



MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD
McLeod County Solid Waste Large Conference Room
1065 5th Avenue SE, Hutchinson MN 55350

January 11th, 2018

9 AM to 11 AM

Agenda

1. Meeting called to order
2. Welcome and Introductions
3. Additions to the Agenda
4. Approval of December 2017 meeting minutes*
5. Election of Officers
 - a. Current 2017 Officers
 - Chair - Bobbie Harder (Sibley)
 - Vice Chair – Joe Nagel (McLeod)
 - Secretary – Mike Housman (Meeker)
6. Appoint SCHSAC Representative and Alternate
7. Appoint CHB Representative to the Healthy Community leadership Team (HCLT)
8. Appoint Legal Representative for MMS CHB
9. Conflict of Interest Policy to be completed and signed (enclosed)*
10. Request of approval for Resolution 2018-1* for designation of an authorized agent of the CHB.
11. Administrative Items
 - a. Child and Teen Check-up contract agreement in the amount of \$229,941 for the time period of 1/1/2018-12/31/2018
 - b. Healthy Homes contract agreement with Minnesota Department of Health for a total amount of \$120,000, with a breakdown of \$40,000 per year of the grant for 3 years with a time period to end June 30th, 2020.
12. Request of approval for Resolution 2018-4* supporting Family Connects Funding and Implementation. Information on Family Connects included in board packet*

13. Administrative Update

a. Health Insurance and benefit information*

- i. Request to amend the October 12th 2017 motion on health insurance contributions. The original motion:

Motion made by Mike Housman and seconded by Ron Shimanski that the CHB will contribute up to 500 dollars for employee single coverage with any remaining dollars to be disbursed into the employee's HSA account and the CHB will contribute towards 50% of the premium costs for spouse and child coverage. With additional directive to choose a highest deductible plan and one other plan when the updated premium rates are available. Motion passed.

- ii. Discussion and decision needed to determine employer contribution amounts for voluntary benefits.

b. Fiscal Services-Conway Deuth and Schmiesing (CDS)

- i. Request of approval for Resolution 2018-3* to designate and authorize Conway, Deuth and Schmiesing as fiscal host in order to fulfill financial obligations of the Board.
- ii. Request of approval for Resolution 2018-2* to transfer funds from McLeod County to designated bank account for the Board.

14. Update on subcommittee

15. Review and Approval of the CHS Budget*

16. Frequency of Board Meetings

Adjourn

Attachments:

- December 2017 Meeting minutes
- Conflict of Interest Statement
- Resolution 2018-1
- Resolution 2018-2
- Resolution 2018-3
- Resolution 2018-4
- Family Connects Information
- Voluntary Benefit Information
- 2018 CHS Budget

2018 Meeting Dates

January 11th 9-11

April 12th 9-11

July 12th 9-11

October 11th 9-11

Large Conference Room
McLeod Solid Waste Bldg



MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH BOARD Meeting Minutes
Thursday December 14th , 2017
McLeod County Solid Waste Large Room, Hutchinson

Board Members

Beth Oberg.....present
Joe Nagel.....present
Mike Housman.....absent

Joe Tacheny.....present
Bill Pinske.....present
Doug Krueger.....absent

Ron Shimanski.....present
Bobbie Harder.....present
Joy Cohrs.....absent

Staff Present

Diane Winter.....present
John Glisczinski ...present
Kerry Ward.....present

Jennifer Hauser.....present
Rachel Fruhwirth.....present

Allie Elbert.....present
Colleen Robeck....absent

Guests:

- 1. Meeting called to order**
- 2. Welcome and Introductions**
- 3. Additions to the Agenda**
 - Update from Scott Lepak to be discussed under Subcommittee update
Motioned Bill Pinske seconded by Beth Oberg to approve agenda with addition of update. Motion carries.
- 4. Approval of October 12th 2017 meeting minutes***
 - Addressed a change in number 5 letter a; along with Doug Krueger not being in attendance, but Scott Lepak was - changes from the minutes that were distributed. Motion to approve minutes by Beth Oberg and seconded by Bill Pinske. Motion carries.
- 5. Follow-up Administrative Items:**
 - a. Need to open bank account and transfer \$75,000 for initial funds**
 - i. Discussion with Colleen to transfer some dollars from the current CHS account run currently by McLeod County and start a standalone account for the CHS to use going forward for 2018.
Motion by Beth Oberg Seconded by Joe Nagel
Discussion about why \$75,000 – use current payroll bank which is Security Bank and Trust- try to make first quarter payroll payments from new account. Motion carries.
 - b. Review and approval of fiscal host services**
 - i. CDS proposal from Litchfield – total annual fee is about \$6,000.
This will be payroll and book keeping. Additional cost for more software which is about 2000 plus some set up costs with server etc.
McLeod charges about \$10,000 but could go up to \$20,000 in the future.
There will be overlap between the new service and McLeod's
Beth felt that this quote is acceptable with the condition that it is acceptable by Colleen and Allie for what they can offer us. A motion to accept quote was made by Joe Nagel and Seconded by Bill Pinske.
Motion carries

Meeker-McLeod-Sibley Community Health Services

1805 Ford Avenue, Suite 200
Glencoe, Minnesota 55336

Direct Line (507) 766-3531
Fax Number (320) 864-1484

6. Update on Subcommittee

November 29th there was a packet distributed. Each commissioner has a packet to look through. Allie updated the group on what we have discussed up to this point. The main items are what need to be completed by 2018. Allie walked through the reference guide, statute requirements, grant work and requirements, and other work the CHS does. How can we operate, work together and be self-sustaining that is agreeable to all parties. Allie walked through the example shared at the subcommittee in regards to delegation work or integrated work for the CTC program.

The subcommittee group went on a site visit to Horizon CHS bldg. and the Meeker County space for the CHS. Horizon is in the county system but their IT is a separate system with separate service. The CHS will also tour the wallpaper office in Hutchinson next and Allie would hope to have a recommendation for a space for the CHS by the April CHB meeting. Office space is needed regardless if there is delegation or integration.

Discussion took place in regards to staff. The group reviewed staff position org chart. Allie felt if integrated we could be downsizing staff to 64 to 65 strictly through retirement vs. layoffs. Discussion also took place that if delegation is in place than supports need to be offered at the CHS level such a grant manager. Discussion of non CHS services that are local public health agency only and what could be billable, could the CHS hold these contracts vs. the local public health. Discussion also took place on pay scales and concern on tax levy as well as the pay difference between Meeker, McLeod, and Sibley County offices respectively.

The group reviewed the map of MN in regards to fully integrated CHBs. The group also discussed that it would be helpful to meet more than 4 times a year. Also maybe have a finance committee and personal committee that can take part in these CHB meetings. The group will discuss additional meetings for 2018 at the January meeting. If the public health depts. would integrate than they would like the CHS to be in a county bldg. to blend in for services offered, so the group will strictly look at county space.

