



First Steps Central MN Community Advisory Committee Meeting
Monday, November 9, 2020 **1:30p-3:00p** **Via Zoom**



Attendees (* denotes confirmed CAC member):

Adam Johnson
 Angie Klinefelter*
 Casey Henre
 CSB/SJU Nursing Students (6)
 David Walz*

Gloria Sorem
 Jade Lauber*
 Joy Goodwin*
 Julie Myhre
 Kara Zoller*

Kathleen Holthaus*
 Kelly Ball
 Laura Smith*
 Laurie Johnson
 Leah Krotzer

Mary Zelenak
 NFP Mom
 Nicole Ruhoff
 Sara Stenseng*
 Tammy Seifert

AGENDA ITEM	TIME	NOTES	FOLLOW UP NEEDED
Welcome & Introductions	20	<ul style="list-style-type: none"> • Name • Organization • How are you tied to children/families in the work you do 8 of 12 confirmed CAC members present	
-What is First Steps Central MN? -Accomplishments of Year 1 (July 2019 – June 2020) -Data Dive <ul style="list-style-type: none"> • Kelly Ball, Regional EBHV Program Manager • Leah Krotzer, Regional EBHV Data & Analytics Manager 	10	Provided an overview of First Steps Central MN, update of year one work progress, and how COVID-19 has impacted the work begin done in family home visiting since March 2020. Key points: <ul style="list-style-type: none"> • Continue to accept referrals and enroll families into programming • Visits primarily being done via phone/telehealth. Case by case ability and county dependent to be able to provide infant weight checks or door drop off of supplies/paperwork. • Branding: implemented a common referral form, brochures, self-referral postcards, phone/fax/email for Centralized Intake for community partners to connect families to a Personal Nurse • Epic Care Link-piloting with CentraCare OB & Women's Health Clinic (Plaza), looking to expand to other CentraCare specialties and clinics, as well as other healthcare systems (ie. Fairview) • Community Health Workers -will be contracting with CentraCare to build connections with the Black, Somali and LatinX communities across our region. • Infant Mental Health Reflective Group Consultations-contracted with Central MN Mental Health Center to provide these as a support to PHNs. • Plans to consolidate our three HFA programs into one. • Received additional grant funding to standardize electronic 	

			<p>medical records system and increase efficiencies.</p> <p>Reviewed referral data regarding number of referrals, referral source breakdown, and referral risk factors. See supplemental powerpoint and Executive Summary for additional details.</p>	
Video	5		<p>Link: https://tinyurl.com/y6thftgo</p>	
<p>NFP & its impact</p> <ul style="list-style-type: none"> Mary Zelenak, Stearns County NFP Supervisor 	10		<p>Previously only available in Stearns & Wright County. Now available in Benton, Sherburne, Stearns and Wright Counties.</p> <p>Mary provided an overview of NFP programming; see supplemental powerpoint.</p>	
<p>HFA & its impact</p> <ul style="list-style-type: none"> Adam Johnson, Stearns County HFA Program Manager/Supervisor 	10		<p>Previously only available in Sherburne, Stearns & Wright County. Now available in Benton, Sherburne, Stearns and Wright Counties.</p> <p>Adam provided an overview of HFA programming; see supplemental powerpoint. Link to video shown: https://tinyurl.com/y4475sy7</p>	
<p>PHN & Family Story</p> <ul style="list-style-type: none"> Laurie Johnson, Stearns County NFP PHN & NFP mom 	15		<p>PHN Laurie and NFP mom shared about how resources, lessons, and support have positively impacted the family in their NFP program experience.</p>	
<p>Other</p> <ol style="list-style-type: none"> CAC roles & responsibilities Future Meeting Dates Standing Agenda Items Other 	20		<ol style="list-style-type: none"> Reviewed Joint Powers Board Bylaws CAC article. Monday, January 25, 2021 1:30-3:00p Via Zoom Monday, April 26, 2021 1:30-3:00p Via Zoom Monday, July 26, 2021 1:30p-3:00p Via Zoom Monday, October 25, 2021 1:30p-3:00p Via Zoom Brainstorm: Quarterly updates of programming, data, quality improvement projects; growth of CAC members; recommendations to the JP Board/action items to vote on; review website and referral form at future meeting. None noted. 	<p>Kelly to send Outlook appointments for 2021 meetings</p>

