

REQUEST FOR BOARD ACTION

HENDERSON COUNTY BOARD OF COMMISSIONERS

MEETING DATE: May 2, 2022

SUBJECT: Innovative Approaches Grant

PRESENTER: Steve Smith, Health Director

ATTACHMENTS: Yes

1. NC DHHS Innovative Approaches Grant Agreement Addendum
2. Innovative Approaches – Presentation to Board of Health (slides)

SUMMARY OF REQUEST:

The Henderson County Department of Public Health is now completing the 3rd year of an initial Innovative Approaches grant cycle which has served children and youth with special health care needs and their families. The policy and system level improvements promulgated with the grant investments have been guided by parent and stakeholder input to address needs and priorities identified by them. The Department of Public Health has the opportunity to continue the grant for another 3 years with expanded funding and the agreement to foster a similar independent project within Polk County. The Henderson County Board of Health reviewed the deliverables and successes of the program at their April 12, 2022 meeting and endorsed continuance with the grant effort subject to the Commissioners' approval. No local funding is required for execution of the grant.

The request is for the Henderson County Board of Commissioners to approve receipt of the grant funds for the deliverables delineated in the agreement addendum.

BOARD ACTION REQUESTED:

The Board is requested to approve the receipt of the Innovative Approaches grant funds from NC DHHS.

Suggested Motion:

I move the Board accept the grant funds provided for the continuation of the Innovative Approaches project.

Division of Public Health

Agreement Addendum

FY 22-23

Henderson County Department of Public Health
Local Health Department Legal Name

846 Innovative Approaches: Community Systems
Building Grants for CYSHCN
Activity Number and Description

06/01/2022 – 05/31/2023
Service Period

07/01/2022 – 06/30/2023
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # _____

Women's and Children's Health Section /
Children and Youth Branch

DPH Section / Branch Name

Kristin Dodge 919-707-5603
kristin.dodge@dhhs.nc.gov

DPH Program Contact
(name, phone number, and email)

DPH Program Signature **Date**
(only required for a negotiable Agreement Addendum)

I. **Background:**

The Children and Youth Branch is one of five branches in the Women's and Children's Health Section, Division of Public Health. The primary purpose of the Branch is to develop and promote programs and services that protect and enhance the health and well-being of children and families. The Branch is comprised of a wide array of program services and initiatives that plan, develop, and oversee preventive, genetic, and specialized services. The programs provide clinical guidance, quality assurance, technical assistance, consultation, and training for professionals who provide children's services in the state.

The Branch primarily focuses on ensuring health services for children, including the following: parenting education, nutrition, well childcare, school health, genetic services, newborn screening, childcare health consultation, developmental screening, early intervention, transition, linkages with medical homes, screening and treatment clinics, resource lines, Health Check/NC Health Choice, and children/youth/families with special health care needs.

This initiative, Innovative Approaches (IA), supports the development of community-based and family-focused systems of care for families of children and youth with special health care needs (CYSHCN).

A system of services that is family centered, well-coordinated, accessible, comprehensive, and culturally competent is critical to the success of children and youth with special health care needs and their families. The barriers to the creation of effective systems of care are many: categorical service provision, care that is uncoordinated, categorical funding streams, incompatible data systems, inadequate access to services, and the inability to assess system performance and carry out quality

Health Director Signature (use blue ink or verifiable digital signature) _____ Date _____

LHD to complete: _____ LHD program contact name: _____
[For DPH to contact in case follow-up information is needed.] Phone and email address: _____

improvement activities are just a few of the notable barriers to the creation of effective systems of care that work for families of CYSHCN.

The purpose of the IA initiative is threefold: (1) to thoroughly examine the community system of care for CYSHCN; (2) to facilitate community identification of sustainable system changes and promising practices; and (3) to coordinate the implementation of these practices with agencies, providers, and families in the community.

Innovative Approaches uses a systems change approach rather than a program-based approach to address community improvements for families of CYSHCN. Systems change is the core of Innovative Approaches. IA requires a strong collaborative partnership between local health departments, local primary care providers, and families of CYSHCN as leaders improving the system of care for CYSHCN.

