

HEALTHY AND WELL KIDS IN IOWA (*hawk-i*)  
BOARD MEETING  
MINUTES  
November 18, 2002

**BOARD MEMBERS:**

Eldon Huston, Chair  
Angela Burke Boston (for Terri Vaughan)  
Charlotte Burt (for Ted Stilwill)  
Stephen Gleason (absent)  
Susan Salter  
Wanda Wyatt-Hardwick  
Jim Yeast

**LEGISLATIVE BOARD MEMBERS:**

Senator Kenneth Veenstra (absent)  
Senator Amanda Ragan (absent)  
Representative Brad Hansen (absent)  
Representative Jane Greimann (absent)

**DEPARTMENT OF HUMAN SERVICES:**

Anita Smith

**ATTORNEY GENERAL'S OFFICE:**

Marne Woods

**GUESTS:**

Sonni Vierling  
Beth Jones  
Barbara Fox-Goldizen  
Sara Schneider  
Jim Donoghue  
Deb Kazmerzak  
Karen Brown  
Lisa Huff  
Sarah Taylor  
Lisa Kincaid  
Diane Ellis  
Ron Askland  
Sam Leto  
Denise Hill  
Mary O'Brien  
Linda Ruble  
Anna Dianes  
Carrie Nordling  
Ed Conlow  
Jane Borst  
Linda Lantz

**AFFILIATION**

Dept. of Public Health - Covering Kids & Families  
Dept. of Public Health - Covering Kids & Families  
MAXIMUS  
DHS - *hawk-i*  
Broadlawns  
Outlooks  
Center for Health Communities  
Center for Health Communities  
Dept. of Public Health - Covering Kids & Families  
John Deere Health  
Covering Kids & Families  
Mercy - Des Moines  
Legislative Fiscal Bureau  
Iowa Medical Society  
Visiting Nurse Services  
*hawk-i* Clinical Advisory Committee  
OSACS Walkers/Talkers  
DMPS *hawk-i* Outreach  
House Democratic Staff  
Dept. of Public Health  
Dept. of Public Health

**MEETING CALLED TO ORDER:**

The Healthy and Well Kids in Iowa (*hawk-i*) Board met on Monday, November 18, 2002, in the Oak Room, Des Moines Botanical Center, 909 E. River Drive, Des Moines, Iowa. Eldon Huston, Chair, called the meeting to order at 12:35 p.m.

### WELCOME, INTRODUCTIONS, AND ROLL CALL:

Ms. Smith took the roll call, a quorum was present.

Audience members introduced themselves. Mr. Huston informed the guests that there would be an opportunity for public comment later in the agenda. Anyone wishing to address the Board should notify Mr. Huston.

### APPROVAL OF MINUTES OF OCTOBER 21, 2002, MEETING:

Susan Salter made a motion to approve the October 21, 2002, meeting minutes as written. Charlotte Burt seconded the motion. Unanimous approval was made by Angela Burke Boston, Jim Yeast, Charlotte Burt, Susan Salter, and Eldon Huston.

### REVIEW OF CORRESPONDENCE, REPORTS, & MEDIA ARTICLES:

Ms. Smith reminded the Board that in January, the normal meeting date of the third Monday of the month is a holiday so the meeting will be need to be scheduled for an alternate date. The consensus of the Board is that they will meet on Monday, January 27, 2003.

Ms. Smith reviewed the correspondence:

- November 7, 2002, press release from Senator Grassley on Welfare, Medicaid and S-CHIP. The press release outlines areas Senator Grassley intends to address when he resumes the chairmanship of the Senate Committee on Finance. Senator Grassley was quoted:

“Additionally, there are a number of important Medicaid and S-CHIP issues that will need to be addressed next year. Given state budget shortfalls, it’ll be necessary to look at how Medicaid funding issues affect the health care coverage of low-income children, families, disabled individuals and older Americans. More specifically in S-CHIP, I plan to address two issues. First, I plan to clarify that S-CHIP funds are meant to insure children, not childless adults. Second, I hope to set a redistribution formula for the program’s unspent funds that properly addresses the needs of children while taking into account the fiscal pressure on state budgets. I also expect that states will continue their current efforts to secure a greater federal share of Medicaid funding from Congress. I hope to hear and develop creative ideas for addressing that issue.”