First Steps Central MN - Central Minnesota Home Visiting Coalition Executive Summary

PURPOSE

The Central Minnesota Home Visiting Coalition was established cooperatively among the counties of Benton, Sherburne, Stearns and Wright Counties to advance evidence-based home visiting (EBHV) across these four jurisdictions. The purpose of this group is to promote first regionalization of EBHV and eventually centralization of these services to persons in need in this central part of Minnesota. This will be done through the creation of a sustainable framework that promotes program excellence while meeting the needs of clients in these four jurisdictions.

MISSION: The Central MN EBHV Coalition, First Steps Central MN, is a regional collaboration serving the four counties of Benton, Sherburne, Stearns and Wright with evidence-based family home visiting that will equip pregnant women, parents, and other caregivers with the knowledge, skills, and tools to be successful in parenting resulting in children who experience healthy attachments, mental well-being, physical health, safety, and readiness to succeed in school.

VISION: First Steps Central MN is to expand two evidence-based home visiting models, Health Families America and Nurse-Family Partnership, across the 4-county communities and move from regionalization to centralization to more broadly and effectively reach the most at-risk populations through community partnerships to reduce cases of child protection, corrections, and special education services.

BACKGROUND

In 2017, local public health leaders from Benton, Sherburne, Stearns and Wright Counties convened a meeting with key area partners to plan for the submission of a regional expansion home visiting grant being offered by the Minnesota Department of Health. This original grant application included a broad reaching plan to include the 4-county collaboration, along with significant roles for CentraCare and Headstart partnerships. This grant application was not funded. The four counties drew on the critical feedback from the MDH review team to narrow the scope of the work to focus efforts at expanding the two evidence-based programs of Healthy Families America and the Nurse Family Partnership across all four counties. A second application was submitted and granted, allowing for the establishment of a Joint Powers Agreement between Benton, Sherburne, Stearns and Wright Counties that forms the Central Minnesota Home Visiting Coalition. However, grant dollars and expansion within Stearns County was cut from the proposal by MDH. Due to Stearns County MIECHV caseloads being under the required 85% capacity, the grant contract stipulated the sole expansion work Stearns County was to deliver was HFA and NFP expansion into Benton County.

OBJECTIVES

The primary focus of this coalition is to assure that the expansion of home visiting services across the central region including Benton, Sherburne, Stearns and Wright Counties, is done as effectively and efficiently as possible.

Key objectives include:

- A. Clarify expectations for each program and each county
- B. Implement Work Plan committed to 10 topic areas:
 - 1. **Referral Network** – develop a referral network for incoming referrals to the program and resources that the program will refer families based on need
 - 2. **Continuous Quality Improvement** – identify CQI team and develop CQI work plan
 - 3. **Community Advisory Committee** – identify members & purpose of the Community Advisory Committee
 - 4. **Program Funding, Budgeting & Sustainability** – develop a comprehensive summary of overall home visiting budget, including all major home visiting funding sources
 - 5. **Reflective Practice** – develop and implement a plan for how reflective practice will be provided for supervisors and home visitors throughout the grant
 - 6. **Model Fidelity and Accreditation**– maintain model approval, affiliation or accreditation and retain model fidelity
 - 7. **Required MDH Reporting** – including quarterly reports and monthly data submission
 - 8. **Integrating into the Early Childhood System** – develop a plan with community members and implement throughout the grant
 - 9. **Meeting Target Caseload** – achieve full caseload of families to be served and maintain the caseload at 85% during the grant
 - 10. **Recruiting and Enrolling Families**
- C. Assure communication structure is in place between counties, coalition and partners
- D. Support collaboration between four counties, including other partners in the community
- E. Maximize partner strengths and capacity to achieve goals
- F. Target impact to reduce future costs related to child protection, corrections and special education services