Discussion from Scott Lepik's letter – Bill Pinske has a question about the 4th paragraph to this letter. The group has to have a new delegation agreement for 2019 by December 1st, 2018 vs. integration by default. Scott will be attending the next subcommittee meeting to explain the letter more on January 5th. The subcommittee will report back to the full board on January 11th.

7. Request for positions

a. WIC (CHS vacancy)

Permission to hire a Full-time WIC position (Dietitian or PHN)
Job description will be done by Springsted if not completed in time; we will default to McLeod's description.
Motion made by Ron Shimanski and seconded by Bill Pinske. Motion carries.

b. Grant Funded, limited term SHIP Health Educator

Explanation of SHIP and term on contract discussed.
Motion by Beth Oberg and seconded by Ron Shimanski. Motion carries

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Adjourn

Motion to adjourn Ron Shimanski and seconded by Bill Pinske

Motion carries.

Attachments:

- October 12th Meeting minutes
- CDS Fiscal Host Proposal

2018 Meeting Dates

Large Conference Room
McLeod Solid Waste Bldg

January 11th 9-11

April 12th 9-11

July 12th 9-11

October 11th 9-11

Conflict of Interest Policy
Meeker-McLeod-Sibley Community Health Services

An official shall not engage in any official duties, private enterprise, participate in any professional activity or perform any act or service during or outside their official duties with the Community Health Services, which would affect the officials ability to perform the normal duties and responsibilities of their position, or which is adverse to the interests of Meeker-McLeod-Sibley Community Health Services. In determining whether such outside official duties or activities for private gain constitute a conflict of interest with public duties, or are inconsistent or incompatible with the public official duties, the following shall be considered;

1. The performance of an act in other than the capacity as an official which may later act directly to the control, inspection, review, audit or enforcement by said official for the Community Health Services is prohibited
2. The use of Community Health Services time, facilities, equipment and supplies or the badge, uniform, prestige or influence of Community Health Services official duties for private gain.
3. Receipt or acceptance by the official of any money or other consideration from anyone other than the Community Health Services for the performance of an act which the official would be required or expected to perform in the regular course of the official's official duties, or as part of their duties as an official.
4. Officials participating in compensated or non-compensated activities/volunteer work are encouraged to continue in such participation. If an official is participating in any compensated or non-compensated activity that may cause a conflict, the official should discuss the potential conflict with the Community Health Board, whose decision shall be final.
5. Failure to follow this policy by the Community Health Services Coordinator or Fiscal Officer may result in termination of the contract between the Community Health Board and the Coordinator or Fiscal Officer.
6. The Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy shall be reviewed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer. The Original Statement of Conflict of Interest shall be signed yearly by the Elected Officials of the Community Health Board, the Community Health Services Coordinator and Fiscal Officer.

Approved 12-14-98
Meeker-McLeod-Sibley Community Health Board

Original Statement of Conflict of Interest
Local Official for Meeker-McLeod-Sibley Community Health Services

Instructions

- * This statement must be completed by each local official, it must be signed and dated. The signature indicates that the official understands and agrees to the Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy.
- * This statement is due to the Community Health Services Coordinator within 80 days after undertaking duties of office.
- * This statement may *not* be filed electronically.
- * All information on this statement is public information.
- * It is unlawful to use this information for commercial purposes.
- * Address questions to the Meeker-McLeod-Sibley Community Health Services Coordinator

Local Official

Name	Title of office held
Government Unit	Telephone (daytime)
Address	
City, State, Zip	
Occupation	Principal place of business

Period Covered

January 1, 2018 _____ to December 31, 2018 _____

Certification

I, _____, certify that I have read, understand and agree to the
(Print or type name)

Meeker-McLeod-Sibley Community Health Services Conflict of Interest Policy, and am aware of no current conflict of interest with my present official position. I agree to make the Meeker-McLeod-Sibley Community Health Board aware if any potential conflict of interest develops.

Signature of local official

Date

Any person who signs and certifies to be true a statement which the person knows contains false information, or who knowingly omits required information, is guilty of a gross misdemeanor.



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RESOLUTION 2018-1 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Operating Procedures, and by this Resolution of the Board adopted at a scheduled meeting on January 11, 2018 hereby appoints and authorizes the following persons to act on the Board's behalf and bind the board for the following purposes(s):

- A. To serve as the Board's authorized agent according to MN Statutes 145A, in communicating with the Commissioner of Health between Board meetings, including receiving information from the Commissioner and disseminating that information to the Board, as well as providing information to the Commissioner on the Board's behalf.
- B. To sign and execute, on behalf of the Board, contracts for funding and other administrative items under the following grant contracts administered by the Commissioner of Health or other granting agencies:
 - Local Public Health Grant
 - Maternal and Child Health Formula Special Project Grant (MCH) (MDH)
 - TANF Home Visiting (MDH)
 - Special Supplemental Food Program for Women, Infants, and Children (WIC) (MDH)
 - Family Planning Special Project Grant (FPSPG) (MDH)
 - Child and Teen Check-ups Administrative Services, (DHS)
 - Public Health Emergency Preparedness Grant (MDH)
 - Project Harmony-DHS
 - Immunization Grant – MDH
 - Health Disparities Grant – MDH
 - Newborn Hearing Screening - MDH
 - Statewide Health Improvement Grant – MDH
 - Healthy Homes
 - Other grants/contracts and budgets

Name: *Allie Elbert, CHS Administrator*
Address: 1805 Ford Ave, Suite 200, Glencoe, MN 55336
Telephone: (W): (507) 766-3531

Name: *Diane Winter, CHS Deputy Director*
Address: 114 N. Holcombe Ave, Litchfield, MN 55355
Telephone: (W): (320) 693-5370

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____
Chairperson, Community Health Board

01-11-18
Date



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RESOLUTION 2018-2 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board by virtue of its authority under Minnesota Statutes 145A, in accordance with the Board's Joint Powers Agreement and By-Laws, and by this Resolution of the Board adopted at a scheduled meeting on January 11, 2018 hereby appoints and authorizes Conway, Deuth and Schmiesing (CDS) as the fiscal agent of the Board, allowing designated employees of CDS to conduct financial transactions and employee services required for agency operations, according to regulatory requirements.

Designated CDS Employees:

Name: *Renee Mahlow, Senior Account Manager*
Address: CDS, 820 Sibley Ave N, Litchfield MN 55355
Telephone: (W): 320-693-7975

Name: *Sarah Nelson, Staff Accountant*
Address: CDS, 820 Sibley Ave N., Litchfield MN 55355
Telephone: (W): 320-693-7975

Name: *Valerie Amberg, Managing Partner*
Address: CDS, 820 Sibley Ave N., Litchfield MN 55355
Telephone: (W): 320-235-3311

- B. CDS Employees named above will have limited access and authorization to conduct financial duties as indicated on the Security Bank and Trust Entity Authorization Form. See attachment A.

This resolution authorizes the above-referenced appointees to act on behalf of, and bind, the Board to the extent, and for the purposes, indicated in this Resolution.