- October 22, 2002, letter from Ms. Smith to Bruce Oviatt, Human Resources Director for Blue Bird Midwest. Ms. Smith said that as *hawk-i* staff hears of layoffs and plant closings they will try to contact human resource offices directly with information about *hawk-i*.

- October 26, 2002, "Boston Globe" article about the State of Massachusetts capping enrollment in their CHIP program because of budget constraints. No enrollees have been cut, they are just not accepting new enrollments.
- November, 2002 "Blue Ink" newsletter from Wellmark. Announces a \$49,834 grant from Wellmark to Iowa Covering Kids.
- October, 2002 "New Federalism" article, "Five Things Everyone Should Know About SCHIP. The majority of the states are at 200% of federal poverty level: 13 states exceed 200% and 11 states are below. SCHIP has equalized the eligibility for kids across different age and income levels. 16 states have Medicaid expansions, while 35 states have a separate or combination program. Almost all states have streamlined eligibility and have conducted media and grassroots efforts. The report also talks about the "spillover" affect that SCHIP has had on Medicaid. Since SCHIP has been implemented, states have made a lot of progress simplifying their Medicaid programs. A third of the states with separate programs are using the Medicaid benefit package. State-designed benefits often don't meet the needs of special needs children and that is a concern for some advocates. Most states have cost sharing, which has been determined affordable and not proven to be a big barrier.

***Wanda Wyatt-Hardwick arrived at the meeting at this time.***

#### **WELLMARK GENERIC PLAN UPDATE:**

Ms. Smith said that 30 program evaluation surveys have included comments about Wellmark's generic drug plan between July and October. Copies of these comments were shared with the Board.

Dr. Ding provided the Board with pharmacy data from July through September. The health data is not available yet, but will be shared with the Board when it is available. Dr. Ding said that both the pharmacy and health components would have to be reviewed to get a true picture of the effectiveness of the program.

Dr. Ding indicated that there are seasonal variations in drug use, especially in pediatrics, so there will be fluctuations, particularly as antibiotic season arrives. In July, the difference between brand name and generic use was about a 20% spread. In August, a 29% spread as generic usage increased from July. However, in September it dropped back to 22%. Dr. Ding said that since September is back-to-school time, it might be attributed to attention deficit disorder drugs being resumed, and the criteria are very loose on those drugs.

Mr. Huston said that of the 30 comments received on the surveys, 13 were "no generic available". Mr. Huston asked Dr. Ding to comment. Dr. Ding responded that it means there is no generic equivalent, however, there are some other drugs that have a generic that can be used for that condition. Dr. Ding said the data is more meaningful when comparing the total ingredient cost and the total amount paid by Wellmark to the pharmacies. The total ingredient cost is the contracted pricing without the dispensing fee. which is between \$2.00 and \$2.50 for each prescription. The amount paid does

include the dispensing fee. In July 2001, total ingredient cost was \$56,606.03, total paid \$58,934.35. In July 2002 total ingredient cost was \$63,952.73 and amount paid was \$55,894.64. Dr. Ding explained the reason is that prescriptions were obtained as a brand name that is not covered. If the parent chose to keep the brand product rather than go with the generic, the patient pays out of their pocket.

Ms. Salter said the evaluation comments indicate some families paid a lot of money because they could not get a generic. Ms. Salter asked if that was because there was not an alternative, or the family didn't choose the alternative. Dr. Ding responded that it would be because the family did not pursue getting the alternative.

The Board asked Dr. Ding for clarification how the prescription process works; when is the family informed as to whether the prescription is covered, and are the alternatives explained. Dr. Ding said that at the point of service Wellmark informs the pharmacy if it is not a covered product. A pharmacist should look for an alternative for that product and call the physician to get authorization. The patient can request the generic drug unless the physician has stated that there be no substitution of the prescribed product. Dr. Ding stated that this is why Wellmark sent out the program change information several times to educate physicians and pharmacists. For the program change to be implemented smoothly, the right prescription has to be written correctly at the physician level.

Mr. Huston said he thinks there needs to be additional education for the physicians, pharmacists, and patients. Mr. Huston said that if a doctor prescribes a brand name drug, the pharmacist doesn't say anything, and the family is unaware there is a generic, then the family is paying out of pocket for the brand name unnecessarily.

Ms. Smith noted that the comments that have been received are from July when the change was implemented. Ms. Smith suggested staff monitor the comments and see if they continue. Dr. Ding said that he was considering another mailing.

