanced practitioners that they can do some of that more intensive work that only a few of us are able to do right now. And because of that success at the Sunny Start level, at the same time, we were saying, you know what? We’re done. This is a success and the Sunny Start folks are saying, we need to put our meager resources somewhere else. And so we kind of came together at the same time and said, we don’t need anymore of those dollars. It’s time to

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focus on something else and let's use this same model and focus on the next thing. What would that be?

And after much discussion, we decided it would be working on this project. And Dr. Ganser can't wait to tell you what we're doing.

JUDY GANSER: Now, as you know, there's another issue that's coming up in the world and that's the environmental effect of environment on health and learning and children's development. Our Sunny Start Project Manager, Andrea Wilkes, who is the one who does the day-to-day work, attended a lead and healthy homes conference. We do have a Lead and Healthy Homes Program at the Department of Health, it's been mainly focused on lead, I would say. So we... well, we actually had done some... put some feelers out about some other projects to work on, but we surveyed the core partners and many of them were interested in environmental issues, lead and other issues that came up. So we thought this would be a good place to go.

And we had a meeting with the Department of Health, Lead and Healthy Homes; we have an asthma program at the Department of Health. The Indiana Department of Environmental Management used to have quite a child health aspect to it, but it kind of waned over the years, but there is a person there who's very enthusiastic, that's her job. So she came to the meeting.

We have a coalition in Indiana called Improving Kids' Environment, or IKE, and they work entirely on children's environmental health. Then the same bureau of childcare is interested in, what should we do to have healthy childcare sites and

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our Family Advisory Committee also wants healthy homes. So we had a meeting of that group and we started sort of the same way. What do you think that we could all work on and we started to think... we thought primarily about lead and there was a film developed by our Marion County Health Department, which is Indianapolis. And one of the first things we are going to do is try to get this video out to parents, to childcare providers and the Head Start collaboration office has some funding. They're going to purchase and help distribute this film. We're thinking, okay, what kind of fact sheets would be good for families around environmental health, integrated pest management, making sure your home is... the air quality is good for kids who have asthma. Get rid of the insects and all.

So we're kind of approaching it the same way. We're thinking maybe we'll even have a consensus paper on what parents should know, child care providers should know, pediatricians also need... are being educated in that area. So, it's really... and I'm using the same format as we start to think about having a child health improvement project in Indiana. So it's really helped us a lot and we are thinking maybe we can help you a little bit too.

STEPHAN VIEHWEG: So the exciting learning for us is that, even though it takes a lot of time, when the time is right, it works great. And we can use the same incubator model idea now as we launch into something else and build on the partnerships, and now, we have like a whole new set of partners coming to our Sunny Start core partner table just because of this particular topic. Something that we know we can make a difference and use that same model.

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So we do want you to think about this now. And there's another sheet at the tables that has a list of reflective questions because we want to be reflective. And we're hoping that you will take a few moments and just with a partner or maybe a couple of people at your table to take a look at these six or so questions and see how you might use some of what we learned for a particular project or idea that you are working on in your own state. And maybe share with each other what's working or maybe what you might do when you go back, as you reflect on some of these questions.

So you might think about a specific project that you're working on and then think about who the players are and who they're connected with. Maybe be aware of the various missions that each group has, that's something we paid attention to. So, what's in it for everybody? Then, what are the commonalities that may fit amongst those missions across those different groups. And then what are some strategies that you could use that would further your issue or your project.

So we just listed some questions. So what's working right now? And how could you, if you have to reframe your message, or how do you sell this overlap of messages so that everybody sees what's in it for each other. Who's missing? What are some of the additional partners that you need to invite to the table. What are ways that you could ask those groups to contribute to the project? Besides financial, what are some other ways, is it materials or ideas or is there research, do they have services, is it training? What else could it be? And then make a list of what you already

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have. What's been done? And then reminder to pause and celebrate, regularly.

