

**ESSENTIALS FOR CHILDHOOD
 STEERING COMMITTEE MEETING AGENDA**

**FEBRUARY 24, 2017
 10 AM TO 1 PM**

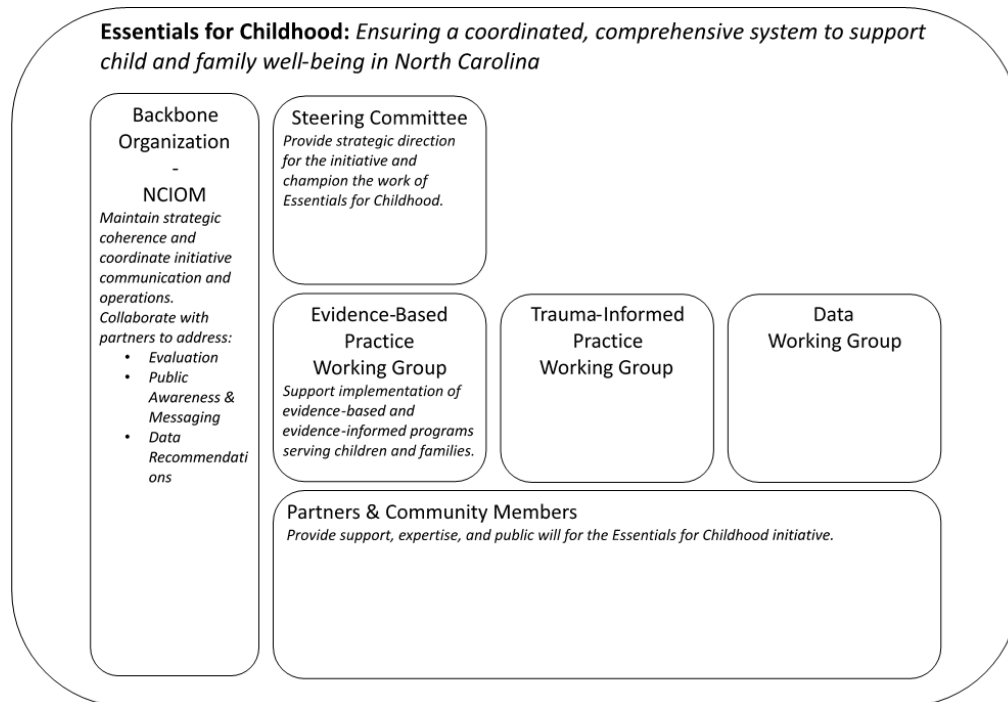
CALL IN:

Call in number: 877-951-6965
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Introductions

Michelle Ries and Catherine Joyner

Vision and Strategy Review



- Is this the right vision statement?
- Do we need to do more work on vision statement?
- How have we been using this?
- What else do we need this statement to do?
- How can we adjust for different audiences?

Working Group Updates and Planning

Evidence-Based Practices

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.

Consensus on key strategy:

Increase support for aligning evaluation and RFP processes across agencies and organizations

- 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 process at same time

Additional action steps to inform key strategy:

- Create a map of which DHHS divisions are connected to EBPs and division capacity for additional implementation
- Identify (develop?) and advocate for a framework for determining community readiness and capacity for EBP implementation

Next Meeting on 3/20.

Public Awareness Working Group

Following Steering Committee discussion, NCIOM contacted Tracy Zimmerman and the PA work group, and outlined the following:

- Primary goals of the Public Awareness group have not been clear or maybe have shifted from the first meetings.
- Focus has shifted from identifying common messages to determining that the common messages agreed upon by the group did not resonate with outside stakeholders.

- The group agreed that there is data from the CDC social norms survey that might have resonance among NC, but lacked consensus on which elements were the priorities.
- At the October 2016 meeting, the group identified a goal of developing a common perspective about the survey data, and offer individual, more specific sub-points that other groups can choose to focus on.
- Then at the meeting on 1/17, we identified the need for more common messaging and narrative in order to get new leadership on board, but it seemed difficult to come to consensus about that.
- A reworked strategy of NCIOM providing guidance on overall narrative – using the Task Force consensus on goals and key messages, then offering messaging/narrative guidance to specific Essentials activities, will work well moving forward.
- Instead of having a Public Awareness group to develop its own standalone messaging, which may or may not correspond with coexisting Essentials efforts or be difficult to align, we could ask you for marketing and messaging expertise, and input on pieces of the E4C work as it develops.
- Example: EBP group has landed on a strategy of developing an aligned RFP and evaluation process, and we are outlining the action steps of that – once this is developed, will need assistance on shaping messaging about it to gather buy-in from state leadership, legislators, and organizations who would be using the new materials and process. This would be an ideal opportunity to consult partner expertise on messaging for a particular effort rather than coordinating with a standing group.

Update on Trauma-Informed Practices and Communities Work Group

Held call with Tripp Ake and Jeanne Preisler on 2/20, to discuss potential areas of focus for TIP work group.

We identified the following potential areas of focus for the trauma-informed practices work group, listed here in suggested priority order:

1. Trauma-informed schools
2. Judicial staff/judges – education and raising awareness of trauma, impact
3. Integrated care/PCP education on trauma informed care

Tripp and Jeanne also requested a write up of the “ask” for co-chairs and a suggested timeline for this work. See below.

Overview of the Working Group Co-Chair Role

The co-chairs of each working group (WG) are meant to serve as thought partners to NCIOM’s backbone organization staff in developing the agendas and facilitating the monthly WG meetings.