The Federal Maternal and Child Health Bureau (MCHB) defines Children and Youth with Special Health Care Needs (CYSHCN) as “children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” CYSHCN have conditions that are expected to last more than 12 months, are often diagnosed with more than one condition, and frequently experience several functional difficulties, including respiratory problems, learning or behavior problems, difficulty with gross or fine motor skills, or chronic pain. Parents with CYSHCN experience a complex system of uncoordinated services. The goals of IA are based on the national Maternal and Child Health Bureau outcome measure focused on the percentage of children with special health care needs receiving care in a well-functioning system. To ensure access to needed and continuous systems of care for children and youth with special health care needs, IA goals focus on the following components of a well-functioning system:

- Families of children and youth with special health care needs will partner in decision making at all levels and will be satisfied with the services they receive.
- All children and youth with special health care needs will receive coordinated ongoing comprehensive care within a medical home.
- Families of children with special healthcare needs have adequate health insurance and financing to pay for needed services.
- All children will be screened early and continuously for special health care needs.
- Services for children and youth with special health care needs and their families will be organized in ways that families can use them easily.
- All children and youth with special health care needs will receive the services necessary to make appropriate transitions.

II. Purpose:

Implement the Innovative Approaches initiative to thoroughly examine and foster improvement for community-wide systems of care that will effectively meet the needs of families of children and youth with special health care needs, resulting in increased family satisfaction with services received and improved outcomes for children and youth ages 0 to 21 with special health care needs.

III. Scope of Work and Deliverables:

The Local Health Department (LHD) shall coordinate and manage the Innovative Approaches initiative. Activities shall include:

1. **Recruiting, convening, and coordinating an Innovative Approaches (IA) steering committee** of at least 11 individuals serving children and youth with special health care needs and families. Members should include:
 - a. Two to four family members of CYSHCN
 - b. Local Health Department Director
 - c. Department of Social Services Director
 - d. Social service agency representatives (child protective services and/or foster care services)
 - e. County Partnership for Children (Smart Start) staff
 - f. Mental health agency representative
 - g. Two school system representatives (school's Exceptional Children program staff and School Nurse)
 - h. Local health care provider
 - i. Representatives from other community agencies involved in the Local Health Department's targeted systems changes.

Steering Committee leadership should consist of three co-chairs—one parent, the health director, and the social services director—to lead the committee in the creation and implementation of the systems change IA action plan for fiscal year 2022-2023.

2. **Hiring one full-time, qualified staff person or one full-time equivalent (1 FTE), to serve as IA Coordinator**, to lead the development of the IA needs assessment, the IA action plan, and the IA sustainability plan for the fiscal year 2022-2023. Preference is that the IA Coordinator will reside in the county (or one of the counties) served by the LHD. The DPH Program Contact will be involved in the hiring process for all project staff, including developing job descriptions, interviewing, and assisting in final staff selection. In the event that the IA Coordinator position becomes vacant, the LHD shall post the position vacancy within 30 days of the vacancy.
3. **Participating in monthly IA Coordinator calls** facilitated by the DPH Program Contact in which local IA Coordinators provide site updates and share information with their peer counterparts across the state.
4. **Hiring or subcontracting a qualified staff person to serve in a half-time role (0.5 FTE) as the Parent Outreach Coordinator**, to perform outreach activities to engage parents of CYSHCN, and to recruit their active involvement in the Innovative Approaches Initiative through the development of a Parent Advisory Council. In the event that the Parent Outreach Coordinator position becomes vacant, the LHD will post the position vacancy within 30 days of the vacancy.
5. **Coordinating formal mechanisms to receive input from parents of CYSHCN** regularly. Family surveys and/or focus groups should occur at a minimum of two times per year. Family survey tools assess the prevalence and impact of special health care needs and evaluate change over time. Focus groups provide a structured format to further explore CYSHCN topic specific issues with parents and professionals working with CYSHCN.
6. As per the requirements outlined in the IA Implementation Manual:
 - a. For a new IA site, developing a current and **comprehensive needs assessment** for the county or counties.

- b. For a continuing IA site, updating the prior year's **comprehensive needs assessment** for the county or counties.

The comprehensive needs assessment report is to be submitted on or before the Quarter 3 reporting deadline (as stated in Section IV, Paragraph 2b) for review, feedback, and approval by the DPH Program Contact.