GOALS

The following goals focus on achieving effective and efficient movement in the expansion of home visiting services across the four-county region:

- 1. Expansion of HFA and NFP EBHV models will be implemented to provide improved access to model programs, as well as, to counties that lack model program options by December 31, 2020.
- 2. A central referral intake process across the four-county region to launch January 1, 2020.
- 3. Launch Epic Care Link referral system with CentraCare partnership during January 2020, however delayed to Fall 2020 [due to JPA and Data Sharing Agreements and COVID].
- 4. Finalize RFP process and implement a contract for reflective supervision for supervisors and home visitors during March 2020, however delayed to Summer 2020 [due to contract and COVID].
- 5. Identify a regional quality improvement team who will develop a work plan by January 2021.
- 6. Establish a regional Community Advisory Committee and have first meeting by June 2020, first meeting scheduled in April 2020, however delayed to Fall 2020 [due to COVID].
- 7. Consolidate to one Healthy Families America program across the four-county collaboration from the current three separate programs by December 2021.
- 8. Increase interoperability amongst the PhDoc Electronic Health Record systems across the four-county collaboration by June 2021 [with the receipt of the Interoperability Grant from MDH].

9. Develop and document a process for budgeting (changes, monitoring, reporting, etc.) by December 2020.
10. Centralization and regionalization with central referral/intake process and combined accreditation of EBHV models by December 2022.

STRUCTURE

The Joint Powers Agreement establishes membership and terms as well as Board responsibilities and roles. This also allows for the formation of a Community Advisory Committee, which would allow for partner membership in providing program, client and staff home visiting needs to the Board.

To establish the functions of the Board and the program expansion across the four counties, the First Steps Central MN Leadership Team will be tasked with developing the start-up structure and processes. This group will consist of the four county directors, county program supervisors, and EBHV expansion staff: Program Manager and Data & Analytics Manager.

Joint Powers Governing Board

Representatives

Benton County:	Warren Peschl, <i>County Commissioner</i> [Alternate: Steve Heinen]
Sherburne County:	Barbara Burandt, <i>County Commissioner</i>
Stearns County:	Tarryl Clark, <i>County Commissioner</i>
Wright County:	Mark Daleiden, <i>County Commissioner</i>

First Steps Central MN Leadership Team

Directors

Benton County:	Nicole Ruhoff, <i>Supervisor/CHS Administrator</i>
Sherburne County:	Amanda Larson, <i>HHS Director/CHS Administrator</i>
Stearns County:	Janet Goligowski [Renee Frauendienst, <i>Division Director/CHS Admin – Retired 6/2020</i>]
Wright County:	Sarah Grosshuesch, <i>Public Health Director/CHS Administrator</i>

Supervisors

Benton County:	Nicole Ruhoff, <i>Supervisor/CHS Administrator</i>
Sherburne County:	Tammy Seifert, <i>Public Health Supervisor</i> Gloria Sorem, <i>Lead Public Health Nurse</i>
Stearns County:	Mike Matanich, <i>Community Partnership & Planning Supervisor</i> Mary Zelenak, <i>Human Services Supervisor II</i> Adam Johnson, <i>Family Health Unit Supervisor</i> Lindsay Hackett, <i>Human Services Supervisor II WIC Program</i>
Wright County:	Mary Nesseth, <i>Public Health Supervisor</i> Casey Henre, <i>Community Health Supervisor</i>

EBHV expansion staff

Sherburne County:	Kelly Ball, <i>Regional Family Home Visiting Program Manager</i> Leah Krotzer, <i>Regional Family Home Visiting Data & Analytics Manager</i>
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Community Advisory Committee

Organization	Name	Title / Role
CentraCare OB/Peds	Dave Walz	Senior Director, Women's & Newborn Health
Central Minnesota Mental Health Center (CMMHC)	Dr. Laura Smith	Psychologist/child development
Initiative Foundation (THRIVE)	Angie Klinefelter	Chair, THRIVE
Reach up Headstart	Nikki Juntunen	Enrollment Coordinator
Nonprofit	Joy Goodwin	
ISD 728 ECFE	Kathleen Holthaus	ECFE educator
-Parent-	Debriana Everbright	HFA Graduate Parent
Sherburne County CP	Sara Stenseng	CP Supervisor
Sherburne County WIC	Kara Zoller	Health Promotion supervisor
Great River Regional Library	Jade Lauber	Patron Services Librarian
FYCC	Sandy Greninger	FYCC Director
Monticello School District	Eric Olson	Superintendent

