

**ESSENTIALS FOR CHILDHOOD
EVIDENCE BASED PROGRAMS WORKING GROUP
MARCH 20, 2017
1 pm to 3 pm**

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Purpose of today's meeting: to discuss next steps for alignment process

INTRODUCTIONS

REVIEW OF EBP WORKING GROUP STRATEGY AND DISCUSSION

Consensus on key strategy:

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

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

SC suggestion:

** Can we do a pilot of an aligned process? What would that look like? How can we coordinate Home Visiting programs (Family Connects, NFP, DSS) - private funders could help fund pre-work planning. We can bring together funders at Home Visiting Summit in September. Sharon to follow up on opportunity to bring funders together, with Marshall - as of 2/24, Sharon had connected Michelle with Greer Cook and Tony Troop to discuss funders' conversation at Summit, with goal of discussing a pilot of an aligned process.

This will feed into Essentials' goal of supported improvement in agency coordination and across-state alignment.

*** We also need a home visiting subset of funding info that is being pulled together by Kristin, Catherine. What is the source of funding, where is it going? How are we maximizing resources in home visiting?

** Kim- to pull research across program evaluation and data collection, Parent/Child Education - for EBP alignment research

ALIGNMENT SURVEY RESULTS AND DISCUSSION

Survey on alignment of RFP process

n=46

Highlights

1. Only around 1 in 5 respondents reported that they offer the following to support implementation.
 - Funding for adequate planning process 20.0%
 - Evaluation assistance 22.2%
 - Fit and feasibility assessments 20.0%

These are all things the EBP group has identified as essential and would like to incorporate in the RFP alignment work.
2. Other elements which the EBP group identified as important for programs to have to support implementation and which received low responses to the question “Which of the following do you offer to support implementation?”:
 - Systems intervention (creating champions, etc.) 40.0%
 - Facilitation/administration 31.1%
 - Decision support/data system 31.1%
3. Most commonly identified barriers to supporting implementation were:
 - Lack of funding to implement program: 45.7%
 - Agency does not have enough time to successfully implement the program: 45.7%
 - Lack of implementation support after training 37.0%
4. 76% of respondents answered “yes” to Q3: Do you think a more aligned RFP/RFA process is necessary to support evidence-based practices in NC?
5. 90.9% of respondents identified a common definition of EBP as helpful in creating an aligned RFP process.
6. 72.7% of respondents identified common measures required for reporting as helpful in creating an aligned RFP process.
7. Other comments on why an aligned process might NOT be necessary include:
 - Higher level systems are not integrated; there generally is not agreement and technical skills in high level management in many of the required areas.
 - The issue is not with the training or support during cohort. It is after the learning collaborative ends that fidelity slips. Also, the overall financial

sustainability of these interventions aren't there. Medicaid does not pay a sustainable rate.

- I worry sometimes that a standard application would miss unique characteristics of those agencies that do good but may not fit into a standard way of doing things.
- There are many evaluations and descriptions of EBTs. Does not seem worthwhile to recreate

IMPLEMENTATION TEAM RESEARCH AND PROPOSAL