

**Federal/State Maternal and Child Health Partnership**

**Technical Assistance Meeting**

**MCH Needs Assessment:**

**Concepts to Catalyst – Capacity to Competency**

February 25-26, 2009

DAVID E. HEPPEL: Good morning. I don't know that I have any original thoughts, and this one I remember came from Magda Peck. We would have meetings and she would be sure to put an empty chair in the meeting and talk about the people who weren't there. I'm really looking forward to the partnership meeting in 2010 in the fall, because most of the people on that list are the people who are occupying the empty chairs from our point of view, and there are lots from all the rest of the bureau.

Last year, I was here for AMCHP, and I have to admit, listening to people make comments about the meeting, it's with not a little regret that I wasn't here this year. But we weren't here because we couldn't all come. And what I particularly realized now is that most of the information and essentially, all of the ideas that we get for new programs, or at least that I get for new programs, come from discussions with you, not necessarily the presentations, but what goes on in the hallways and in the coffee breaks. And that's not something that one can get back on the Internet by looking at the presentations later on.

So, on behalf of my 15 colleagues, welcome and this is the Division of Child and Adolescent Health. What you have here is a - and I hope this shows up on your note

pages. If you remember, the list of people on the previous slide had numbers by them. The numbers by these topics relate to the people on the previous slide. So, we won't be able to go over everything here, but if you have ideas, particularly if you have ideas, if you have questions, you can call if you want. You don't have to, but if you have ideas about things that need to be done, look on this, give the people a call. I can't guarantee you it's going to be the last call you'll make, but I think it should be the second to last call you make. And it really makes a difference. All the things that I'm gonna talk about here came from you all, either collectively or one or another view, and you all recognize that.

Now, in adolescent health, our program has a broad, comprehensive view of young people's health. It frames its efforts to improve adolescent health status and health programs using the principles of positive youth development, considers the transition from middle childhood into formal adolescence, as well as the transition from adolescence into young adulthood. And it depends on the multiple partnerships that approximately 30 bureaus supported and CDC-supported grantees have formed with each other and with the National Network of State Adolescent Health Coordinators as part of the national initiative to improve adolescent health.

Our adolescent health program has long supported the ability of school-based health centers to provide quality services to students in elementary and secondary school settings. Historically, state MCH programs were early supporters and champions of school-based healthcare. Today, 20 states help to fund school-based health centers,

and seven of these 20 state MCH programs contribute financial support. Our center on school-based healthcare provides technical assistance, training and resources to individual school-based health centers as well as the state school health associations.

Our adolescent health program currently supports mental health of young people in two ways. It has a special focus on mental health in schools for more than 12 years and currently supports two programs and policy analysis centers that have moved the field forward from a pioneering effort to a general recognition of the importance of mental health to learning and how school systems can bring about change to support the mental health and well being of their students. As an example, one of our current grantees happens to be in Toledo, Ohio, has been working to integrate health and behavioral healthcare services in primary care. Recently, a physician shared the case of a youth who revealed to her mother that - and the physician during a primary office visit that she was suicidal. Because of the MCH funding, integrated mental health services were immediately available to this patient instead of waiting months to be treated at other agencies as the physician had experienced earlier on.

There are also state partnerships promoting child and adolescent mental health. There are currently three states - Connecticut, Oklahoma, and Utah - receiving incentive grants on these area. Connecticut used to grant funds to develop and conduct Building Bright Futures in Connecticut, Train the Trainer Program. The training is based on Bright Futures and practice mental health and targets the non-mental health professionals in the state workforce that serve children, adolescents, and their families.

Our adolescent health programs develop a variety of strategies to support MCH staffs and their efforts around adolescent health. First, it relies on a trio of grantees that work closely together to provide resources and technical assistance to state. The grantees include the National Adolescent Health Information Center, the State Adolescent Health Resource Center, and the National Network of State Adolescent Health Coordinators. AMCHP also has a role in this and is continuing on support programs, specifically for state adolescent health coordinators and state Title V programs.

The National Coordinating Committee on School Health and Safety, which brings together representatives of 70 non-governmental organizations, from health education and nutrition sectors, multiple federal agencies, from the Department of Health and Human Services, Agriculture, Justice and Transportation, is administered by the MCH Bureau, and it is creating a comprehensive results framework for use by the school health community, which will be available later this year.

The State Adolescent Health Resource Center and NAHIC that I mentioned earlier have released the first volume of a three-part series on Improving the Health of the Youth: A Guide For State-Level Strategic Planning and Action. The first volume addresses laying the foundation for a successful strategic planning effort. And that's going to be important, I'll mention a little bit more later.

The National Initiative to Improve Adolescent Health is developing resources and Web-based documents into a searchable database of products generated by the affiliated organizations. This database will allow one-stop shopping by the MCH community for adolescent health resources. There will be a slide coming up that has context. However, we are in the midst of a grant competition and so this may or may not be the people to call in two or three months. So, if you have questions in adolescents, do it now. Infant and early childhood health, sudden infant death syndrome, that's been a program that's been part of MCH since the early '70s. The changes that are going on there is that there is a greater emphasis on stillbirth. The programs in the various states were moving in that direction, so we anticipate and certainly hope that there will be greater collaboration with Maribeth's division there. Health and safety in child care, that's been around for a long time since 1989. The third edition of "Caring for Our Children," the health and safety guidelines is in the process of being developed. And the health consultants in child care, the training institute in North Carolina remains, and for some reason, the MCH bureau is the only governmental entity that has been interested in linking health and safety, and providing that kind of background for child care programs. Where we've moved to is the early childhood comprehensive assistance program. I hope everybody who isn't brand new and knows about this activity as you -- you just know that you all have limited dollars that are becoming less and less available, so do we. So, we have put a lot of money, relatively speaking, into this program.

