

**ESSENTIALS FOR CHILDHOOD
EVIDENCE BASED PROGRAMS WORKING GROUP
JANUARY 23, 2017
1 pm to 3 pm**

Meeting Notes

INTRODUCTIONS

Meeting participants introduced themselves.

In attendance: Catherine Joyner, Paul Lanier, Meghan Shanahan, Phil Redmond, Susan Robinson, Kristin O'Connor, Kim McCombs-Thornton, Jeff Quinn, Tony Troop, Jan Williams, Stephanie Pavlis

REVIEW OF ESSENTIALS FOR CHILDHOOD GOALS AND PROGRESS OF EBP WORKING GROUP

Michelle Ries and Catherine Joyner discussed progress from past meetings, and the re-strategizing that NCIOM and DPH has done since our last meeting. "Reboot" to include newsletter, new leadership strategies, task force update, DHHS engagement (transition team and new staff). We reviewed meeting notes from the three previous meetings of this group. This working group has previously reviewed all recommendations from the Task Force on Essentials for Childhood.

POTENTIAL STRATEGIES FOR EBP GROUP – 2017

Michelle started the discussion by explaining that the strategies outlined below were identified from past meeting notes and discussions around what were the best focused strategies for this group. Our goal for the meeting was explained as identifying a primary goal for this group and 1-3 strategies to toward the goal that will be achievable in 2017. The group discussed each potential strategy in order to focus the work. Notes on each below.

1. Identify best practices within current EBPs (where are we seeing good outcomes) and develop strategies for replication
 - What does this mean? Develop a list of programs to support?
 - What will this mean in practice – is this additional strategies to add to existing EBPs? Are we pulling together best elements of different models? How to focus combined efforts? What about different populations?
 - Caution – moving in this direction means moving away from evidence-based.

Group decided that problems outweighed the opportunities in this strategy.

2. Develop strategic plan to increase awareness of implementation science and success stories of EBPs – for legislature, state agencies, others
 - Phil discussed previous conversations within philanthropy – and the consensus is that this is not the right time for this issue. We need to table this. This may be an opportunity for developing additional messaging around the importance of implementation science, but we need to work first on what we want to say, who our audience will be, etc. – maybe in consultation with our public awareness partners. We’ll need to help funders understand that this is a 2-4 year process at minimum.
3. Increase support for aligning evaluation and RFP processes across agencies and organizations
 - The group thought this was a key strategy.
 - Discussion points:
 - Needs to look the same regardless of funding streams
 - This can help programs identify sustainable models (i.e. Transformation Zone)
 - What common elements: readiness, capacity, data collection, calendar (reporting schedule), evaluation metrics
 - Ask about desired outcomes
 - Can add info for funders
 - Communities will find this pre-work helpful in building their application and designing their implementation
 - Must have alignment of state and community benchmarks
 - Also federal benchmarks – first step can be looking at federal benchmarks since these can’t change (MIECHV benchmarks)
 - We want to collect benchmark info from several models as a base to start development
 - Want to outline evaluation and RFP processes at same time
4. Create a map of which DHHS divisions are connected to EBPs and division capacity for additional implementation
 - This is also a key strategy
 - PCANC has done some of this for DSS.
 - Smart Start also has done some of this
 - DHHS members (Catherine, Kristen, Tony, Susan) will start to do this
 - Also include funding sources for each division/EBP and funding flexibility
5. Advocate for MIECHV expansion and additional collaboration
 - Group did not feel this was the right time for this strategy.
 - Maybe want to explore home visiting models, but not MIECHV-specific
6. Identify (develop?) and advocate for a framework for determining community readiness and capacity for EBP implementation

- Also key strategy – in combination with #3 and #4
 - Is this about identifying an existing readiness tool?
 - There are core elements that need to be included
 - Jeff to start pulling together models for the group to review – to include Hexagon tool, NIRN research, NCIOM EBS report and update
 - Caveat: people need a lot of content-specific support and TA – we need to build in this idea of readiness into the common RFA and evaluation
 - Also focus on leadership element of readiness and importance of programs/organizations having an internal champion, identification of what has happened prior to the application submission, having a budget
 - How to use TA to determine readiness
 - Address capacity issues
7. Develop strategies for State and Local leadership and buy-in on implementation support and potential expansion of EBPs, as well as additional partnerships across DSS, health departments, MCOs, etc.
- Next step for this combined strategy
 - But this can be ongoing parallel process - the existence of this grant and working group indicates permission to move forward on some of this work
 - Strategies need to be around updates first, maybe later advocacy of longer grant cycle
 - Also need to pull in Fiscal Research Division and legislative liasions. Business?
8. Identify successful examples of Pay for Success financing and determine if currently happening or which may be appropriate for NC
- Michelle to invite Eric Bellamy (SC NFP project) to present at next meeting
9. Identify additional funding sources for implementation infrastructure and support
- How to build in capacity building on front end
 - Start cataloguing funding flexibility
 - Not the key strategy right now

The group decided that we would pursue an initial goal of aligning application and evaluation processes – using a combination of strategies from #4 and #6 above, and moving on to additional work around awareness and leadership buy in for the alignment.

Need to focus on 3 different streams – programs that can and do, programs that need TA/additional capacity, and programs that are promising and how we can support evidence building

NEXT STEPS

Michelle and Anne working on revising goals and strategies for the group and assigning initial tasks around this conversation (separate document TK). This will be sent to the group by Monday, 1/30, for review. Michelle and Anne to update steering committee on goals/strategies and next monthly call on 2/2.

Next meeting:

Survey results – Michelle, Anne, and Meghan to review for salient points to present

NFP review – South Carolina