7. **Developing and maintaining an IA action plan for fiscal year 2022-2023** to include system change objectives, action steps, and results using the specified Children and Youth Branch IA action plan template and implementing the action plan by utilizing The Rensselaerville Institute framework. This framework provides the methodology to define, project, track, and report the results of all IA projects within an IA results focused IA action plan. This framework also utilizes milestone management to test key assumptions, identify needed course corrections, and make effective project course corrections.
 - a. For a new IA site, an initial IA action plan is to be submitted on or before the Quarter 3 reporting deadline, after completion of a 6- to 9-month needs assessment process as outlined in the IA Implementation Manual, for review, feedback, and approval by the DPH Program Contact.
 - b. For a continuing IA site, the previous fiscal year's DPH approved action plan is utilized, and an updated IA action plan is to be submitted each quarter (September, December, March, and June) which provides information about the IA action plan's progress as well as newly identified system change objectives. Action plans are reviewed and approved by the DPH Program Contact and feedback is provided quarterly.
8. **Developing a sustainability plan for fiscal year 2022-2023** for the LHD's county or counties at the Agreement Addendum's initiation and updating the plan quarterly. The sustainability plan is to be submitted with quarterly progress reports (as stated in Section IV, Paragraph 2b). The sustainability plan should include strategies for the following beyond the period of funding availability:
 - a. Identification and coaching of a county lead agency by the LHD to continue IA work
 - b. Funding sources to provide a stable base of resources
 - c. Transfer of assets, if applicable, from the LHD to the newly identified agency
 - d. Securing broad based community support for involvement in CYSHCN projects
 - e. Use of CYSHCN data and research to shape policy in response to changing community conditions
 - f. Assuring families ongoing and meaningful input into systems for CYSHCN.
9. Managing all financial aspects of the IA initiative, including meeting expenses, expert faculty, participant reimbursements, and subcontracts.
10. Assuring IA steering committee member attendance at all planning and professional development training sessions coordinated by the Division of Public Health as communicated via monthly mandatory IA Coordinator calls.
11. Attending and purchasing all required Division of Public Health training sessions, technical assistance, and evaluation efforts.
12. Providing mentoring assistance to other counties' local health departments as requested by the Division of Public Health.

IV. Performance Measures / Reporting Requirements:

1. Performance Measures

- a. All twelve Scope of Work Deliverables are maintained throughout the Agreement Addendum period and all specified reporting deadlines are met as per the schedule listed in Paragraph 2.a below.
- b. All activities and subcontracts are to be executed in a fiscally responsible manner that assures the fidelity of project deliverables as established by the approved IA action plan.
- c. All work must be family driven as evidenced by CYSHCN family involvement and leadership in the IA steering committee and its subcommittees, and by family participation in focus groups and surveys.
- d. The IA Coordinator will utilize The Rensselaerville Institute framework to:
 1. Define, project, track and report the results of all IA projects within an IA results focused IA action plan.
 2. Utilize milestone management to test key assumptions, identify needed course corrections, and make effective project course corrections.

2. Reporting Requirements

- a. Submit quarterly financial reports and progress reports to the DPH Program Contact that detail progress toward this Agreement Addendum's overall IA action plan deliverables, following this schedule:
 - Quarter 1: June to August – Report due September 30
 - Quarter 2: September to November – Report due December 30
 - Quarter 3: December to February – Report due March 30
 - Quarter 4: March to May – Report due June 30
- b. Submit a sustainability plan and a comprehensive needs assessment as outlined in Section III, Paragraphs 6 and 8. Reports will be submitted within 30 days following the end of each quarter in a format determined by the Best Practices Unit, Children and Youth Branch, following this schedule:
 - Quarter 1: June to August – Report due September 30
 - Quarter 2: September to November – Report due December 30
 - Quarter 3: December to February – Report due March 30
 - Quarter 4: March to May – Report due June 30

V. Performance Monitoring and Quality Assurance:

1. Performance Monitoring

- a. Deliverables shall be monitored by site visits, required quarterly financial and progress reports, and monthly IA Coordinator calls. Progress is evaluated on a quarterly basis to denote progress on the IA action plan. DPH Program Contact will provide written feedback and recommendations based on quarterly financial and progress reports to the local Innovative Approaches Coordinator. This feedback is to ensure adequate performance.
- b. The LHD agrees to participate in periodic site visits as needed, with a minimum of one per year, as determined by the DPH Program Contact. If the LHD is deemed out of compliance, program staff shall provide technical assistance, and funds may be withheld until the LHD is in

compliance with deliverables. If technical assistance does not prove beneficial, the Agreement Addendum may then be terminated.

- c. While not necessarily an indicator of inadequate performance, a LHD's inability to spend allocated funds could result in an assessment and potential reduction of funds for reallocation to other local health departments.

2. Quality Assurance

- a. All work plan activities shall be provided in a linguistically and culturally appropriate manner.
- b. All work plan activities shall be provided by appropriately trained staff.
- c. The Children and Youth Branch should be recognized in all public presentations and published materials. The suggested citation is "This initiative is supported through the NC Division of Public Health, Children and Youth Branch."

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.