Signed: _____
Meeker-McLeod-Sibley Community Health Board CHAIR

01-11-18
Date

ENTITY AUTHORIZATION

Return

ENTITY CERTIFICATIONS. I, Allie Elbert (Authorization Signer's name), certify that: I am a/the Director (Authorization Signer's title) designated to act on behalf of Meeker-McLeod-Sibley Community Health Services (Authorizing Entity). Authorizing Entity is a Public Funds (type of entity, like a "non-profit" corporation) and its Taxpayer Identification Number 37-1867750. I am authorized and directed to execute an original or a copy of this Authorization to Financial Institution, and anyone else requiring a copy. Authorizing Entity is duly organized, validly existing and in good standing under the laws of Minnesota and is duly qualified, validly existing and in good standing in all jurisdictions where Authorizing Entity operates or owns or leases property. Authorizing Entity has the power and authority to provide this Authorization, to confer the powers granted in this Authorization and to carry on Authorizing Entity's business and activities as now conducted. The designated Agents have the power and authority to exercise the actions specified in this Authorization and Authorizing Entity properly adopted these authorizations and appointed the Agents and me to act on its behalf. Authorizing Entity will notify Financial Institution before reorganizing, merging, consolidating, recapitalizing, dissolving or otherwise materially changing ownership, management or organizational form. Authorizing Entity will be fully liable for failing to notify Financial Institution of these material changes.

☐ Authorizing Entity conducts business and other activities under the additional trade name or fictitious name of _____ and Authorizing Entity has the legal power and authority to use this trade name or fictitious name. Authorizing Entity will not use any trade name or fictitious name without Financial Institution's prior written consent and will preserve Authorizing Entity's existing name, trade names, fictitious names and franchises.

GENERAL AUTHORIZATIONS. I certify Authorizing Entity authorizes and agrees that: Security Bank & Trust Co. (Financial Institution) is designated to provide Authorizing Entity the financial accommodations indicated in this Authorization, subject to the Financial Institution's rules and regulations from time to time. All prior transactions obligating Authorizing Entity to Financial Institution by or on behalf of Authorizing Entity are ratified by execution of this Authorization. Any Agent, while acting on behalf of Authorizing Entity, is authorized, subject to any expressed restrictions, to make all other arrangements with Financial Institution which are necessary for the effective exercise of the powers indicated within this Authorization. The signatures of the Agents are conclusive evidence of their authority to act on behalf of Authorizing Entity. Unless otherwise agreed to in writing, this Authorization replaces any earlier related Authorization and will remain effective until Financial Institution receives and records an express written notice of its revocation, modification or replacement. Any revocation, modification or replacement of this Authorization must be accompanied by documentation, satisfactory to Financial Institution, establishing the authority for the change. Authorizing Entity agrees not to combine proceeds from collateral securing any debts owed to Financial Institution with unrelated funds.

SPECIFIC AUTHORIZATIONS. The following persons (Agents) are authorized to act on behalf of Authorizing Entity in fulfilling the purposes of this Authorization:

Individual's Name, Title, & if applicable, Representative Entity's Name and Relationship to Authorizing Entity	Signature or Facsimile Signature
(a) Allie Elbert	<i>[Signature: Allie Elbert]</i>
(b) Diane Winter	<i>[Signature: Diane Winter]</i>
(c) _____	_____
(d) _____	_____
(e) _____	_____
(f) _____	_____

Authorizing Entity has adopted any facsimile signatures indicated above. Financial Institution may rely on those facsimile signatures that resemble the specimens within this Authorization or the specimens that Authorizing Entity periodically files with Financial Institution, regardless of by whom or by what means the signatures were affixed.

Authorizing Entity authorizes and directs the designated Agents to act, as indicated, on Authorizing Entity's behalf to:
(Indicate a, b, c, d, e and/or f to exercise each specific power):

<u>a, b</u>	Open or close any share or deposit accounts in Authorizing Entity's name, including, without limitation, accounts such as share draft, checking, savings, certificates of deposit or term share accounts, escrow, demand deposit, reserve, and overdraft line of credit accounts. Number of signatures required _____.
<u>a, b</u>	Enter into and execute any preauthorized electronic transfer agreements for automatic withdrawals, deposits or transfers initiated through an electronic ATM or point-of-sale terminal, telephone, computer or magnetic tape using an access device like an ATM or debit card, a code or other similar means. Number of signatures required _____.
<u>a, b</u>	Enter into and execute commercial wire transfer agreements that authorize transfers by telephone or other communication systems through the network chosen by Financial Institution. Number of signatures required _____.
<u>a, b</u>	Endorse for cash, deposit, negotiation, collection or discount by Financial Institution any and all deposit checks, drafts, certificates of deposit and other instruments and orders for the payment of money owned or held by Trust. Number of signatures required _____.

a, b

Sign checks or orders for the payment of money, withdraw or transfer funds on deposit with you. If Authorizing Entity authorizes and Financial Institution accepts this power with a multiple signature limitation, Authorizing Entity agrees to waive the multiple signatures requirement for any withdrawal in a format that does not allow Financial Institution an opportunity to examine signatures. Number of signatures required _____

Enter into and execute a written night depository agreement, a lock-box agreement or a safe deposit box lease agreement. Number of signatures required _____

Borrow money or obtain other credit or financial accommodation from Financial Institution on behalf of and in the name of Authorizing Entity on the terms agreed to with Financial Institution. The designated Agents may execute and endorse promissory notes, acceptances or other evidences of indebtedness. ☐ If checked, the maximum outstanding credit limit for all available credit and financial accommodation to Authorizing Entity from Financial Institution must not exceed \$ _____. Number of signatures required _____

Grant a security interest, lien or other encumbrance to Financial Institution in any or all real or personal property that Authorizing Entity now owns or may acquire in the future for the payment or performance of:

☐ **Specific Debts.** The debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, evidenced by (describe): _____

☐ **All Debts.** All debts, liabilities and obligations of every type and description owed now or in the future by Authorizing Entity to Financial Institution.

Number of signatures required _____

Receive and acknowledge receipt for funds, whether payable to the order of Authorizing Entity or an Agent, without additional certification as to the use of the proceeds. Number of signatures required _____

Guaranty the payment and performance of debts, liabilities and obligations owed to Financial Institution or its successors and assigns by _____ (Borrower):

☐ **Specific Debts.** The debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, evidenced by (describe): _____

☐ **All Debts.** All debts, liabilities and obligations, and their renewals, extensions, refinancing and modifications, that Borrower owes now or in the future to Financial Institution, to the extent allowed by law.

Number of Signatures required _____

☐ **Grant a Security Interest.** The designated Agents may also grant a security interest, lien or other encumbrance to Financial Institution in any or all real or personal property that Authorizing Entity now owns or may acquire in the future for the payment or performance of this guaranty. Number of signatures required _____

Periodically amend, restructure, renew, extend, modify, substitute or terminate any agreements or arrangements with Financial Institution that relate to this Authorization. Number of signatures required _____

Execute other agreements that Financial Institution may require, and perform or cause to be performed any further action necessary to carry out the purposes of this Authorization. Number of signatures required _____

Other (specify) _____

Number of signatures required _____

INTERPRETATION. Whenever used, the singular includes the plural and the plural includes the singular. The section headings are for convenience only and are not to be used to interpret or define the terms of this Authorization.