Ms. Salter said that it appears that some individuals who applied for exception didn't get it. Ms. Salter said she would like some information about exceptions and how hard they are to get. Dr. Ding said Wellmark has set criteria and he could bring this information to the next Board meeting. Dr. Ding said they have a committee of physician specialists to help determine the criteria, which is fairly straightforward. For example, if someone wanted "Claritin" and they had never had an antihistamine prescription, that request would be denied.

Denise Hill, an audience member, asked if it would be possible to get a list of who was on the advisory committee, what standards they have determined, and what ground rules for the standards are being used to make those decisions. Ms. Hill said she also wanted a listing of how many exceptions have been made to date and for what drugs. Ms. Hill asked if a patient pays out of pocket for a drug, does Wellmark reimburse the patient for the portion that Wellmark would have paid if the generic prescription would have been issued.

Dr. Ding said that if the patient insisted they want the brand name even though there is a generic equivalent, the patient would have to pay the difference between the generic and brand name. Dr. Ding said to set criteria to review whether a generic is appropriate in a lot of situations is patient-driven. Ms. Hill suggested that there must be some written standards or outline that the committee is using to formulate their decision making. Dr. Ding said that in documented cases of allergic reaction, not side effects, then an exception would be made. Ms. Hill stated she felt it should be a case-by-case basis because some drugs can have an affect on children, such as certain decongestants could cause a child to have night terrors. Ms. Hill said that would be a serious side effect and should be taken into account.

Mr. Huston asked *hawk-i* staff to meet with Dr. Ding about the Board's concerns before the December meeting and report back then.

Ms. Smith said Wellmark had used a target of 90% generic utilization for the program to be successful. The first three months had a 62% utilization. Ms. Smith asked what the potential impact would be if the 90% utilization is not reached. Dr. Ding said that is why he brought the ingredient cost and total cost information for the Board to review. The utilization percent may not be as relevant as total cost. Dr. Ding said the health information is a big component too.

Ms. Burt suggested the Board add a question to the survey instrument that would ask the family if their pharmacist offered generic substitution.

### **REVIEW OF *hawk-i* SURVEY ANALYSIS REPORT:**

Dr. Pete Damiano of the University of Iowa Public Policy Center and Linda Ruble from the Clinical Advisory Committee, presented the third evaluation report on *hawk-i's* impact on access and health status. Dr. Damiano explained the history of the survey process for the new Board members.

The third evaluation report evaluates enrollees who have been in the program two years. This evaluation report is based on responses from 2,000 families. Approximately 40% of the enrollees complete both a baseline and follow-up survey.

Dr. Damiano told the Board that the findings in this third evaluation are consistent with those in the first two reports and the *hawk-i* program seems to be having a positive impact on the ability of children to get the services they need.

There has been no change in the perceived need of covered service before and after, but the survey shows significant improvement in unmet need. The percentage of children stopped from getting needed medical care declined from 19% to 6%. The percent delayed from getting services declined from 32% to 10%.

- Specialty care, - unmet need declined from 21% to 15%.
- Emergency room visits - 62% of the children did not have an ER visit after enrollment compared to 60% before enrollment.

- Dental care - significant improvement -- enrolled children were more likely to have a regular source of care and less likely to have unmet need or delays in services. Children were more likely to have had a dental visit in the last year, from 54% to 71%.
- Preventive medical care - parents were more likely to report that the children had always received the needed preventive care they needed; 62% before to 82% after. Preventive counseling - no change in terms of percentage of parents reporting they received preventive counseling (nutrition counseling, use of bicycle helmets, etc). Dr. Damiano said this seems to be more of a provider issue than an insurance issue.

The survey results show a similar need for vision care, behavior and emotional care, and prescription medicine, but there was a large reduction in unmet need from 38% to 14% for vision care, 39% to 17% for emotional care, and prescription drugs from 17% to 8%. This data was also reviewed by health plan and there was a difference among plans this time with Iowa Health Solutions not doing quite as well in emotional care and prescription drugs.

Health status did go up in terms of percentage reporting their child's health as excellent, from 44% to 50%. The health of more children was thought to be better one year later 25% vs. 31%. There were fewer sick days in the previous 4 weeks, and about 1 in 4 of the children who had a chronic condition the parents said the reason their chronic condition was detected was because of *hawk-i* coverage. 96% of the families report the amount of stress from not having health insurance in their family had been reduced. 75% said their stress had been reduced a lot. Families were asked how much they worried about their ability to pay for health care for their child. That was reduced from 57% who said they worried a great deal at baseline to 19% after one year. The 19% is still relatively high, and is higher than some statewide figures.

