NCIOM North Carolina Institute of Medicine
*shaping policy for a healthier state*

# TASK FORCE ON ESSENTIALS FOR CHILDHOOD

**NORTH CAROLINA INSTITUTE OF MEDICINE**
**630 DAVIS DRIVE, SUITE 100**
**MORRISVILLE, NC 27560**

**MARCH 28, 2014**
**10:00 am - 3:00 pm**
**Meeting Notes and Summary**

## WELCOME & INTRODUCTIONS

**Kathy Pope**
Board of Directors
Prevent Child Abuse NC

Pope welcomed all attendees and asked everyone to introduce themselves by giving their name, title, and current organization.

## THE ROAD AHEAD: UPCOMING TASK FORCE MEETINGS

**Adam Zolotor, MD, DrPH**
Vice President
North Carolina Institute of Medicine

Zolotor presented an overview of the frameworks we have discussed as a Task Force thus far. He then provided concrete examples of how programs and policies exemplify certain frameworks. Zolotor summarized the content of our two previous meetings on January 24 and February 21. In the coming meetings, the Task Force plans to discuss evidence-based programs (today), social norms change (April 25), practices (CSSP, May 23), and policies (June 13). Finally, Zolotor goes over the general Task Force process and our plan to put out a final report and host a summit.

To view Zolotor's presentation, please click here.

## EVIDENCE-BASED PRACTICES: FRIENDS DIAGRAM OF EVIDENCE

**Kristin O'Connor, Ed.M.**
Assistant Chief Child Welfare Services
Division of Social Services

In O'Connor's absence, Zolotor led Task Force members through the FRIENDS diagram of evidence. There is a spectrum of evidence based programs and practices. The steering committee found this framework helpful because FRIENDS acknowledges all good programs and distinguishes between four levels of evidence-based programs. Zolotor reminded Task Force members that the FRIENDS house is part of a larger neighborhood, so the context outside of the house impacts where in the house we land.

Kevin Kelley, Sarah Vidrine, and Michelle Hughes added to the conversation by informing the Task Force that FRIENDS is part of a national resource center that is based out of Chapel Hill. FRIENDS helps states implement their child maltreatment prevention efforts. In North Carolina, FRIENDS collaborates with NC

divisions to align state policies and funding to child abuse prevention programs. One division requires that 80% of the latest funding available for a RFA supported well-supported evidence-based programs. Of the

123 applicants, only 20+ programs received funding. There are many efforts to support evidence-based programs in this field.

Relevant questions and comments:

- Q: Why does the FRIENDS model go out of the way to state that these models must not be harmful?
- A: *Scared Straight* is a model with a strong theoretical background and may garner some support but has been shown to do harm under rigorous evaluation. It is likely that it is a response to this and similar models.

To view the FRIENDS diagram, please click here.

### "NEW DIRECTIONS FOR NORTH CAROLINA": EVIDENCE-BASED PRACTICES THEN AND NOW

**Sarah Vidrine**
Chief Program Officer
Prevent Child Abuse North Carolina

In the video opening Vidrine's presentation, Task Force members learned that the development of executive functioning is not set until ages 25 through 30. Therefore, we need skill building by training and practice for young parents. Vidrine presented the recommendations of the NCIOM report, *New Directions for North Carolina,* that resulted from the 2005 Task Force. As a result of the report, an alliance for evidence-based family strengthening programs was developed. Vidrine walked Task Force members through several examples of evidence-based programs including The Incredible Years Parenting Program and Nurse-Family Partnership. She concluded by stating the evidence-based programs are a small (but important) part of the solution and asking the Task Force members what needs to change with regards to infrastructure and systems in order to make lasting change.

Relevant questions and comments:

- Q: If we had NFP in all 100 counties, we'd still be reaching maybe 8% of eligible families (right now 25 counties serving 2% people). Is it because there are too many eligible families? Or are these eligible families not wanting these programs?
- A: It is a little bit of both.
- Q: What elements of NFP are bringing the greatest success? Can they be implemented in some way somewhere else so that we can get the benefit without replicating NFP fully as it is?
- A: NFP does not want to dilute its program but others are interested in evaluating the core components and determining whether this is effective and feasible.
- Q: Who are the institutional government partners that need to be at the table for these discussions?
- A: Within the Department of Health and Human Services, the following departments should be included: Division of Public Health, Division of Social Services, Division of Medical Assistance (Medicaid), Division of Child Development and Early Education, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Department of Public Instruction, Department of Public Safety, etc.

To access Vidrine's full presentation, please click here.

## UPDATE ON ALLIANCE WORK: LESSONS LEARNED FROM WORKING WITHIN A COLLECTIVE IMPACT FRAMEWORK

### PANEL DISCUSSION:

**Catherine Joyner, MSW**
Executive Director, Childhood Maltreatment Prevention Leadership Team
Women's and Children's Health Section, Division of Public Health
North Carolina Department of Health and Human Services

**Donna White**
Deputy Director
North Carolina Partnership for Children

**Kristin O'Connor, Ed.M.**
Assistant Chief Child Welfare Services
Division of Social Services

**Phillip H. Redmond, Jr.**
Associate Director, Child Care
The Duke Endowment

Joyner, White, O'Connor, and Redmond discussed the achievements of the Alliance and the opportunities that collaboration afforded them. The Alliance convened in 2006 and stopped convening in 2010 or 2011. Redmond stated that The Duke Endowment did not have a record of collaborating with state agencies until the early 2000s. O'Connor added that prior to 2007 there was very little focus on evidence-based programs when allocating funds. The Alliance was able to focus on how to strengthen infrastructure within state and local agencies to support the implementation of more evidence-based programs. Today, The Duke Endowment and The Kate B. Reynolds Charitable Trust offer program implementation support. This is still something that the Task Force will need to advocate for in the future.