SIGNATURES. By signing, I certify and agree to the terms contained in this Authorization on behalf of Authorizing Entity on 12/20/2017. I also acknowledge receipt of a copy of this Authorization.

Pennsylvania. The designation of an Agent does not create a power of attorney; therefore, Agents are not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code) unless the agency was created by a separate power of attorney. Any provision that assigns Financial Institution rights to act on behalf of any person or entity is not subject to the provisions of 20 Pa.C.S.A. Section 5601 et seq. (Chapter 56; Decedents, Estates and Fiduciaries Code).

AUTHORIZATION'S SIGNERS:

By: _____
Name
Allie Elbert

_____ Date

By: _____
Attest: Name

_____ Date

FOR FINANCIAL INSTITUTION USE ONLY

Acct/Loan # 00028302

Authorization and agreement completed and effective 12/20/2017

By _____ for the Financial Institution.



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RESOLUTION 2018-3 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Services Board approves transferring remaining Meeker-McLeod-Sibley Community Health Services funds from McLeod County to the designated bank account at Security Bank and Trust Co. in Glencoe MN

Signed: _____
Meeker-McLeod-Sibley Community Health Board CHAIR

1/11/2018
Date



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RESOLUTION 2018-4 Meeker-McLeod-Sibley Community Health Board

The Meeker-McLeod-Sibley Community Health Board supports pursuit of funding offered by the Minnesota Department of Health, funds which are designated to implement federally approved evidence-based home visiting services with demonstrated outcomes.

Therefore, the Meeker-McLeod-Sibley Community Health Board supports submitting a proposal in partnership with Horizon Public Health, SouthWest Health & Human Services, and Renville-Kandiyohi Community Health Board to implement the federally approved model; FAMILY CONNECTS

Signed: _____
Meeker-McLeod-Sibley Community Health Board CHAIR

Date

2018 CHS Total Budget						
	Receipts	Expenditures				
		Meeker	McLeod	Sibley	Vendors	Total
Local Public Health Grant						
<i>State Funds</i>	\$ 311,427	\$ 46,062	\$ 62,496	\$ 34,675	\$ 168,194	\$ 311,427
<i>TANF</i>	\$ 95,010	\$ 25,047	\$ 25,600	\$ 19,527	\$ 24,836	\$ 95,010
<i>MCH</i>	\$ 82,180	\$ 19,766	\$ 28,654	\$ 13,042	\$ 20,718	\$ 82,180
<i>Follow Along</i>	\$ 5,799	\$ 1,933	\$ 1,933	\$ 1,933	\$ -	\$ 5,799
Health Disparities	\$ 1,883	\$ -	\$ -	\$ -	\$ 1,883	\$ 1,883
Immunization Grant	\$ 1,500	\$ 500	\$ 500	\$ 500	\$ -	\$ 1,500
WIC	\$ 328,095	\$ 76,032	\$ 76,032	\$ 76,031	\$ 100,000	\$ 328,095
WIC Peer Breastfeeding Grant	\$ 43,629	\$ -	\$ -	\$ -	\$ 43,629	\$ 43,629
Family Planning	\$ 155,202	\$ 43,402	\$ 43,400	\$ 43,400	\$ 25,000	\$ 155,202
C&TC Outreach	\$ 229,940	\$ 73,314	\$ 73,313	\$ 73,313	\$ 10,000	\$ 229,940
Newborn Hearing Screening Program	\$ 3,000	\$ 1,000	\$ 1,000	\$ 1,000	\$ -	\$ 3,000
Emergency Preparedness	\$ 85,209	\$ -	\$ -	\$ -	\$ 85,209	\$ 85,209
FASD Project Harmony	\$ 150,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 45,000	\$ 150,000
Healthy Communities	\$ 6,000	\$ -	\$ -	\$ -	\$ 6,000	\$ 6,000
SHIP	\$ 224,095	\$ 61,365	\$ 61,365	\$ 61,365	\$ 40,000	\$ 224,095
Total	\$ 1,722,969	\$ 383,421	\$ 409,293	\$ 359,786	\$ 570,469	\$ 1,722,969
Community Health Board				Date		

12/18/2017

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH

BASE LIFE & AD&D

\$25,000

\$50,000

[illegible]

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH

SHORT TERM DISABILITY

	<i>RELIANCE STANDARD</i>	<i>PRINCIPAL</i>	<i>SUN LIFE</i>	<i>LINCOLN FINANCIAL</i>
Elimination & Benefit Period	1/8/13	8/8/13	8/8/13	8/8/13
Percentage of Salary	60%	60%	60%	60%
Maximum Weekly Benefit	\$1,500	\$700	\$700	\$700
Rate/\$10	Table Rated (.675)	Table Rated (.673)	Table Rated (.503)	0.650
Volume	\$2,768	\$2,480	\$2,583	\$2,188
Rate Guarantee	3 Years	1 Year	3 Years	2 Years
Monthly Premium	\$186.92	\$166.95	\$130.00	\$142.22

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH

LONG TERM DISABILITY

	RELIANCE STANDARD	PRINCIPAL	SUN LIFE	LINCOLN FINANCIAL
Benefit %	60%	60%	60%	60 - 70%
Maximum Monthly Benefit	\$7,500	\$5,000	\$5,000	\$5,000
Elimination Period	90 DAYS	90 DAYS	90 DAYS	90 DAYS
Definition of Disability	36 MONTHS	24 MONTHS	36 MONTHS	36 MONTHS
Benefit Duration	SSNRA	SSNRA	SSNRA	SSNRA
Survivor Benefit	3 MONTHS	3 MONTHS	3 MONTHS	3 MONTHS
Mental & Nervous	2 YEARS	2 YEARS	2 YEARS	2 YEARS
Rate Guarantee	3 YEARS	2 YEARS	3 YEARS	2 YEARS
Rate	TABLE RATED	TABLE RATED	TABLE RATED	1.16%
Monthly Covered Payroll		\$20,008	\$22,299	\$17,757
Monthly Premium	\$248.17	\$204.32	\$242.00	\$205.98

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH

DENTAL

	RELIANCE STANDARD	PRINCIPAL	SUN LIFE	LINCOLN FINANCIAL
Deductible	\$50/150	\$50/150	\$50/150	DECLINED
Preventive	100%	100%	100%	TO
Basic	80%	80%	80%	QUOTE
Major	50%	50%	50%	
Ortho	N/A	N/A	N/A	
Annual Maximum Benefit	\$1,000	\$1,000	\$1,000	
Endodontics	50%	50%	50%	
Periodontics	50%	50%	50%	
Participation	75%	100%	100%	
<u>Monthly Cost</u>				
Employee	\$47.26	\$53.29	\$27.70	
Employee + 1	\$90.64	N/A	\$55.14	
Family	\$150.21	\$145.56	\$104.98	