FY23 - FAS
federal award
supplement

Activity Nbr + Name: **846** **Innovative Approaches:Community Systems Building Grants for CYSHCN**
 FAS Nbr + Reason: **1** This FAS is accompanying an AA+BE or an AA Revision+BE Revision.
 CFDA Nbr + Name: **93.994** Maternal and Child Health Services Block Grant IDC rate: n/a
 FAIN: **B0040152** Is award R&D?: **no** Fed awd's total amt: \$ **13,149,972**

Fed award project description: Maternal and Child Health Services

Fed awd date + awarding agency: 03-08-21 HHS, Health Resources and Services Administration

Subrecipient	Subrecipient SAM UEI	Subrecipient DUNS UEI	Funds from the federal grant listed above	For the entire Activity, the of all total federal funds
Alamance	MBM7W225N3W8	965194483		
Albemarle	WAAVS51PNMK3	130537822		
Alexander	XVEEJSNY7UX9	030495105		
Anson	PK8UYTSNJCC3	847163029		
Appalachian	CD7BFHB8W539	780131541		
Beaufort	RN1SXF4LXN6	091567776		
Bladen	TLCTJWDJH1H9	084171628		
Brunswick	MJBMXLN9NJT5	091571349		
Buncombe	W5TCDKMLHE69	879203560		
Burke	G855APCNL591	883321205		
Cabarrus	RDXNEJKJFU7	143408289	\$ 331,000	\$ 331,000
Caldwell	HL4FGNJNGE97	948113402		
Carteret	UC6WJ2MQMJS8	058735804		
Caswell	JDJ7Y7CGYC86	077846053		
Catawba	GYUNA9W1NFM1	083677138		
Chatham	KE57QE2GV5F1	131356607		
Cherokee	DCEGK6HA11M5	130705072		
Clay	HYKLQVNWXLK7	145058231		
Cleveland	UWMUYMPVL483	879924850		
Columbus	V1UAJ4L87WQ7	040040016		
Craven	LTZ2U8LZQ214	091564294		
Cumberland	HALND8WJ3GW4	123914376		
Dare	ELV6JGB11QK6	082358631		
Davidson	C9P5MDJC7KY7	077839744		
Davie	L8WBGLHZV239	076526651		
Duplin	KZN4GK5262K3	095124798		
Durham	LJ5BA6U2HLM7	088564075		
Edgecombe	MAN4LX44AD17	093125375		
Foothills	NGTEF2MQ8LL4	782359004		
Forsyth	V6BGVQ67YPY5	105316439		
Franklin	FFKTRQCNN143	084168632		
Gaston	QKY9R8A8D5J6	071062186		
Graham	L8MAVKQJTYN7	020952383		
Granville-Vance	MGQJJK22EJB3	063347626		
Greene	VCU5LD71N9U3	091564591		
Guilford	YBEQWGFJPMJ3	071563613		
Halifax	MRL8MYNJJ3Y5	014305957		
Harnett	JBD9V41BX7	091565986		
Haywood	DQHZEVAV95G5	070620232		
Henderson	TG5AR81JLQ5	085021470	\$ 331,000	\$ 331,000
Hoke	X9C3V658CUM4	091563643		
Hyde	T2RSYN36NN64	832526243		
Iredell	XTNRLKJLA4S9	074504507		

FY23 - FAS
federal award
supplement

Activity Nbr + Name: **846**

Innovative Approaches:Community Systems Building Grants for CYSHCN

FAS Nbr + Reason: **1**

This FAS is accompanying an AA+BE or an AA Revision+BE Revision.