Relevant questions and comments:

- Q: Are there examples of federal funding sources that offer match funding?
- A: Yes. For example, Redmond said that one of their South Carolina programs has drawn down matching funds for training purposes.

To see Joyner's overview presentation, click here.

## LUNCH

## RESULTS FIRST: APPLYING INNOVATIVE COST BENEFIT ANALYSIS TO POLICY RECOMMENDATIONS

**Phillip H. Redmond, Jr.**
Associate Director, Child Care
The Duke Endowment

Currently, six states are part of the Results First Initiative that helps states implement the WSIPP model. In

comparing long-term costs and benefits, models for these six states predict that for every $1 spent on Results First-identified programs, these states will see a return of $38. The WSIPP model involves a systematic review of evidence relevant to policy alternatives, cost estimates for projected impact and needed resources, and predictions of net costs and benefits. In order to become a Results First state, partner states are required to secure leadership support (from both houses in the General Assembly and from the Governor's Office). Next, the state must appoint a policy work group and establish a staff work group with a full-time project manager. Lastly, the state must collaborate with Results First to strengthen the model and build a learning community across the participating states.

To view Redmond's full presentation, please click here.

**BREAKOUT GROUP DISCUSSIONS: LOCAL/STATE ALIGNMENT AROUND PROMOTING EVIDENCE-BASED PRACTICES FOR FAMILIES AND CHILDREN – WHAT DO WE RECOMMEND?**

Task Force members were divided into four smaller breakout groups to discuss the following four questions:

1. What is the best way to support local communities and statewide organizations to focus using evidence-based practices and research when identifying and implementing programs/interventions for families and children?
2. What state systems changes would facilitate the implementation of EBPs in local communities?
3. How can communities work together around shared outcomes and how can state systems help to facilitate this?
4. What additional incentives and support will communities need around using EBPs?

After 45 minutes of discussion, the full Task Force reconvened to share their responses.

**DISCUSSION OF RECOMMENDATIONS**

**FACILITATOR:**
**Adam Zolotor, MD, DrPH**
Vice President
North Carolina Institute of Medicine

Facilitators of each of the four breakout groups reported main points from each of their smaller discussions. The notes below capture the overall discussion:

1. What is the best way to support local communities and statewide organizations to focus using evidence-based practices and research when identifying and implementing programs/interventions for families and children?
   - Knowing what they are.
   - Increase guidance from state.
   - Decrease in state and local IAC.
   - Determine common definition of evidence.
   - Move to EBPs may make people protective of own programs.
   - Increased state investment in EBPs.
   - Support local collaboration with coordination.
   - Provide additional encouragement in RFA process.

- Involve the right players/personalities with knowledge in community in decision-making.
- Supporting qualitative and quantitative data collection.
- Align state leadership and vision that this will happen and how it should happen.
- Provide more work and support around pre-application for RFAs.
- Helping communities understand evaluation.

2. What state systems changes would facilitate the implementation of EBPs in local communities?
   - Provide specific implementation support (need commitment from state to provide implementation infrastructure)
   - Support the (re)creation of a functional Alliance.
   - Invest and leverage funding (especially funding that support implementation and evaluation).
   - Apply for and adopt the WSSIP/Results First Model.
   - Set a minimum (baseline) data set for state so that we can compare apples to apples (all programs that involve children will collect X, Y, and Z data).
   - Medicaid payment and reimbursements should tie to quality.
   - Find and leverage opportunities under Medicaid reform to further our agenda.
   - Provide incentives/opportunities for co-location/integration.
   - Build in time and funding for program planning and implementation.

3. How can communities work together around shared outcomes and how can state systems help to facilitate this?
   - Establish/determine a neutral backbone organization.
   - Develop a set of shared outcomes at state level.
   - Facilitate and coach communities how to do needs assessment at local level.
   - Fund activities around collective impact/community collaboration.
   - Provide scaffolding, planning grants.
   - Share data.
   - Build on local collaboratives already in place.

4. What additional incentives and support will communities need around using EBPs?
   - Increase support for collective impact.
   - Incentivize true collaboration and determine how are various players ‘really’ contributing.
   - Need state data system that works.
   - Encourage collaboration by understanding role each org plays in lifespan of families. How to rely on orgs rather than individuals?
   - Increase sustainability (e.g. Medicaid reimbursement for TF CBT).
   - Leverage role of parents, professionals, and businesses in advocating for quality.
   - Identify trusted mentors in communities.
   - Promote the value of community leadership.
   - Trust re. data sharing/use.
   - Fully fund implementation as well as program.
   - Connect savings from EBPs (and collaboration) back to local communities