Primary functions of the co-chair may include:

- help the backbone staff make connections across the various pieces of the effort’s work
- share details of the WG meeting discussions back with the SC
- contribute content expertise to the WG meeting agendas, discussions, and decisions.

More specifically, co-chair roles include the following:

- Contribute to the development of the **agenda and content** for monthly meetings (i.e., serve as a thought partner to the backbone staff and help contribute issue area / content expertise)
- **Facilitate discussions and decision-making** during WG meetings – including speaking as a “leader” of the group when the conversation might get stuck, leading ice breakers, or facilitating / reporting out on smaller group discussions
- Contribute to **WG member management** as appropriate – which may include addressing a member’s concern outside of a meeting or learning more about a member’s role / experience as appropriate to help inform strategies
- Serve as an **ambassador for the effort’s work** in the community – including speaking at community engagement events, updating community members on progress, or making a connection to important stakeholders in the community

In addition to attending each WG meeting (every 4-6 weeks, approx. 2 hours), the co-chair role requires an additional investment of 2-4 hours / month, depending on the workload / stage of the group.

Additional questions for discussion:

- How might we specifically **customize the roles / responsibilities** of the co-chairs for this working group?
 - What specific strengths does each individual bring to the group? How might we best use these strengths?
 - What kind of time commitment might each individual be able to make in the next six months? How does that translate to roles / responsibilities?
 - Do we want to have static roles or determine roles on a monthly basis?
- What should be our **logistical plan** for between-meeting work?
 - Do we want to meet in person or over the phone?
 - What days / times work best for everyone?
 - What is the best timing for us to meet – i.e., one week prior to the WG meeting, two weeks prior?
- What should be our **content plan** for our pre-meeting check-in?
 - Do we want to check in on a high level agenda over email early on (i.e., one week after the WG meeting)?
 - Do we want to discuss the meeting objective, agenda, content, and facilitation plan all at once (i.e., a longer meeting to go through everything)?
- What **outstanding questions** do co-chairs have about their roles and responsibilities?

Suggested timeline through 2017 (bimonthly meetings)

- March/April 2017: Define WG vision and area of focus/goal (i.e. trauma informed schools):
 - Goal:
 - Description:
 - Rationale:
 - Co-Chairs:
- March/April 2017: Draft list of working group members (cross-sectional representation of relevant agencies, organizations)
- April 2017: Invite WG members to first meeting (set dates using Co-chair and backbone staff availability)
- May 2017: First meeting
 - Introduce members to Essentials for Childhood initiative, current work, progress
 - Discuss draft goals of working group – do we have consensus?
 - Identify a set of strategies and actions that will collectively contribute to progress toward the initiative goal (short- and long-term, assessed against a set of common criteria to ensure that the strategies are selected and sequenced in such a way so as to help meet the initiative goals)
- June/July 2017: Second meeting
 - Define measurement plan and specific outcomes to achieve by end of 2017

- Progress and reworking of strategies and actions as needed
- Expert and research content as needed
- August/September 2017: Third meeting
 - TBD
- October/November 2017: Final WG meeting
 - Discussion of preliminary outcomes
 - Strategies for next steps and sustainability of working group progress

Questions for SC discussion:

- Are these the right priority areas? Is trauma-informed schools the top priority area?
- What goals around these areas would you suggest be included for discussion in the first meeting?
- Any initial suggestions for members (to be refined)?
- How to increase involvement of co-chairs and group members at Steering Committee level?
- What information would you like to see from this group?
- What are the desired outcomes?

Next Steps: NCIOM to follow up with Tripp and Jeanne re: co-chair and review of timeline

Data Working Group

In development. At last SC call, agreed to put together a small meeting to develop a white paper around the data recommendations not addressed through Pathways.

New/Ongoing Work and Opportunities for Alignment

- Children's Cabinet – upcoming meeting on 3/6 with DPI and DPS – discussion and strategies re: format, structure, funding model, focus (i.e. 0-18, etc.) and strategies for additional executive and legislative buy-in and support.
- NCRHLA Priority Strategies
 - Apply rural lens to Pathways priorities
 - Increase the number of children in rural communities assigned to a medical home,
 - Examine the rural infrastructure/networks for early childhood,
 - Apply implementation science/readiness for evidence-based programs, and
 - Triage of child and family needs at birth given local capacity and need.
- NC Works Conference – Oct. 2017 - RFP for development
 - The conference is targeted toward anyone with an interest in workforce and economic development in North Carolina. Attendees include staff and management of local Workforce Development Boards, Career Centers, the Department of Commerce, Health and Human Services, Public Safety, the Community Colleges, local Social Services offices, and North Carolina's public schools and universities. Others attending the conference are members of local Workforce Development Boards, economic development professionals, and staff of community-based and faith-based organizations.
 - Suggestions include: early childhood education workforce development (this may be better from an economic development lens), development re: health care professionals on trauma/ACEs, etc., or family leave policy research, or a combination of several and the individual and cumulative impact on kids and families
- Collective Impact Learning Network, Jordan Institute of Social Work, UNC-CH
- Health Disparities Group –CJ update on webinar, etc.
- Kidonomics, Feb. 7

CDC Evaluation and TA:

Essentials for Childhood All-State Call (focus on economic issues)

Evaluation Review

Program Call (framing/messaging/outreach)

What else do we need? What information would we like to see from other states?

Suggestions for Reverse Site Visit

Open Discussion