RATE GUARANTEE

24 MONTHS

12 MONTHS

12 MONTHS

MEEKER-MCLEOD-SIBLEY COMMUNITY HEALTH

VISION

	RELIANCE STANDARD	PRINCIPAL VSP	SUN LIFE	
			<u>In-network</u>	<u>Out-of-network</u>
Laser Correction		Additional Savings Discount	15% off regular price	
<u>Lenses</u>				
Single	\$35 Copay	\$25 Copay	\$25 Copay	Up to
Tri-focal	\$65 Copay	\$25 Copay	\$25 Copay	\$55 - \$125
Lenticular	\$70 Copay	\$25 Copay	\$25 Copay	
Frames - every 24 months		\$150 allowance (20% off amounts over allowance)	\$130 allowance	\$57.00
Contact Lenses Every 12 Months		Up to \$60 Copay \$150 allowance	\$130 allowance	Up to \$105.00
Additional Glasses and Sunglasses		N/A	30% glasses & sunglasses	N/A
Participation		50%	75%	
<u>Monthly Cost</u>				
Employee		\$9.79	\$9.29	
Employee +Spouse		\$19.10	\$18.58	
Employee +Child(ren)		\$20.16	\$20.44	
Family		\$31.53	\$29.74	

RATE GUARANTEE

12 Months

Meeker-McLeod-Sibley Community Health Services

EXAMPLE

CAFETERIA OPTION		ANNUAL COST
Single Coverage- \$800/month/employee (3)		\$28,800
Single and Dependent Coverage- \$1050/month/employee (1)		\$12,600
Total Cost		\$41,400

Total

Meeker-McLeod-Sibley Community Health Services

2018 Employer Contribution for Health Insurance \$2,158

Benefit	Cost per employee per month
Life and Accidental Death (AD&D)- \$25,000	\$18
Short Term Disability (STD)	\$187
Long Term Disability (LTD)	\$248
Dental (Employee Only)	\$47
Vision (Employee Only)	\$9
<hr/> Total	<hr/> \$510

Total Monthly Cost \$2,668

Total Annual Cost \$32,012

12/13/2017

MEEKER-McLEOD-SIBLEY COMMUNITY HEALTH

Freidrichs, Allie	41	3	(1-18, 1=15, 1=11)
Remington, Jessica	33		
Wirta, Cathy	53		

HEALTH PARTNERS

	OA \$3600-100% Embedded HSA PLAN				EMPLOYER costs	Total Employee cost
	EE	SPOUSE	CHILD	TOTAL		
Freidrichs, Allie	431.37	431.37	884.61	1,747.35	1158.00	657.99
Remington, Jessica	396.91			396.91	500.00	(103.09) (put into HSA)
Wirta, Cathy	675.87			<u>675.87</u>	500.00	<u>175.87</u>
				\$ 2,820.13	2,158.00	

*Single employee coverage up to \$500- any remaining put into HAS

*50% Dependent coverage

Meeting the challenge of having communitywide impact on the health and wellbeing of infants and their families has gained momentum in communities across the country. Family Connects is the most successful evidence-based universal approach to supporting parents at the time of birth. Rigorous evaluations demonstrate that this program does indeed improve communitywide outcomes for families. The Family Connects model focuses on newborn infants, families, and communities to address family unmet needs and to identify critical gaps in the early childhood ecosystem to create population-level impact.

Community-wide service delivery is a paradigmatic shift in home visiting underpinned by the assumption that every family is vulnerable at the birth of a child, and community-wide eligibility is the best route to population-level change. Universal efforts complement, and do not replace, intensive targeted home-visiting programs by introducing all families to the local system of care, ensuring they receive what they need regardless of demographic factors.

Family Connects has three program components:

- *Community Alignment.* A community system of care, including identification of community services that support young children and families and the active participation of community stakeholders to foster local participation and program ownership.
- *Home Visiting.* Nurse home visits aim to connect with every family approximately three weeks after discharge from the birthing hospital to provide: assessment of the family to identify family risks and needs; health assessments of the newborn and postpartum mother; supportive guidance; responses to questions about infant care; and facilitated linkages to community resources.
- *Use of Data for Monitoring and Decision-Making.* Family Connects sites employ data and monitoring to document interventions, assess local program implementation, evaluate program impact, and support communities in using data for day-to-day decision-making. Aggregate reports summarize program activities, community penetration, quality assurance for adherence to the protocol, the prevalence of risk factors in communities, and accountability.





The Family Support Matrix, developed by Family Connects, is a high inference approach used to assess family risks and needs in four domains: Health Care, Safe Home, Infant Care, and Parent Support. Twelve factors, three for each domain, guide the nurse and parent(s) in understanding the family's status. Each factor is rated as the family having no identified needs/risk factors, needs addressed during the visit, needs for connections to community resources, and urgent situations requiring immediate intervention. With family collaboration, the results are used to plan facilitated referrals to community services, including, but not limited to, longer-term home visiting programs available locally.

Two randomized controlled trials and a field quasi-experiment provide the evidence base for program benefits. Findings indicate that the program can be implemented with high participation rates and high adherence to the protocol, even at low cost. Follow-ups indicate that, compared with families not randomly assigned to receive the program, Family Connects families demonstrate more connections to community resources, better parenting behaviors, lower maternal anxiety and depression, fewer infant emergency hospital visits, and lower rates of child protective services investigations for child abuse.

Replication of the model is occurring at numerous sites across the country, funded by community governments, federal and state grants, Medicaid reimbursements, philanthropy, and corporate health systems.

References

1. Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting [Special Issue]. *American Journal of Public Health*, 104, S136-S143. PMCID: PMC4011097
2. Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., & Sato, J. (2013). Randomized controlled trial evaluation of universal postnatal nurse home visiting: Impacts on child emergency medical care at age 12-months [Special Issue]. *Pediatrics*, 132, S140-S146. PMCID: PMC3943376
3. Alonso-Marsden, S., Dodge, K.A., O'Donnell, K.J., Murphy, R.A., Sato, J.M., & Christopoulos, C. (2013). Family risk as a predictor of initial engagement and follow-through in a universal nurse home visiting program to prevent child maltreatment. *Child Abuse & Neglect*, 37, 555-565. PMCID: PMC3760480
4. Dodge, K.A., Goodman, W.B., Murphy, R.A., O'Donnell, K., Sato, J. (2013). Toward population impact from home visiting. *Zero to Three*, 33, 17-23. PMCID: PMC3606025

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Key Responsibilities of the Family Connects Organizational Home

Implementation of the Family Connects model requires creation and maintenance of an organizational structure that allows for full implementation of the core model components (*see page 3*). In order to accomplish these components, the selected organizational home must be able to perform specific activities / tasks including:

General Program Management

[Executive leadership, Human Resources Leadership, and Communications Staff]

- Leadership personnel management
- Oversight of all program operations & communication with the Family Connects national service office
- Communications management (website, marketing materials, etc.)