CFDA Nbr + Name: **93.994**

Maternal and Child Health Services Block Grant

IDC rate: n/a

FAIN: **B0040152**

Is award R&D?: **no**

Fed awd's total amt: \$ **13,149,972**

Fed award project description: Maternal and Child Health Services

Fed awd date + awarding agency: 03-08-21

HHS, Health Resources and Services Administration

Subrecipient	Subrecipient SAM UEI	Subrecipient DUNS UEI	Funds from the federal grant listed above	For the entire Activity, the of all total federal funds
Jackson	X7YWWY6ZP574	019728518		
Johnston	SYGAGEFDHYR7	097599104		
Jones	HE3NNNUE27M7	095116935		
Lee	F6A8UC99JWJ5	067439703		
Lenoir	QKUFL37VPGH6	042789748		
Lincoln	UGGQGSSKBGJ5	086869336		
Macon	LLPJBC6N2LL3	070626825		
Madison	YQ96F8BJYTJ9	831052873		
MTW	EZ15XL6BMM68	087204173		
Mecklenburg	E78ZAJM3BFL3	074498353		
Montgomery	HFNSK95FS7Z8	025384603		
Moore	ZKK5GNRNBBY6	050988146		
Nash	NF58K566HQM7	050425677		
New Hanover	F7TLT2GMEJE1	040029563		
Northampton	CRA2KCAL8BA4	097594477		
Onslow	EGE7NBXW5JS6	172663270		
Orange	JL7PLQJA2PE3	139209659		
Pamlico	FT59QFEAU344	097600456		
Pender	T11BE678U9P5	100955413		
Person	FQ8LFJGMABJ4	091563718		
Pitt	VZNPMLCFT5R6	080889694		
Polk	QZ6BZPGLX4Y9	079067930		
Randolph	T3BUM1CVS9N5	027873132		
Richmond	Q63FZNTJM3M4	070621339		
Robeson	LKBEJQFLAAK5	082367871		
Rockingham	KGCCCHJJZZ43	077847143		
Rowan	GCB7UCV96NW6	074494014		
Sampson	WRT9CSK1KJY5	825573975		
Scotland	FNVTUQGCHM5	091564146		
Stanly	U86MZUYPL7C5	131060829		
Stokes	W41TRA3NUNS1	085442705		
Surry	FMWCTM24C9J8	077821858		
Swain	TAE3M92L4QR4	146437553		
Toe River	JUA6GAUQ9UM1	113345201		
Transylvania	W51VGHGM8945	030494215		
Union	LHMKBD4AGRJ5	079051637		
Wake	FTJ2WJPLWMJ3	019625961		
Warren	TLNAU5CNHSU5	030239953		
Wayne	DACFHCLQKMS1	040036170		
Wilkes	M14KKHY2NNR3	067439950		
Wilson	ME2DJHMYWG55	075585695		
Yadkin	PLCDT7JFA8B1	089910624		

DPH-Aid-To-Counties

For Fiscal Year: 22/23

Budgetary Estimate Number : 0

Activity 846	AA	1271 5349 AR	Total Allocated	1271 5349 AR	Total Allocated	1271 5349 AR	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/21		02/01-05/31		10/01-05/31			
Payment Period		07/01-06/30		03/01-06/30		11/01-06/30			
01 Alamance		0	\$0.00	0	\$0.00	0	\$0.00	0	0
D1 Albemarle		0	\$0.00	0	\$0.00	0	\$0.00	0	0
02 Alexander		0	\$0.00	0	\$0.00	0	\$0.00	0	0
04 Anson		0	\$0.00	0	\$0.00	0	\$0.00	0	0
D2 Appalachian		0	\$0.00	0	\$0.00	0	\$0.00	0	0
07 Beaufort		0	\$0.00	0	\$0.00	0	\$0.00	0	0
09 Bladen		0	\$0.00	0	\$0.00	0	\$0.00	0	0
10 Brunswick		0	\$0.00	0	\$0.00	0	\$0.00	0	0
11 Buncombe		0	\$0.00	0	\$0.00	0	\$0.00	0	0
12 Burke		0	\$0.00	0	\$0.00	0	\$0.00	0	0
13 Cabarrus	* 0	110,334	\$0.00	110,334	\$0.00	110,332	\$0.00	331,000	331,000
14 Caldwell		0	\$0.00	0	\$0.00	0	\$0.00	0	0
16 Carteret		0	\$0.00	0	\$0.00	0	\$0.00	0	0
17 Caswell		0	\$0.00	0	\$0.00	0	\$0.00	0	0
18 Catawba		0	\$0.00	0	\$0.00	0	\$0.00	0	0
19 Chatham		0	\$0.00	0	\$0.00	0	\$0.00	0	0
20 Cherokee		0	\$0.00	0	\$0.00	0	\$0.00	0	0
22 Clay		0	\$0.00	0	\$0.00	0	\$0.00	0	0
23 Cleveland		0	\$0.00	0	\$0.00	0	\$0.00	0	0
24 Columbus		0	\$0.00	0	\$0.00	0	\$0.00	0	0
25 Craven		0	\$0.00	0	\$0.00	0	\$0.00	0	0
26 Cumberland		0	\$0.00	0	\$0.00	0	\$0.00	0	0
28 Dare		0	\$0.00	0	\$0.00	0	\$0.00	0	0
29 Davidson		0	\$0.00	0	\$0.00	0	\$0.00	0	0
30 Davie		0	\$0.00	0	\$0.00	0	\$0.00	0	0
31 Duplin		0	\$0.00	0	\$0.00	0	\$0.00	0	0
32 Durham		0	\$0.00	0	\$0.00	0	\$0.00	0	0
33 Edgecombe		0	\$0.00	0	\$0.00	0	\$0.00	0	0
D7 Foothills		0	\$0.00	0	\$0.00	0	\$0.00	0	0

