5/4/2017 E4C EBS Work Group Meeting Notes:

- Introductions:
    - Michelle
    - Phil
    - Meghan
    - Kristin
    - Jan
    - Paul
    - Megan Squires
    - Jeff
    - Tony
- Essentials for Childhood Ecological Model and Discussion of Vision, Mission, and Goals/Strategies
    - Shared New Ecological Model & Invited Feedback
    - Positive Reviews
- Home Visiting Summit: Discussion of Goals and Options
    - Michelle, Tony & Greer had a phone call; Michelle & Phil phone call
    - Goal of the summit informs work plan/logic model
    - Michelle added some dates, based on Option A—general discussion to inform RFP; Option B—develop RFP & solicit feedback
    - Phil for Option A
    - Jan – separate meetings for funders / home visitors training
    - Tony—3 day event, for purposes of this group talking about one (last) day (9/13); first day is for the NFP state meeting, 2nd day is each model invited to have some space and have model specific meetings as wanted (e.g., HFA); last, general session day, open with Plenary, around helping local hv and program directors enhance their practice and programs, of practical use; greer did thorough survey of needs-
        - IPV
        - Family Enagement
        - Infant MH and parent interaction
        - Perinatal mental health
    - Opportunity for funders to learn from home visitors. General plenary & 2 1.5 hour breakout sessions; holding spots for whatever this group wants to do with funders/homevisitors. 2 sessions, one in AM & PM breakout sessions. 3 hours total.
    - To whom would we be presenting—open for discussion. What do we want to present, what do funders need to hear & what do local agencies & program staff need?
        - Jan—Home visitors, in the trenches workers, not interested in this type of process on funding, etc. more effective to talk to program directors/supervisors, etc.
        - Agenda frontloaded infant & perinatal mental health.
    - Assuming theres a significant cohort of funders also interested, a round table discussion (option A) more useful/interest. How can we make your jobs/funding easier/more efficient without sacrificing quality.
    - Use a cross walk of all of the current RFPs as a springboard.

- o List of funders/ partnerships between private/state funders.
- o AM: Funders & Program Folks, PM: Funders & RFP organization.
  - ▪ AM: Funders—can we make program supervisors lives easier?
  - ▪ PM: Private & Public Funders—how can we streamline?
- o Program Directors or Program Budgets?
- o Useful for funders to describe key elements of different models. & Questions for Applications.
- Issuing and aligned RFP??? What does this look like?
  - o Proposal? Who does this go to to get any legs?
  - o Smart Start & MIECHV have specifically mandated timeline.
  - o Issue: primary agency issuing RFP for pilot, vs. private funders issuing
  - o Depends: pilot project?
    - ▪ Issue aligned RFPs, or getting dpt. to agree to different an entirely different structure.
    - ▪ Common indicators.
- MIECHV Benchmarks
  - o Right ones to start with for metrics? Written poorly. HRSA trying to find indicators that "tell the story" of home visiting for all of the different models, including Family Connects, HFA & NFP. Some of them just don't fit each model.
  - o Down to 19 from 35. Better…
  - o These are out there nationally, great place to start, but as MIECHV develops, will change.
  - o Some maneuverability. E.g., preterm birth→spacing of subsequent births
  - o Home Visiting Programs vary in length of engagement—designed for programs that see families over time; compared to communities with community-wide impact vs. fewer families.
  - o This is the skeleton—what additional indicators are other programs/funders adding?
  - o Performance vs. Systems measures.
    - ▪ Performance ones are the ones you're being "graded on"
    - ▪ Follow Up with Tony to identify which are which
    - ▪ Process/Outcome/Structural (CMS)
  - o Catherine—MIECHV 3$M, more funding through smartstart, title 5, and other. Do we want to be constrained by MIECHV benchmarks or collect others that make more sense for other funders.
  - o What are things that every funder needs outside the core?
  - o Develop the core list?
  - o PEW Charitable Trust document….struggle with some of the same issues.
  - o Report on folks with braided funding.
  - o HRSA Funding changes…muddies the water…really confusing.
  - o Kristin example---wanted to be able to show the entire picture of what it cost, but required maintaining separate reporting data
- HFD—test case, MIECHV & private funding—have to keep benchmarks data, includes smart start data, with the addition smart start wants pre-test and post-test data, have to add on assessments, then have everything they need to report to private foundations & durham county