Personnel Management

[Executive / Program Leadership and Clinical Director]

- Manage clinical personnel (hiring, initial training/onboarding, professional development, etc.)
- Manage administrative and support personnel (hiring, initial training/onboarding, professional development, etc.)
- Provide clinical supervision (group and individual)
- Perform quarterly quality assurance tasks per the Family Connects model requirements

Clinical & Support Services

[Clinical Director, Nurse Home Visitors, and Program Support Workers]

- Create and maintain core program material library (parent handouts, client incentives, etc.)
- Respond to client / parent inquiries for services (via email, web, and phone).
- Recruit program participants (in-person and via phone/web)
- Schedule integrated home visits according to program policy and procedure (as directed by Program Co-Directors and Director of Clinical Services)
- Provide integrated home visits according to standardized visit protocol, assessment of risk, and connection to community resources for identified needs
- Document clinical services provided (to be completed within 48 working hours of the home visit encounter)
- Document client connection to community resources via post visit calls or other client survey methods

Community Advisory Process / Stakeholder Engagement

[Community Resource Specialist]

- Inform the management of external communications (website, marketing materials, etc.).
- Create and maintain relationships with community resources / services
- Provide individual-case consultation regarding community resources to clinical personnel
- Market the program locally to referral sources, employers, newspapers, churches, childcare agencies, the public, etc.
- Create and maintain a local resource directory (Agency Finder) for use with clients by clinical and support staff
- Oversee the community advisory process for the Family Connects program

Data Validation & Reporting

[IT Management and FC Database Manager]

- Maintain Family Connects database
- Provide technical assistance for end users
- Generate weekly clinical activities report (standardized)
- Generate monthly community activities report (standardized)
- Provide data validation for all internal program reporting
- Provide data analysis for ad hoc reporting requests

Financial Management

[Financial Director, Executive Leadership, and Clinical Director]

- Manage funding streams through oversight of grants and contracts
- Report key financial performance indicators
- Provide financial documentation for reports as needed

Core Components of the Family Connects Model

THE COMMUNITY-WIDE APPROACH

The Family Connects program is community-based with community ownership, and it is seen as part of the continuum of care for newborns and their parents in the community.

The program is designed for universal community coverage; all families with newborns in a catchment area are eligible, whether region, state, city, or neighborhoods.

In order to model the evidence-based Family Connects program, a community penetration of at least 60 to 70 percent of the *a priori* identified population is essential for the community level outcomes as demonstrated in the two program randomized controlled trials and for which the program is approved for MIECHV funding.

COMMUNITY ALIGNMENT FOR FAMILY CONNECTS IMPLEMENTATION

A Community Advisory Board (CAB) that includes consumers and community resources/stakeholders is required to align resources relevant to families with newborns. The CAB may be a part of an existing group for community services' coordination or developed specifically for the Family Connects local program.

Available community resources are compiled in a web based format and / or printed directory (the Agency Finder) and updated regularly. Regular review should include identifying gaps in community services as well as identifying new formal and informal community services that address family needs.

A direct link between Family Connects and the local Department of Social Services is essential to facilitate the family's ease of access to and knowledge about eligible services, such as Medicaid and SNAP benefits (food stamps).

Family Connects programs seek to identify gaps in needed community services for families, to document them, and to work to address these gaps with community stakeholders.

THE MODEL FOR NURSE HOME VISITS

The initial Family Connects home visit is scheduled as close to birth as possible. Scheduling at the birth hospital is one method used to accomplish universal service delivery. Other options may be explored for local differences in hospitals and communities.

The initial home visit (referred to as the Integrated home visit; IHV) occurs at approximately 3 weeks after birth/after the infant comes home to the family. The IHV generally requires 1 ½ to 2 hours and may be followed by 1 to 2 follow-up visits

Family Connects home visitors are Registered Nurses, providing health and psychosocial assessments of newborn, mother, and family.

The collaboration of a pediatrician or family medicine physician is needed for input and verification of the infant assessment and to be available for nurse questions about infants' and families' health needs.

Nurse visitors are trained in the family friendly high inference approach for assessing family needs and risk factors in 12 factors that reflect child and family health, caring for the infant, household safety and stability, and parental well-being. Rating and responding accordingly to family needs is documented by the *Family Support Matrix*, the home visit tool developed by Family Connects.

Nurse visitors are trained to provide systematic education in response to parent queries and nurse observations in areas of possible difficulties in adapting to the newborn (e.g., breastfeeding, support for "baby blues" and others.)

Anticipatory and supportive guidance is spelled out in the home visit protocol and provided by home visitors at all visits (e.g., back to sleep, the benefits of tummy time.)

Family and nurse plan together for individualized connections to and recommendations for community resources and services.

As indicated clinically, the initial home visit can have one or more follow up visits/telephone calls to complete the assessments, allow for more direct supportive guidance, and ensure linkages to local services and resources. The primary goal of follow up is to support the connections to community resources.

In addition to the clinical follow up, a brief contact by phone or mailed survey is made regarding client satisfaction and successful linkage to referrals at one month after the family's case is closed.

The clinical team has weekly team meetings (case conference) for peer review of families seen during the preceding week.

Systematic quality assurance includes: protocol adherence, accurate assessment of family risks and needs, inter-rater reliability in rating the *Family Support Matrix* at a high >75% adherence and reliability level >.60 Kappa Cohen statistic.

Documentation of the home visit(s) and contacts with families and community services related to family needs in an electronic medical record is essential.

IMPLEMENTATION MONITORING AND DATA SHARE

The dissemination of the Family Connects model requires training and monitoring by the Family Connects International Office in Durham, North Carolina. The initial training and start up is spelled out by the office prior to the training contract and usually requires 12 to 18 months, after which yearly on and off site monitoring is used to verify continued implementation of model requirements.

Family Connects sites will document program implementation using the Family Connects International office JAVA-4 database, used for the site's formative evaluation as well as verification of implementation of the model by the central office. A business agreement (BAA) is required to support quarterly share of (non-identified) data with the Durham office

AUXILLIARY/OPTIONAL COMPONENTS

In a community with few formal resources, identifying informal resources by examining local standards of care through interviews of clients and stakeholders is helpful for a complete list of available resources.

