

## CBEC Home Visiting Workgroup

September 15, 2011 – 10:00 – 3:00 (or until finished, if earlier)

Face Meeting – CFPR

### AGENDA

Present: Daryl Rothman, Melinda Ohlemiller, Cindy Wilkinson, Stacey Owsley, JoAnne Ralston, Cindy Reese, Patsy Carter

#### Matrix-Related Work:

- Look at benchmarks of existing home visiting programs (e.g., ACA MIECHV, Healthy Families, etc.) to consider what benchmark/indicators might go in the “Why does this program exist?” row as a checklist.
- Workgroup members to bring copies of such indicators (or send links to group prior to meeting).

We did not have copies of the benchmarks and indicators. The group did however review what the impetus had been to examine these, and this lead to discussion and actions described a little further down.

Presentation/Discussion of new PAT model – what are implications for MO, etc.

Sue was not present to facilitate this discussion.

Review definitions of “evidence-based” (to be brought to meeting by workgroup members).—

The gist of this discussion was essentially that not everyone always understands exactly what it means to be considered evidence-based. For ex., some programs might satisfy 1-2 aspects but not all; sometimes a program has been proven to be evidence-based but specifically just for certain outcomes and certain populations. The upshot is, we need to always be careful and explicit when using and defining these terms.

The group decided to take a step back and revisit overall purpose of the work group and of the matrix—and all were agreed that the importance of the matrix is as a tool toward achieving outcomes, not as an outcome itself. Precisely what those outcomes are, constituted part of the discussion. Some good questions were asked re. role and focus of CBEC itself, the notion being, work groups perhaps ought model their role and focus accordingly.

It was also agreed that a main purpose of the matrix was to provide a gap analysis, which could inform what is ultimately presented to CBEC, along with clear articulation of what we'd be asking the board to approve or address.

The afternoon portion of the mtg was spent adding all the HV programs to a listing, including all 8 federally-recognized evidence-based programs. The notion was a reframe of components of the current matrix, and the list will become a set of check boxes—which in turn will supplant the “why does this program” exist narrative on the matrix.

The listing is as follows:

Focus:

Education: School readiness, PAT, EHS, DSS HV

Health: NFP, MO Comm. Based, NFN, Whole Kids Outreach, Healthy Start, TIES

Abuse-Neglect: NFN, Family Support Network, Whole Kids Outreach, TIES, DSS HV

Developmental disability focus: First Steps, PLT/ARC,

Also: some other programs to consider/place:

HIPPY (school readiness), Family Checkup (health), Healthy Families of America (health), FHA, Healthy Steps (there is one more, Cindy W will find out)

Next steps: Daryl will re-engage Bill Elder at OSEDA. As for county listings, two programs still owe us info, and Daryl will contact them again. As for population info., we would be asking him for data—by county--related low-income, rate of Developmental Disabilities (0-3), health indicators...need to determine what else, specifically, we want from OSEDA—maybe have Bill attend next meeting?

Also: need to have CBEC address the “questions for the board” that were submitted as part of board packet prior to August board call.