

**ESSENTIALS FOR CHILDHOOD  
EVIDENCE BASED PROGRAMS WORKING GROUP  
OCTOBER 27, 2016  
10 am to 12 pm**

**Meeting Notes**

At meeting: Tony Troop, Catherine Joyner, Meghan Shanahan, Kim McCombs-Thornton, Anne Foglia, Michelle Ries, Jeff Quinn, Kristin O'Connor, Susan Robinson

Purpose of today's meeting: To move forward on determining next action steps for implementing Essentials for Childhood recommendations re: evidence-based programs

By the end of the meeting, we will have:

- A shared understanding of the Essentials for Childhood recommendations around evidence-based programs
- A list of action steps to pursue around moving forward on developing an infrastructure for planning grants and other alternative funding strategies
- A working plan for aligning our work with the work of the Task Force on Health Care Analytics (Medicaid)

**INTRODUCTIONS**

MICHELLE RIES, JEFF QUINN, TONY TROOP

Working group members in person and on phone introduced themselves.

**REVIEW OF ESSENTIALS FOR CHILDHOOD RECOMMENDATIONS**

MICHELLE RIES AND CATHERINE JOYNER

The group read through the Essentials for Childhood recommendations pertaining to evidence-based practices (chapter 5) and addressed the questions below:

Have we talked about these in previous meetings?

Do we think we have strategies in place to recommend or report back to Steering Committee?

Who else do we need at the table for this working group?

Re: common definition of EBP. It was concluded that the group is unlikely to land on a common definition usable for all parties (definition determined by federal funding, different organizations prioritize various aspects of the definition, etc.), but there is agreement on the general spirit of the definition, and we can work to identify common clearinghouses to structure selection of appropriate EBPs.

Group discussed the RFP alignment of the NFP, IY, and Strengthening Families RFP process.

There is movement to common elements around data and implementation support

Group needs to identify key trends in RFP alignment

Too much is defined by federal funding

The group discussed recommendation 5.3 (4), and addressed the importance of determining community readiness and capacity when implementing EBPs.

### **PLANNING GRANTS – PUBLIC/STATE AND ORGANIZATIONAL PERSPECTIVES**

CATHERINE JOYNER

TONY TROOP

Discussion questions:

What are opportunities for collaboration?

What is the evaluation process? How is success measured?

What are the primary barriers to a successful planning process? How can the working group move toward success?

For planning grants, NIRN can help us with our thinking.

What are the steps to a successful planning process?

Kristin talked about the DSS process: included funding infrastructure support, it was already an aligned RFP process, with the common thread being around reporting structure. There was sufficient planning/preparation time, including community readiness and capacity.

Kristen and group identified supportive leadership as a key component of planning and implementation process, with well-developed strategies to achieve leadership buy-in and support being important to the process.

It was also crucial to have support and buy-in from local partners, including health departments, MCOs, and county DSS.

Kim discussed Smart Start's approach:

They can only fund EBPs/EIPs, which ensures accountability. Smart Start works with leadership at the local level on identifying appropriate programs, and talks to the purveyors about how the programs can be implemented. What are their specific concerns? What is the opportunity to build in an examination of barriers to successful implementation and improved outcomes?

Group landed on the following elements for successful planning, to be built into grantmaking process:

Leadership

Asking the right questions in the community – readiness, capacity, what partners do we need (state, local, “unusual suspects”)

Full understanding of barriers and challenges

Community action on need, capacity

Examination of how to address logistics of working within 3 different fiscal years, different funding cycles.

Next steps: Group to look at Transformation Zone implementation teams, identify lessons learned. What were learnings from Triple P implementation, in particular? Also look at the NIRN report on DPH's infrastructure, and DPI work on implementing PBIS. Michelle to contact Bill Hussey and Heather Reynolds.

Action: We need to build education and awareness about the importance of implementation science with our leadership and legislators.

### **ALTERNATIVE FUNDING STRATEGIES: PREVIOUS TASK FORCE DISCUSSION**

MICHELLE RIES

Michelle gave brief overview of Results First and pay for success financing and the Task Force discussion around these strategies.

Questions for discussion:

Are we aware of any state action on cost/benefit models (like Results First or others)?

Are we aware of any state action on social impact/pay for success financing?

What are areas of opportunity to apply these kinds of models?

Are there legislative priorities or proposed policies for which these kinds of models might be appropriate?

Do we have any recommendations to the Steering Committee to make to leaders and policymakers about cost/benefit models or other alternate funding strategies? Partnership?

Catherine gave background on the Results First proposal out of Gov. McCrory's office in 2015. There were concerns about unintended consequences and the proposal did not proceed.

The group discussed the South Carolina pay for success model for implementing Nurse Family Partnership.

Next steps: Michelle to contact Eric Bellamy in SC, bring their learnings to group – how did they get the funding started, what was the process of establishing the right relationships with funders.

Homework:

Identify existing and proposed state programs that could benefit from the Results First model or analysis.

Identify additional areas of opportunity for pay for success financing – who are our partners for this?

**TASK FORCE ON HEALTH CARE ANALYTICS: HOW DO WE ALIGN?**

MICHELLE RIES

Michelle gave update on Task Force on Health Care Analytics and the group began discussion on how to integrate EBT programs into quality measures identified by Medicaid. The working group identified social-emotional health and oral health as key indicators for inclusion, and identified potential Task Force members to provide this perspective.