34 Forsyth			0	\$0.00	0	\$0.00	0	\$0.00	0	0
35 Franklin			0	\$0.00	0	\$0.00	0	\$0.00	0	0
36 Gaston			0	\$0.00	0	\$0.00	0	\$0.00	0	0
38 Graham			0	\$0.00	0	\$0.00	0	\$0.00	0	0
D3 Gran-Vance			0	\$0.00	0	\$0.00	0	\$0.00	0	0
40 Greene			0	\$0.00	0	\$0.00	0	\$0.00	0	0
41 Guilford			0	\$0.00	0	\$0.00	0	\$0.00	0	0
42 Halifax			0	\$0.00	0	\$0.00	0	\$0.00	0	0
43 Harnett			0	\$0.00	0	\$0.00	0	\$0.00	0	0
44 Haywood			0	\$0.00	0	\$0.00	0	\$0.00	0	0
45 Henderson	*	0	110,334	\$0.00	110,334	\$0.00	110,332	\$0.00	331,000	331,000
47 Hoke			0	\$0.00	0	\$0.00	0	\$0.00	0	0
48 Hyde			0	\$0.00	0	\$0.00	0	\$0.00	0	0
49 Iredell			0	\$0.00	0	\$0.00	0	\$0.00	0	0
50 Jackson			0	\$0.00	0	\$0.00	0	\$0.00	0	0
51 Johnston			0	\$0.00	0	\$0.00	0	\$0.00	0	0
52 Jones			0	\$0.00	0	\$0.00	0	\$0.00	0	0
53 Lee			0	\$0.00	0	\$0.00	0	\$0.00	0	0
54 Lenoir			0	\$0.00	0	\$0.00	0	\$0.00	0	0
55 Lincoln			0	\$0.00	0	\$0.00	0	\$0.00	0	0
56 Macon			0	\$0.00	0	\$0.00	0	\$0.00	0	0
57 Madison			0	\$0.00	0	\$0.00	0	\$0.00	0	0
D4 M-T-W			0	\$0.00	0	\$0.00	0	\$0.00	0	0
60 Mecklenburg			0	\$0.00	0	\$0.00	0	\$0.00	0	0
62 Montgomery			0	\$0.00	0	\$0.00	0	\$0.00	0	0
63 Moore			0	\$0.00	0	\$0.00	0	\$0.00	0	0
64 Nash			0	\$0.00	0	\$0.00	0	\$0.00	0	0
65 New Hanover			0	\$0.00	0	\$0.00	0	\$0.00	0	0
66 Northampton			0	\$0.00	0	\$0.00	0	\$0.00	0	0
67 Onslow			0	\$0.00	0	\$0.00	0	\$0.00	0	0
68 Orange			0	\$0.00	0	\$0.00	0	\$0.00	0	0
69 Pamlico			0	\$0.00	0	\$0.00	0	\$0.00	0	0
71 Pender			0	\$0.00	0	\$0.00	0	\$0.00	0	0
73 Person			0	\$0.00	0	\$0.00	0	\$0.00	0	0
74 Pitt			0	\$0.00	0	\$0.00	0	\$0.00	0	0
75 Polk			0	\$0.00	0	\$0.00	0	\$0.00	0	0
76 Randolph			0	\$0.00	0	\$0.00	0	\$0.00	0	0

77 Richmond		0	\$0.00	0	\$0.00	0	\$0.00	0	0
78 Robeson		0	\$0.00	0	\$0.00	0	\$0.00	0	0
79 Rockingham		0	\$0.00	0	\$0.00	0	\$0.00	0	0
80 Rowan		0	\$0.00	0	\$0.00	0	\$0.00	0	0
82 Sampson		0	\$0.00	0	\$0.00	0	\$0.00	0	0
83 Scotland		0	\$0.00	0	\$0.00	0	\$0.00	0	0
84 Stanly		0	\$0.00	0	\$0.00	0	\$0.00	0	0
85 Stokes		0	\$0.00	0	\$0.00	0	\$0.00	0	0
86 Surry		0	\$0.00	0	\$0.00	0	\$0.00	0	0
87 Swain		0	\$0.00	0	\$0.00	0	\$0.00	0	0
D6 Toe River		0	\$0.00	0	\$0.00	0	\$0.00	0	0
88 Transylvania		0	\$0.00	0	\$0.00	0	\$0.00	0	0
90 Union		0	\$0.00	0	\$0.00	0	\$0.00	0	0
92 Wake		0	\$0.00	0	\$0.00	0	\$0.00	0	0
93 Warren		0	\$0.00	0	\$0.00	0	\$0.00	0	0
96 Wayne		0	\$0.00	0	\$0.00	0	\$0.00	0	0
97 Wilkes		0	\$0.00	0	\$0.00	0	\$0.00	0	0
98 Wilson		0	\$0.00	0	\$0.00	0	\$0.00	0	0
99 Yadkin		0	\$0.00	0	\$0.00	0	\$0.00	0	0
Totals		220,668	0	220,668	0	220,664	0	662,000	662,000