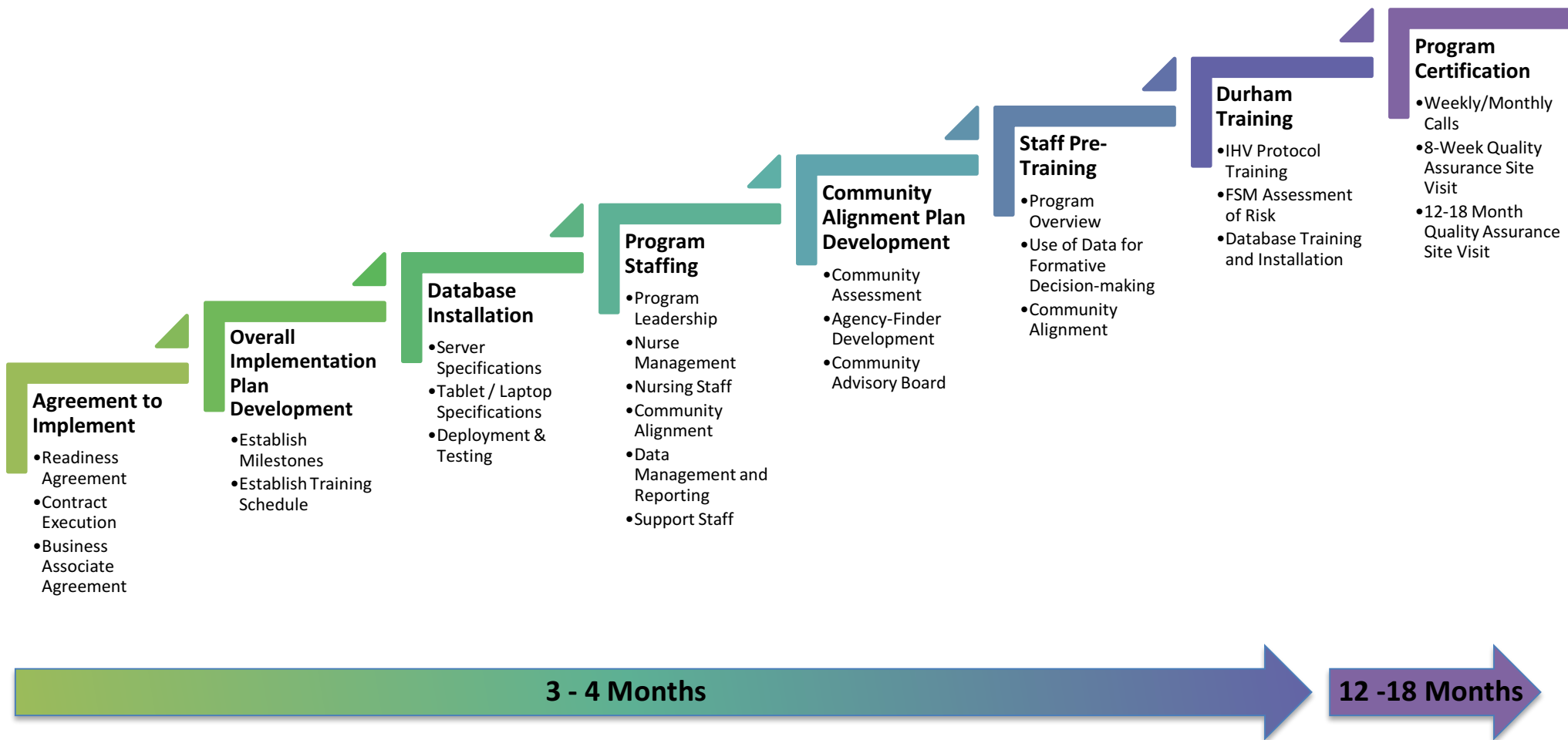
Some programs have elected to add a brief "pre-IHV visit" in the first week after hospital discharge to assist in specific issues such as feeding support or weight check. The early visit does not replace the 3-week *Family Support Matrix* assessment, and it is an optional addition for individual sites.

Funders may require and a program may elect individual supervision of the clinical staff guided by the tenets of reflective supervision.

Core competencies (including continuing education) are developed by the Family Connects International Office to guide local sites to provide ongoing education in relevant clinical areas.



Family Connects Dissemination Site Implementation Timeline





Family Connects Program Overview

Support is appreciated from The Pritzker Family Foundation, The Duke Endowment, the Durham, NC County Commissioners, the North Carolina Department of Health and Human Services, the Pew Center on the States, the Laura and John Arnold Foundation, NIDA, and NICHD.

Agenda

- Overview & History of Family Connects
- The Core Components of the Family Connects Model
- Model Training & Certification
- Program Operations
- Questions & Wrap-up

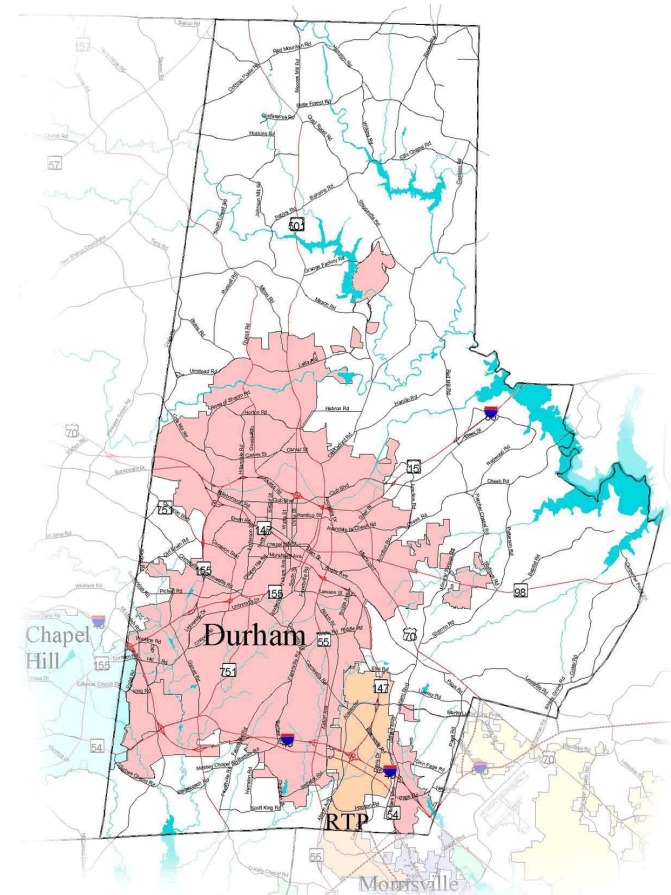
The Challenge of Community Impact

- The Duke Endowment made a ten-year commitment to reduce **community** levels of child maltreatment
- Durham Connects launched in 2008



Randomized Controlled Trial

- 18-Month Trial (July 1, 2009 – December 31, 2010)
- RCT Implementation
 - Every resident Durham County birth was assigned to control or intervention by even-odd birthdate ($n = 4,777$)
- RCT Impact Evaluation
 - Random, representative subsample in blinded impact evaluation interviews beginning at infant age 6 months ($n=549$)



What did we learn?