Parents tend to limit their children's activities if they don't have health insurance and a reduction was seen from 25% to 14%. There were more parents who had health insurance a year later. It may be that they saw value, or it may be because they didn't have to pay for the kids so they could afford it for themselves. The percentage of parents who had lost their insurance within the last year had gone way up. Where 39% of the parents who were uninsured now had lost their health insurance within the last year compared to 16% before.

About 20% of the kids had to find a new doctor when enrolled in *hawk-i*. More than 1 in 4 said they had a problem finding a personal doctor or nurse they were happy with. Many of them did not know their health plan had a help line they could call for assistance. Overall 83% rated their health plan an 8, 9, or 10 on a 1 through 10 scale.

Dr. Damiano said the Public Policy Center is currently working on the "comments report". As has been the case in previous surveys, many comments are very positive and appreciative of the insurance.

Mr. Huston asked Dr. Damiano how he would characterize this report in contrast to earlier reports. Dr. Damiano said they were "very, very similar; surprisingly similar". Dr.

Damiano said each of the reports have been surprisingly consistent and speak very well of the program.

Angela Burke-Boston asked if the survey was in languages other than English. Dr. Damiano responded that although there have been discussions about having it translated into Spanish, at the present time it is not available in other languages.

Dr. Damiano said that Dr. David Carlyle was unable to attend today's meeting and asked that his concerns be relayed to the Board. Dr. Carlyle is concerned about possible unmet need for behavioral/emotional care based on anecdotal reports he has heard. Dr. Damiano said he didn't know if any of this is related to the differences by plan the survey showed, but they will continue to work on looking at more issues with behavior and emotional care. Dr. Damiano said that they would like to look at claims and encounter data, not just survey data.

Mr. Huston noted that last year's report was released by the University of Iowa in conjunction with the Department. Mr. Huston asked the Board how they would like to proceed this year.

Jim Yeast made a motion to accept and approve the report and asked that *hawk-i* staff work with the Public Policy Center in releasing the results. Susan Salter seconded the motion. Unanimous approval was made by Angela Burke Boston, Jim Yeast, Charlotte Burt, Susan Salter, Wanda Wyatt-Hardwick, and Eldon Huston.

### **REVIEW OF CLINICAL ADVISORY COMMITTEE BENEFIT ENHANCEMENT RECOMMENDATIONS:**

Ms. Smith said that the Department's actuary updated the cost estimates for the benefit enhancement recommendations made by the Clinical Advisory Committee and reviewed the recommendations with the Board. The Legislature did not act upon the recommendations this year and Ms. Smith asked the Board if they still wished to pursue passage of these enhancements.

Mr. Huston said that several of the Board's legislative members have indicated they were willing to sponsor a bill if the Board wishes to pursue the Clinical Advisory Committee's recommendations.

Jim Yeast made a motion to approve the recommended benefit changes and ask that one of the Board's ex officio members sponsor the bill. Susan Salter seconded the motion. Unanimous approval was made by Angela Burke Boston, Jim Yeast, Charlotte Burt, Susan Salter, Wanda Wyatt-Hardwick, and Eldon Huston.

**ADMINISTRATOR'S REPORT:****Budget:**

Ms. Smith said there is nothing new to report on the budget. Expenditures to-date total \$3,080,311 and are on target with projections. Interest earned from the *hawk-i* trust this fiscal year is \$25,041.

**Enrollment & Statistics:**

The Board requested an unduplicated number of children ever enrolled in *hawk-i* report. Staff prepared the report based upon federal fiscal year:

	<u>Unduplicated (Ever Served)</u>	<u>Actual Enrollment</u>
FFY 00	8,699	6,900
FFY 01	16,672	10,632
FFY 02	21,134	13,601

This unduplicated report shows that *hawk-i* is serving higher numbers of kids than the current enrollment figures indicate.

Enrollment in *hawk-i* increased by 300 children in October for a total enrollment of 13,845. Total covered by Medicaid expansion was 12,031, for a combined total of 25,876. Ms. Smith reported that the total number of children on Medicaid continues to grow with almost 3,000 kids added since July. Since the *hawk-i* program began July 1, 1999, growth in these programs is now at 65,464.

**Annual Report to the Legislature:**

A draft of the Board's annual report for 2002 was provided. Board members were asked to review the report and provide their comments directly to Shellie Goldman. The report will be finalized and brought to the Board for approval at their December meeting.