- Benchmarks missing any improvement data over time to show how families have changed.
- Levers of change for systems vs. performance measures…
- Other sets of measures to pull for comparison?
    - PEW Charitable Trust Document in Appendix—lists outcomes identified as critical & cross model
    - Child Maltreatment Outcomes—quality of parent child interactions, positive discipline practices…behavior changes
    - Room for this conversation to look at the short, intermediate, & long term outcomes we can agree on vs. the performance measures…might tie in some Pathways work
    - Identify alignment for additional support from multiple multi-stakeholder groups
    - Build the outcomes agreed upon into the RFP…
- Make a decision about—what story are we trying to tell with alignment of outcomes, indicators, & measures—depending on who we want to present this information too…e.g., direct service providers vs. general assembly
- Easing burden of reporting requirements.
- ECAC workgroup, common story of HV, not pitting models against each other, building a continuum…mapping programs along the continuum, based on requirements for enrollment, cover the spectrum of needs…sustainability
- What is the evidence-basis for reporting requirements? What do we get from the burden, what is done with this data, what does it get us?
- …
- Eliminating redundancy for local funders; grow HV; grow EBHV
- Align to be able to fund people/work other than filling out applications…practical implications, if questions could be similar, could FYs be matched up, report on similar time cycles
- Immediate, funder, process goal…one leads to the other…knowing where we're heading helps know what points we need to hit on the way…builds the story
- Durham Connects…Refers to HFA…look at how that training lasts, are referrals being made for families to right programs…see them longer because, shared measures—focus on contribution vs. attribution—tough, impact evaluation is about want to claim it all
- Measures of hand offs? Measures of the collaboration across the continuum of care?
- Requires funders to think differently about who their funding & why? Not get hung up on programs with 4 visits vs. programs for 2 years…reporting community outcomes vs. direct program…some funders get over that more easily than others
- Need for HV intermediary agency for fidelity…
- Meghan's Update on Transformation Zone:
    - Reviewed 4 Documents: 2 evaluations, final synthesis, and highlights
    - Challenges Themes:
        - Collaborations were really important, within the county, at the state, & county-state collaborations—where those fell apart, things really struggled
            - What worked to sustain these collaborations? What helped ensure engagement was ongoing & effective? Preventing burnout?
        - System capacity overload—simultaneous implementation of 8 strategies & 2 different ta models (implementation--NIRN & systems change--ABLe)—overwhelming

- - Funders alliance, helpful
    - Sustainability—not just sustaining the program, but sustaining the system
        - Implementing programs & system alignment; trying to change both at the same time and increasing collaboration; too much—struggles related to that
    - Reaching out to evaluators to get some behind the scenes input
    - Four coaches in TZ, anecdotally, 2 coaches were much better at helping put the pieces together—personnel makes a big difference
- Map procured
    - Context: GA discussion of HV, S429; doesn't speak to scoope.
    - Currently don't know how many families are being served by all the programs, each funder can tell about theirs—map on number of births, prevalence estimates of mh needs, SA, DD, population by county??? Susan has these by LME Region & County.
    - Has already be distributed: Pathways, Danny, Dr. Earls, DMH Policy Academy Work now more limited; is a public document—but not on DHHS website
- Legislation:
    - Pending about expansion of NFP
    - Expanding Medicaid Coverage
    - Expanded funding wouldn't affect MIECHV until 2019, reduces funding by $26K (0.8% cut)
- What are we missing?
    - Processes & Reporting Requirements (Anne & Michelle)
    - Evaluation & Data collection methods (Kim)
    - Transformation Zone (Meghan)
    - Outline Agendas for next three meetings (Anne, Michelle, Tony, Jeff, & Meghan)
- Announcements
    - 8/29-31 HRSA Site Visit
    - Expect to invite some of the group members, probably 8/30
    - SAMHSA Site Visit: Anne, Catherine, & Susan participating
    - Joint Site visit for SUMH block grant from SAMHSA in November
    - Child Mental Health Awareness Month—May—wear Green
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