Sign and Date - DPH Program Administrator

Carol Tyson, Acting Branch Head 12/22/21

Sign and Date - DPH Section Chief

[Signature] 12/22/21

Sign and Date - DPH Contracts Office - ATC Coordinoator
Budget

Sarah Duffin
12/22/2021

Sign and Date - DPH Budget Officer

S. Khalil 12/28/2021

JB 12/28/21



Innovative Approaches

Partnering. Navigating. Thriving.



Public Health
Prevent. Promote. Protect.

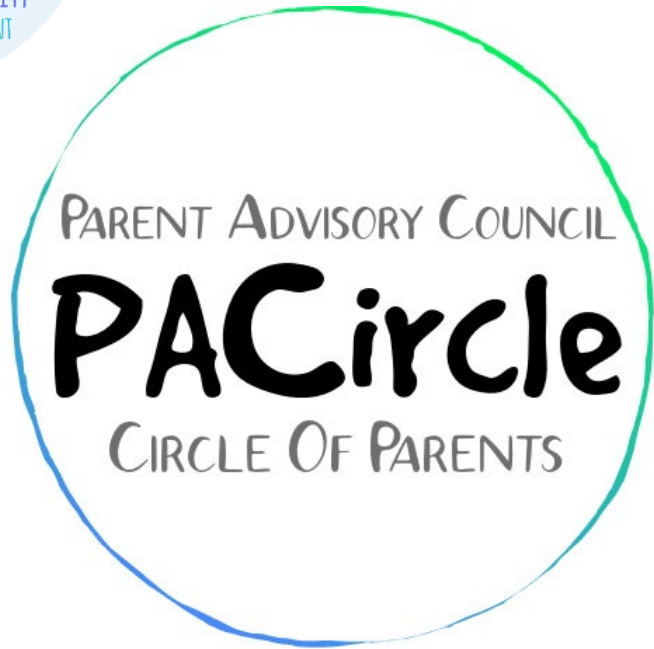
Henderson County, NC



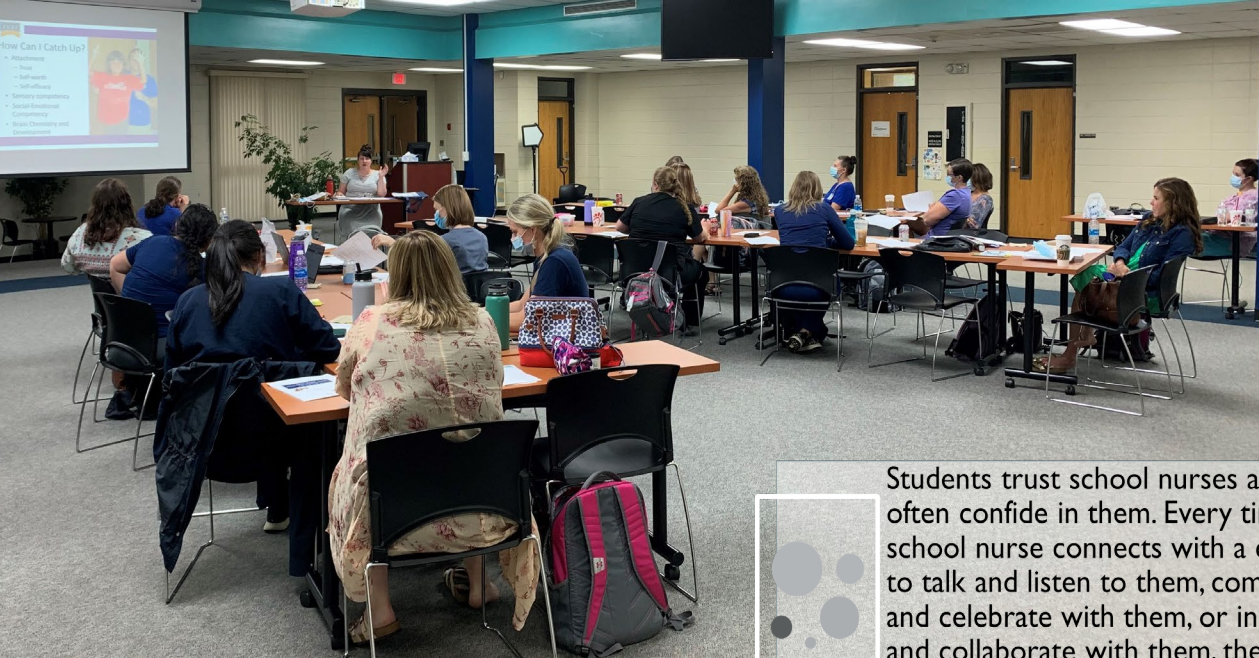
NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Public Health