**PUBLIC COMMENT:**

Denise Hill, Iowa Medical Society, asked to address the Board. Ms. Hill said she felt several "red flags go up", particularly during the discussion of Wellmark's generic drug program. One of the things is that Dr. Ding said only allergic reactions would be taken into consideration for exceptions. Ms. Hill stated that before the Iowa Medical Society determined they would not oppose going to the generic program she had discussions with Dr. Ding about the proposed plan which included a discussion about side effects and name brand versus non-name brand. For example, zithromax, which is an expensive antibiotic. For most kids, they are not going to zithromax, amoxicillian or other drugs may be better for the child in terms of their resistance level. Ms. Hill said that in certain homes and families compliance could be a real issue because if a physician or nurse practitioner feels like the patient's family is not complying, zithromax

may be the best option for that family and for that child's health care and well being because it is a one-time or few-times taken versus three times a day. Ms Hill stated that because of health literacy issues that can be very crucial for a child's well being. Ms. Hill also said that in terms of side effects there are huge side effects for certain drugs that may not be allergic reactions. It was her understanding that the therapeutic substitutions would be on a case-by-case basis. Ms. Hill said that from what she heard Dr. Ding say, it sounds like Wellmark will just look at allergies, which is a point of concern from the Medical Society's standpoint. Ms. Hill said she would ask the Board to look into that further with Wellmark and that it might be a good issue for the Clinical Advisory Committee to look into and how their advisory panel is going to function. Ms. Hill said the Medical Society submitted some potential names and wanted to make sure Wellmark's panel had a pediatric allergist, child psychiatrist and others in that group. Ms. Hill said that how much Wellmark is relying on that group is important too; not that she is suggesting that they are not acting in good faith, but she thinks it is important to have watch dogs somewhere to ensure nothing slips through the cracks.

Ms. Hill said that she also wanted to comment on Linda Ruble's comment during the discussion of the survey analysis report. Ms. Hill said that Ms. Ruble mentioned that providers might be dropping the ball and not taking the time with patients for preventive counseling. Ms. Hill said that very well might be true and an issue for the Clinical Advisory Committee to look at, or the Board should put together an ad hoc committee to look into. Ms. Hill said that it has been pointed out from an outreach standpoint, the practitioner often does not know what type of insurance the patient has, they just prescribe what they feel is best. Ms. Hill suggested looking at ways to systematically get information into the system so the patient is identified as to the type of coverage they have, particularly from the pharmacy standpoint. Ms. Hill said the Medical Society can put articles in their magazine and notify their providers, but to get it into the provider's system is another question.

Ms. Hill told the Board that when the Board submits their annual report to the Legislature she encourages the Board to remind legislators that the Clinical Advisory Committee is a statutory body. Ms. Hill said that by the Legislature's very own design, they encouraged the Clinical Advisory Committee to make recommendations and that year, after year, they are totally disregarding them or acting contrary to their own opinions at the time they developed this program. Ms. Hill said the legislature should be reminded of the statutory purpose of the **hawk-i** program and that the legislature themselves established this Clinical Advisory Committee to advise them.

Ms. Smith wanted to know whether the Medical Society would be raising these issues with Wellmark, since the Society had discussions with Wellmark about their generic program and believe the program is not being practiced according to those discussions. Ms. Hill responded that the discussions she had with Dr. Ding were informal but she will certainly go back to the Medical Society to see if they will direct her to address the issues with Wellmark. Ms. Hill said there were things she mentioned at previous **hawk-i** Board meetings so she doesn't know if it is just her issue or not. Ms. Hill said her concern is not so much who is on that committee but whether Wellmark is using that committee consistent with what **hawk-i** Board meeting attendees heard during the discussions. Ms. Hill said she was not sure she speaks for everyone in terms of

understanding. Her understanding had been was that it would be on a case-by-case basis. Ms. Hill said that obviously not all side effects would justify replacing a drug, but for some children some of the side effects could be dramatic and there should be a mechanism to make sure those kids are getting what they need.