GUIDING PRINCIPLES

The Coalition will use the following principles to guide the work:

- A. **Client-Centric** – The Coalition will use a family-focused, client-centric approach implementing the evidenced-base family home visiting programming.
- B. **Continuous Improvement** – The Coalition will strive to make continual and systematic use of planning, monitoring and improvement activities to make intentional changes and improvement in home visiting capacity, processes, or outcomes.
- C. **Sustainability** – The Coalition is committed to aligning billing processes for revenue maximization and establishing a financial sustainability plan for increased efficiency and longevity.
- D. **Regionalization to Centralization** - The Coalition will begin the collaborative process by working to regionalize the work around home visiting. When feasible and practical, the Coalition will centralize the work around two home visiting leads/accredited programs-simplifying administrative burdens in maintaining these two Evidence-Based Programs.
- E. **Advancing Health Equity** – The Coalition will use a health equity lens for all of its work.

OPERATING PROCEDURES

In order to inform stakeholders and ensure transparency, the Coalition will employ the following communication strategies for effective operations:

- Minutes of meetings will be taken and distributed to members after each meeting.
- Annual updates and reports will be created and disseminated for the Joint Powers Governing Board, Community Advisory Committee and other community partners.
- All quarterly reporting requirements will be completed in a thorough and timely manner per grant contract with MN Department of Health and available for review.
- In addition to the above, the Coalition will look for other avenues to provide updates and seek input.

ARTICLE 6: COMMUNITY ADVISORY COMMITTEE

SECTION 1. Responsibilities. The Board has the authority to create a Community Advisory Committee. Responsibilities of the Community Advisory Committee is to advise, consult with and make recommendations to the Board on the development, maintenance, funding and evaluation of home visiting services and programs in the First Steps Central Minnesota.

SECTION 2. Members. Each County Board of Commissioners of the member counties may appoint up to five community members to serve on the Community Advisory Committee. Each committee member shall have one vote on the Community Advisory Committee. Vacancies shall be filled by the applicable County Board of Commissioners within sixty (60) days.

SECTION 3. Officers. The officers of the Community Advisory Committee shall be the Chair, Vice-Chair and Secretary.

SECTION 4. The Community Advisory Committee shall elect the officers at the first meeting of the fiscal year.

SECTION 5. Terms of Office. The term of office for each officer shall be one (1) year. The officer's term commences on the day of his/her election.

SECTION 6. Vacancies. If a vacancy occurs in the office of the Vice-Chair, the Community Advisory Committee shall elect a replacement to serve for the unfinished term. If for any reason the Chair's office is vacated, the Vice-Chair shall serve for the remainder of the unfinished term.

SECTION 7. Reimbursements. Community Advisory Committee members may receive a per diem or mileage reimbursement. The per diem rate will be determined by the Board. The mileage rate will be consistent with the approved federal reimbursement rate.

SECTION 8. Meetings. The Community Advisory Committee shall set the meeting times and places. Meetings will be scheduled at least quarterly not to exceed eight times per year. The Community Advisory Committee's shall establish meeting schedule annually at the first meeting of the year unless an alternate date is scheduled due to conflicts or holidays. The Chair or a majority of the members may also call special meetings. Written notice shall be sent to members advising them of the agenda, time, and location at least five business days prior to the meeting. All meetings are open to the public.

SECTION 9. Quorum. A quorum of the Community Advisory Committee shall be necessary for conducting a vote regarding Community Advisory Committee matters. A quorum shall consist of a simple majority of the voting membership.

SECTION 10. Voting. Voting on any matter shall be by voice vote. There shall be no voting by proxy, and each member is entitled to one vote. The Chair shall be a voting member of the Community Advisory Committee.