The Purpose of Innovative Approaches

1. To thoroughly examine the community system of care for Children & Youth with Special Health Care Needs (CYSHCN)
2. To facilitate community identification of sustainable system changes and promising practices
3. To coordinate the implementation of these practices with agencies, providers, and families in the community



Community. Kids. Connections.



“This was one of the best educational presentations I have ever had the pleasure of taking part in.”

~HCPS School Nurse

Students trust school nurses and often confide in them. Every time a school nurse connects with a child to talk and listen to them, comfort and celebrate with them, or inspire and collaborate with them, they help to build the student’s “adaptive toolkit” that they can access to face adversity.

School nurses are uniquely positioned to identify students with potential mental health problems.

School nurses serve as advocates, facilitators, and counselors of mental health services both within the school environment and in the community.

Trained Public School Nurses on understanding, recognizing, and responding to the effects of all types of trauma and toxic stress for all students.

School nurses interact with students daily in the hallway, the clinic, cafeteria and classroom.

By being the committed and supportive adult for a student the school nurse can help children build resilience to adversity and child traumatic stress.

Schools are a natural place for intervention and opportunity for building a relationship with a trusting adult, and school nurses in particular can serve as one of those trusting adults.

School nurses and school staff play a significant role in supporting the health and well-being of children and youth, including those affected by traumatic experiences which may include, but not limited to, grief and loss, loss of income, abuse, food insecurity, and domestic violence.

School nurses can build on the relationships they have formed with each other and with their students and families and provide or refer them to community resources to assist during these challenging times

The uncertainties of the COVID-19 pandemic have challenged school systems, especially school nurses, educators, staff, and administrators, to transform the ways that they connect with, teach, and support students and families.



Include parent/guardians of CYSHCN in design and review of Henderson County parks and trails to **increase physical activity and inclusion** for all abilities.



Touch



Our **hands** help us use our sense of touch. We can feel things with our hands to explore texture and temperature.



Touch something...

1 Avoid touching dangers like...



Poison Ivy



Sharps



Wildlife

2 Can you feel something...

WET



DRY



WARM



COLD



SOFT



HARD



SMOOTH



ROUGH



TRACK your hike at
kidsinparks.com
and get **FREE** prizes!



Visit our website to find more TRACK Trail adventures near you!

Thanks for joining us today!



Follow us!

@KidsInParks

@KidsInParks

@KidsInParksBRPF



Kids in Parks is a program of the



SENSE of ADVENTURE



SIGHT



SOUND

SMELL



TOUCH

Our senses allow us to experience the world around us. This brochure will help you use your senses of sight, sound, smell, and touch to explore the outdoors. If other parts of the brochure are distracting, you can fold the brochure to focus on one sense at a time.

Purchased new materials & equipment for Henderson Co. Public Schools Helping Hand Developmental Center preschool program.



Tarek



Leonard

LOCAL PROJECTS

Ongoing ACES, Trauma and Resiliency training & resources for staff and students at Blue Ridge Community College that will be imbedded in future staff development and curriculum design.

Care Notebooks created and available to parents to help stay organized, improve communication with partners, and manage their child's care.

Enhancing early screening practices and awareness by incorporating Learn the Signs, Act Early into Henderson County agencies and providers that serve young children.

Collaborate with Crossnore Communities for Children to provide attachment-based, trauma-informed interventions for foster care and kinship providers in Henderson County

Provided **materials, books, resources** and CFRC's Center's Early Learning Cooperative to create a Special Needs Kit to be used by early learning professionals and parents.

Working with local parent of CSHN to support an Equipment closet for pediatric adaptive equipment for those in need.

Health care providers will partner with TRACK Rx to discuss participation in physical activities with families and CYSHCN by "prescribing" nature and outdoor activity.

Using IA model to support efforts for community-wide ACES, Trauma & Resiliency Coalition with over 40 agencies and individuals across Henderson County.

www.hendersoncountykids.com

THANK YOU