### **COVERING KIDS UPDATE:**

Deb Kazmerzak provided the Board with an update of the Covering Kids Task Force. The task force met on November 7 to make recommendations for their winter report and to identify and prioritize issues they will focus on for the upcoming year. The task force reviewed barriers they had identified in the past and tried to decide if it was still a barrier. They found a lot of progress had been made over the past several years. They also learned that what they thought was a significant barrier three years ago is not so significant now. Ms. Kazmerzak said that as the task force took a comprehensive look at issues of concern and decided on recommendations for the winter report, they found three themes or categories:

1. Coordination among programs. This includes continuous eligibility for Medicaid, and eliminating (or reducing) the six-month waiting period for *hawk-i*.
2. Simplification. The task force would like to see self-declaration of income. Also, they would like to see Medicaid information simplified similar to the process DHS used with *hawk-i* materials; reviewing correspondence and simplifying the language for the consumer. They task force would also like to see an electronic application pursued.
3. Public awareness. Recommend a statewide targeted media campaign that is culturally appropriate for the audience.

The task force's winter report will contain recommendations in these categories and there was discussion about expanding the distribution list of the winter report to include advocacy groups.

Ms. Kazmerzak said that issue briefs would be prepared as a way to educate members on the issues, the pros and cons, and the impact on Medicaid and *hawk-i* as well as the population. Issue briefs will be prepared on:

- Continuous eligibility
- Presumptive eligibility for Medicaid
- Linkages with schools
- Self-declaration of income
- Portable eligibility. This concept would look at eligibility guidelines for a number of public programs, and bring the eligibility guidelines into line so they are uniform across various programs. Application information could be accepted for multiple programs rather than having to apply over and over again for the various programs.
- New HHS guidelines to cover the unborn child
- Drawing down Medicaid funds for translation services

The task force will meet again in February.

## **GRASSROOTS OUTREACH UPDATE:**

Jane Borst reported that the position for a permanent, full-time outreach coordinator was posted on November 15<sup>th</sup> by the Iowa Department of Personnel (IDOP). Applications will be accepted through November 25, 2002. IDOP will provide a list of eligible applicants to Public Health approximately 10 days after the closing date. The interview and selection process will take approximately two to three weeks, and will involve DHS staff. Ms. Borst said that the Family Health Bureau will continue to direct implementation until full-time staff is hired and oriented.

Contract amendments for conducting **hawk-i** outreach were issued to all 26 community-based child health agencies providing outreach coverage for all 99 counties.

Linda Lantz is serving as the interim outreach coordinator until the full-time position is filled. Ms. Lantz provided the Board with a list of the **hawk-i** grassroots outreach coordinators and a map showing the 26 regions. The person designated as the outreach coordinator is accountable for the **hawk-i** program within the child health agencies. About 75% of the agencies are subcontracting with providers in their communities, which goes along with the grassroots philosophy. Ms. Lantz said she is currently in the process of reviewing and summarizing the action plans that describe the activities each agency is planning to accomplish to increase enrollment for their area.

Lisa Huff reported that the first training session for **hawk-i** coordinators was held on November 14<sup>th</sup>. This was the first face-to-face meeting, with one more scheduled. Other meetings will be teleconferences held over the ICN. All 26 service areas were represented at the November 14 meeting, as well as 11 outreach workers from subcontracted agencies. Ms. Smith did a "nuts and bolts" presentation of **hawk-i** and Medicaid eligibility. Sonni Vierling spoke about materials available through Covering Kids and Families.

Ms. Huff said that the coordinators were surveyed prior to the meeting on topics. Requests were:

- Ideas for strategies for working with DHS income maintenance workers
- Business outreach
- Best practices for renewal with families
- Health care, and faith-based information

Ms. Huff reported that the training went well, a lot of information was provided and some of the coordinators might have felt a bit overwhelmed. The material will be covered again in future meetings to assure their confidence. The coordinators were furnished with a structure for better communication and ways to know whom to contact. The next meeting is January 9<sup>th</sup>.

Mr. Huston wanted to know how many outreach coordinators for the 26 agencies have had experience with the **hawk-i** program. Ms. Borst said that nearly everyone had some experience. Many of them have already been doing outreach for children.

Ms. Smith said she felt the training went quite well and the comments on the evaluations were all positive and a good use of time.

**BOARD OFFICER NOMINATING COMMITTEE:**

Mr. Huston announced a nominating committee: Susan Salter, Chair; a representative from the Insurance Department, either Ms. Vaughan or Ms. Voss; and Senator Veenstra.

**NEW BUSINESS:**

There was no new business to present before the Board.

The Board's next meeting is Monday, December 16, 2002, at 12:30 in the Oak Room at the Des Moines Botanical Center.