And then our last question for you for your discussion for a little bit is, what would you do next. So we invite you now to pause for about 10 minutes or so as a table and have these conversations and then we want to come back and just hear from you what you're taking away from this and what you might plan to do next as we would wrap up this session.

So, talk amongst yourselves, and have a few moments to try to address these questions.

[RESUME SESSION]

STEPHAN VIEHWEG: Or not. I guess you're not done. So I'll take that as a good sign. So let me do it this way. Like clap once if you can hear me. Clap twice if you can hear me. Thank you, you're all back.

I'm glad to hear that you're having good conversations and I believe they were about this idea. I want to believe that. And I would encourage you to continue them after, when you go to lunch or beyond this conference.

So is there anything that any of you want to share about things that you realized or that might be useful for the rest of us to hear about as we just get some sense of what you were thinking? And we do have a microphone that can float so we can all hear you. So

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anybody willing to share something that you've learned from this right here?

Sharon: Hi, I'm Sharon from New Hampshire. And you just have affirmed all the work that I've been doing. Thank you.

STEPHAN VIEHWEG: You are welcome.

JUDY GANSER: Thank you for all your work.

STEPHAN VIEHWEG: Yes, thank you for all your work. It's important that we do that, isn't it? Doesn't that feel good? Yes. That what we are doing does make a difference. And that it takes time, but that's okay. It's okay.

JUDY GANSER: What area were you working in? What area were you working in ****?

Female: I don't think ****...

STEPHAN VIEHWEG: So was Special Healthcare Needs in Title V.

Female: [Inaudible]

STEPHAN VIEHWEG: So you're focusing on early childhood piece, but with a lifespan approach. And so you're finding yourself with lots of different groups and training is an essential piece. So awesome. Anybody else with an insight or a learning that you want to share with the rest of us?

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Oh, and our family partner just came in. Rylan Rogers. We mentioned you in our workshop, so as an important piece of bringing lots of opportunities, as you always do. You do love a good opportunity.

Any other feedback from you all? Here's your chance. Yes.

Alvina:

Hi, my name's Alvina, I'm from Division of Public Health in North Carolina. And at our table there were a couple of people who mentioned their work towards the preconception health initiatives and how at least in my perspective what you said, some of our work... or some of what you said affirms our work that is a very messy process but worth it to be inclusive, but some of us are at different point in our initiatives. Like we've written a plan but we don't know where to move from the plan to keeping people engaged. Or in our case, we've had our plan, we've had our workgroups and now we have to continue to move forward and maybe shift from two focus areas to something bigger. And what we liked, there is a comment here, but we really liked about Indiana's programs was that you could use the same group of partners at the table to tackle another issue, another incubator partner... or another incubator project and then invite a couple more people at the table as you moved from I guess it was infant and child mental health to more developmental issues. So. Anything else? Okay.

STEPHAN VIEHWEG: I appreciate you sharing that because that's actually was a comforting surprise to us too that when we could just... we would

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take on a new proposal; I mean we have a structure in place that we can use and expand. And that it does... it's the same principles that apply. So it is affirming.

I'm glad to hear you feeling that way too, it was very affirming for us to take this pause and think about this process and what worked and what we could keep using and so I'm glad that that's useful for you too as we can try to share with each other.

So our final thoughts, because it is close to lunch is that, beyond what we have to share with you today, the rest you have to go ask your village. Right? And just keep asking other people to be part of it. But then the most important thing is just remember, what matters most is how you see yourself. Is it... that's you? Good. I'm glad you can see yourself there.

So we want to thank you for joining us in this important discussion and we wish you the best of luck as you improve services in your community and let's keep the dialogue going. Don't forget... Thank you.

And just reminder about lunch; don't forget that... where is that announcement. Do you know where it is?

JUDY GANSER: It's the Regency... outside the Regency Ballroom and I think also the Congressional. All right, its right out there. And for those of you in Region 5, you can come right back here.

Stephen Bask: Region 5's in here. Thank you for coming.