

**Home Visiting Task Force
Executive Committee
Thursday, January 17, 2013
2:00-3:30pm**

MEETING NOTES

Members Present (Ounce):

Rebecca Bunn, Claire Dunham, Gaylord Gieseke (co-chair), Teresa Kelly, Andrea Palmer, Nancy Radner, Diana Rauner (co-chair), Lesley Schwartz, Glendean Sisk, Joanna Su, Anna Torsney-Weir (staffer)

Members Present (Phone):

Penny Smith, Cindy Zumwalt

Welcome and Introductions

- Anna Torsney-Weir is the new staffer for the Home Visiting Task Force, replacing Rebecca Bunn.
- Review October 25, 2012 meeting notes
 - There was a question raised with regards to the timing of Claudia Quigg's offer to resign as co-chair of the Health Connections sub-committee, which was resolved.
 - Cindy requested that the meeting notes be edited to clarify that she promised to follow up with BabyTALK about why they withdrew and to see what their plans are to continue to coordinate with BabyTALK on MIECHV.
 - Gaylord Gieseke motioned for the meeting minutes from October to be passed, Teresa Kelly seconded it, and the minutes were passed with all in favor.

Updates

- **Legislation and Budget**
 - Legislative session and budget season are beginning.
 - Budget Day is March 6th, when the Governor will release his budget proposal for FY14 – including proposals for agencies like ISBE and DHS.
 - There are about 40 new legislators this year, most of whom probably don't know anything about home visiting so we have lots of educating to do, at both local and state levels.
 - Early Childhood Advocacy Day is April 16.
- **MOE:** In the last few years, the Governor's budget has not acknowledged the necessity of protecting the Maintenance of Effort (MOE) funding in the DHS budget so that we can continue to pull down the federal MIECHV funding. We must be vigilant about making sure it is front and center.
- There are now **12 federally-approved EBHV models for MIECHV.**
- ISBE released the first-ever **RFP for monitoring of Prevention Initiative programs.** February 28th is the deadline for applications.

MIECHV Update (Teresa Kelly, Lesley Schwartz, Joanna Su)

- HRSA Site Visit (January 8-10, 2013)
 - First site visit since 2010. Included both the private and public sectors, with full representation from the MIECHV team. It also included updates from the research and programmatic teams, and a visit to the Southside Early Learning Project.

- Overall, HRSA was very impressed, especially that we see MIECHV as a statewide system versus just specific sites. Josey Ansah, our Project Officer, made some recommendations for the future of the grants, with which the partnership agreed and did not find surprising.
- The feds pressured the partnership to implement a statewide, data-driven CQI. Josey thought that what was proposed in the original plan is good in terms of theory, process, and objectives. Now, the feds want to see the implementation of that blueprint. One of the steps in doing that is to define the top-level decision-making body for system issues that come up as they are data-driven.
 1. It was decided that the HVTF will make decisions on these and other systemic issues as the accountability and oversight body, with the state level team (ISBE, DHS, OECD) bringing issues up to the HVTF and managing the day to day functions.
 2. Specific to the CQI issue, it was recommended that Teresa should talk to co-chairs of the DRE committee so they are informed and consulted.
- HRSA was initially concerned about competitive grant proposal because it was so rigorous; now, they are eagerly awaiting our research because it is so rigorous.
- **MIHOPE**
 - MIHOPE has had calls with all agencies in 4 communities to work out contract details and finalize how families will come into the study. March 5 (Chicago) and March 7 (Champaign-Urbana for Macon and Vermilion Counties) will be the training kickoffs. After that, will start collecting data. Researchers at CPRD are in contact to make sure they're sharing information and not duplicating efforts.
 - Our sites are full. Communities should push as many referrals as possible through coordinated intake.
- **Strong Start:** At the site visit, it was announced that there would be another project called Strong Start layered onto MIHOPE. The project will involve 10,000 families from HFA and NFP to look at birth outcomes and Medicaid usage by 1 year old (mostly prenatal). Some portion of the sites will be MIECHV sites, in which families will be randomized for both MIHOPE and Strong Start.
 - Claire noted that this is also a series of interventions, not just a research project. Glendean explained that the goal of Strong Start is to get communities engaged in better coordination and care for pregnant women, working with all providers that impact the outcomes of pregnancies in order to reduce prematurity. Lots of different approaches have been built into applications, and a number of places applied for the grants in IL. We don't yet know who is getting the funding.
 - It was decided that we need to find out more about this and what exactly it is, and what demands it will put on the sites and the families.
- **Community Activities:** Working with all CSDs to have them complete assessments on networks and will be working on identifying goals and activities to achieve goals by end of January.
 - i. ECE committee of Children's Mental Health Partnership identified homeless families as priority focus for thinking about how to develop special consultation to shelters and homeless programs.
 1. Project Leads: Carrie Byers, Karen Freel, Linda DelAmata, Gaylord, Angelica Flores. Nancy Radner is also working on this.
 2. It was noted that there is a need to coordinate these efforts, and include Vicki Hodges from ISBE.
- **Data Collection System: Update and Recommendation**
 - i. There are various challenges with ETO (software) /Social Solutions (company), e.g. rights and availability of data, collection of individual data instead of family-level data, which other states have encountered as well.

- ii. RFP to replace Social Solution/ETO will be issued very soon. The challenge in Illinois is that we want coordinated intake (unlike many states) and we want a case management system that drives practice for home visitors and helps the coordinated intake system versus just a collection system, so that it can be accessed and used beyond MIECHV.
- iii. It was recommended that we consider something affordable that the state doesn't have to spend money on, and that we be prepared to spend time building the system.
- iv. By March, we should have an idea of what we can put in.

Baby TALK

- After the October 25th Executive Committee meeting, Claudia, Cindy, and Penny talked about the Newborn Encounters program and what they could do to assist in the MIECHV coordinated intake process. The possibility was raised of them having a person who could assist in the transition, i.e. if BabyTALK Newborn Encounters staff meets with a family, then there would be process of meeting with MIECHV programs to determine appropriate referrals for family and then having the Newborn Encounters staff go with the home visitor who was taking over to avoid a duplicative intake process.
- From January 1-June 30, ISBE added funding to BabyTALK to try this process. They will provide a report at end of the fiscal year regarding this approach, which is just in Macon County. Teresa talked to Claudia about whether this process could happen in larger, denser areas.
- It was suggested that at some point in the future, the Task Force asks Claudia to give a presentation on BabyTALK: what it is, its strengths, fundamental approach, implementation etc.
- We also need to know from other Macon County home visiting programs how BabyTALK fits in, and need to ensure it is connected to the Macon MIECHV community.

HVTF Work Plan: Decision to have a brief discussion at full HVTF meeting on January 29th to approve version updated since July 2012.

Wrap Up and Next Steps: Next meeting is April 9th