Eventually, we hope to be able to shift and put similar kind of funding into adolescents to help develop an overall system there. There have been some interesting things that

have happened with the ECCS program. One is that we've gotten good collaboration at state level among various programs. What is a little bit unusual and at least -- well I've been around along time, I haven't seen this happen very often -- there is now a collaboration at the federal level. We have collaborative federal agencies supporting children and their families, like ACF Children's Bureau, Child Care Bureau, Office of Head Start, Census Center for Mental Health Services and Center for Substance Abuse Treatment, programs in the Department of Education, programs in the Department of Justice. The Office of the Assistant Secretary for Planning and Evaluation has even asked to join this group. And through the group, we've been able to improve services or were beginning to improve services by coordinating federal funding and technical assistance activities, joining and supporting state level multi-agency teams, and we are now working on a no-wrong-door policy for technical assistance for each agency's grantees. So, if you call up, you may -- and are looking for help, you may just as easily get help from a child bureau -- a children's bureau technical assistance grantees from someone from us.

The other thing that's happened is that the agencies have found that it's good to use ECCS as a platform. And there are five states in here that have grants that collaborate on mental health and MCH called Project Launch, Rhode Island, Maine, New Mexico, Arizona and Washington. This program is about an \$8 million program last year. The interesting thing about it was that you had to be a state Title V agency to apply. You've heard Dr. Van Dyck mentioned something about the budget. While SPRANS didn't get much of an increase, the project launch went from eight million or seven to 20 million. If

things stay the same, and we have no reason to think that they won't, that would mean that there'll be at least 13 states that can apply and receive this money. I would urge you, I know Bill Hollingshead is here and was involved in the Rhode Island application and I think can tell you some stories about what that was like. But here are some resources that I think are terribly important for collaboration that are available to you all. The National Center for Child Death Review, we have an interesting database going on there. There's a database that now, as of December, involves 29 states that are submitting information from their local child death reviews. The interesting thing about it is it isn't a governmental database. The federal government doesn't own this stuff, you do. And the Michigan Public Health Institute, where this stuff resides, can do analyses for you. And with your permission, can do multiple state analyses, but you all control this.

There is pending legislation coming up that is looking to support the Child Death Review process. It's authorizing legislation, goodness knows if there will actually be money associated with it. But there is congressional recognition that this is important. And in part, it's come about because of the collaborative effort that you all have done through your state Child Death Review and local Child Death Review teams. These data are available and certainly could be used as part of the needs assessment for the upcoming Title V grant application.

Stop Bullying Now is something that's been going on now for a number of years and provides an important resource for tweens particularly and their families in dealing with

the issue of bullying. The Children's Safety Network, a resource for you in injury prevention. Back a long, long time ago, when I started in MCH, I was sent to Massachusetts to deal with a problem with the community health center. And I went with a Title V director by the name of Bernie Guyer, who some of you may know, who drove us out from Boston and then left me and a young nurse to work on this problem in Western Massachusetts. Many, many years later, that young nurse is now the executive director of the Children's Safety Network, her name is Sally Fogerty.

So I'm hoping, since, at the time, back in the early '80s, we felt that lack of death was a good measure of health and that, therefore, it was important that MCH be involved in this. Recognize now, you've got someone who's in charge of the main technical assistance center who knows exactly what you're going through and exactly what your pressures and concerns are. Sally would love to hear from you.

Oral health. This is an empty seat kind of thing. We had grants with just about every state a couple of years ago. And we had to make a hard decision about whether the amount of resources we could provide for a single grant was worth the effort to spread this money around all states. We still haven't figured out that issue. Originally, there were grants to every state. Now, there are grants to about 20 states. Again, this is where it would be really useful for you all to come up and let us know whether this program works better than the original one and what the consequences were of changing.

EMS. We have systems in EMS as well as systems for mothers and kids. And one of the national performance measures for the EMS for children system is to have a statewide organized system of hospital care for kids. Illinois has done a wonderful job in setting that up and has recently published in the Journal of Emergency Medical Services their system. That's one of the things that we've seen happened out of here. Another is that we have a research platform that's allowing emergency research. It's really fortunate the kids don't have very many emergencies. It's really unfortunate from a research point of view. You don't have enough information to know what works and what doesn't.

Peter mentioned that we found out that giving kids with bronchiolitis steroids doesn't work. It saves about \$7 billion a year. We are going to be coming out shortly with a rule about whether children with mild to moderate head injuries need CAT scans. Aside from the money, CAT scans put out one heck of a lot of radiation. And if you happen to be my age, that's probably not all that important. If you happen to be one or two years of age, there is an increased risk. We don't know what the best practice is. We'll be able to find out shortly.

And lastly, we thought it would be a really good idea, a number of years ago, if we were able to talk with decision makers, people who influence MCH programs, whether or not they knew anything about MCH. And so, we set up this program with this group of organizations that's grown over the years. The new thing that is coming down the pipe from this group is that the -- this organization is representing business, representing

state and local government, and representing philanthropists -- thought this was working so well for them at a national level that they ought to try to replicate this at the state and local level. So, for those states who are willing to be guinea pigs, if you will let me know, these organizations are willing to come in and to try to set up a collaborative that just as MCH is the convener for the national organization, presumably, you would be the convener for these state activities. And I'll stop there. Thanks much.