Every family is vulnerable at the birth of a child

- 94% of families had 1+ need for community resources

Community-wide eligibility is the only route to population change

- Does not replace intensive, targeted programs, but informs what families need

Population reach requires top-down approaches

- Identify preventative system of care, align resources, reach all families

Population reach requires bottom-up approaches

- Assess risk, provide intervention, improve connections

RCT Evaluation Results:

Age 6-month In-Home Interviews

Compared to control families, Durham Connects-eligible families had:

- More connections to community services / resources
- More mother-reported positive parenting behaviors
- Higher quality (blinded observer-rated) mother parenting behavior
- Higher quality and safer (blinded observer-rated) home environments
- Higher quality child care for those that chose out of home care
- Less maternal reported anxiety

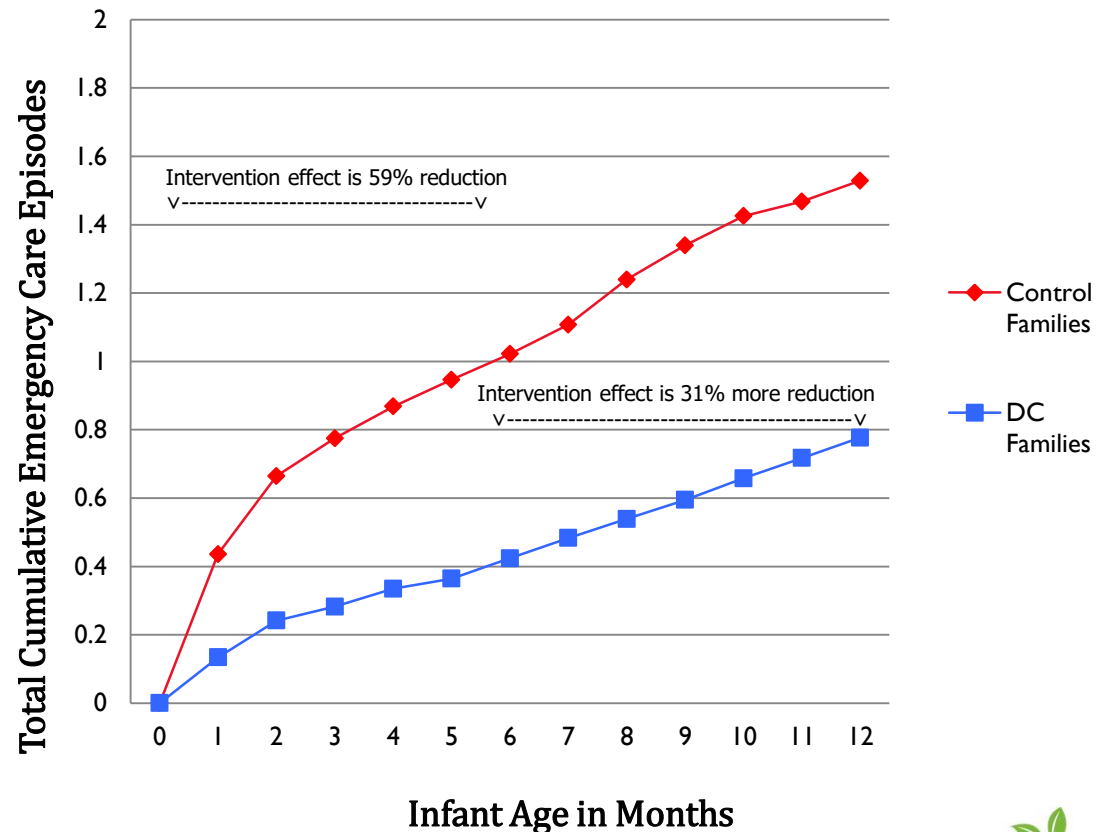
RCT Evaluation Results: Child Hospital Administration Records

Results at infant age **12 months** from aggregate hospital records

▪ *50% less total infant emergency medical care (ER visits + overnights in hospital)*

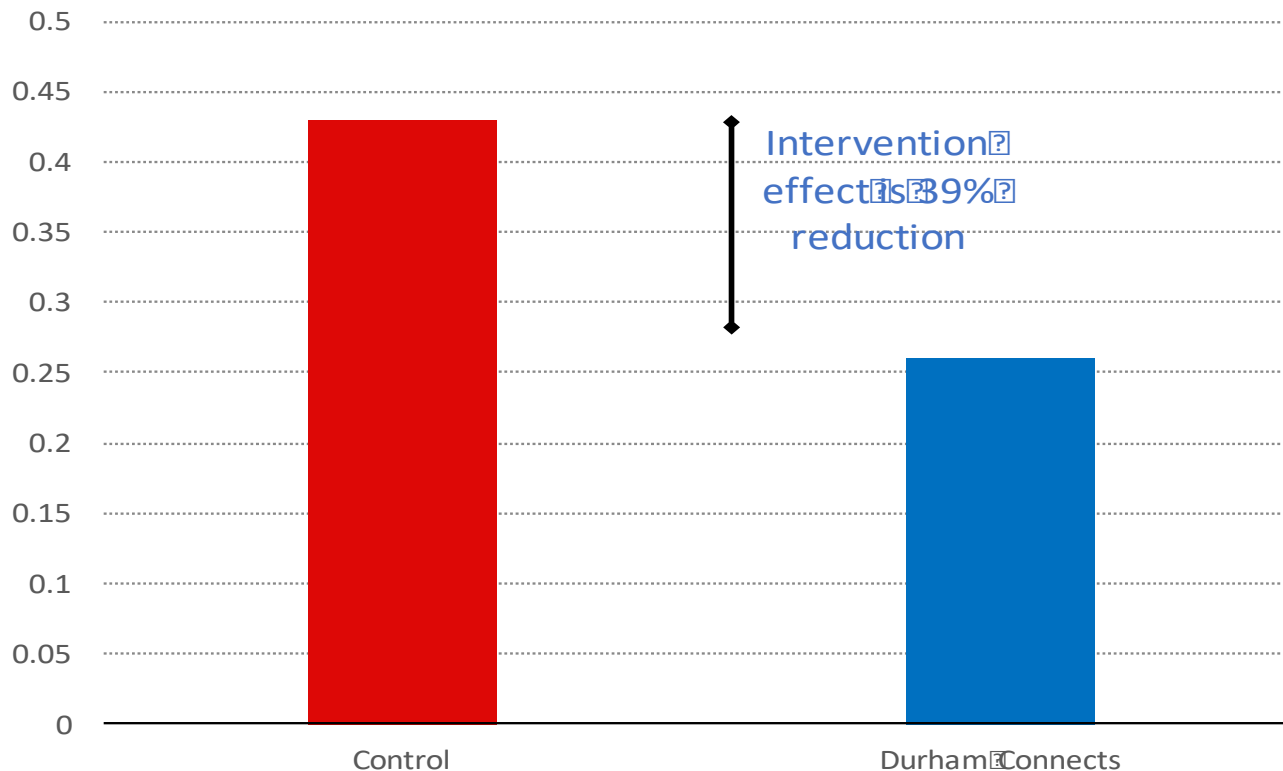
Results at infant age **24 months** from aggregate hospital records

▪ *37% less total infant emergency medical care (ER visits + overnights in hospital)*



RCT Evaluation Results: Age 60-month CPS Investigations

Average Number of CPS Investigations Per Child
through Child Age 60 Months



The Family Connects Model



Nurse connects
with family



Nurse connects
family to
community
resources



Parent connects
with infant



Core Program Components

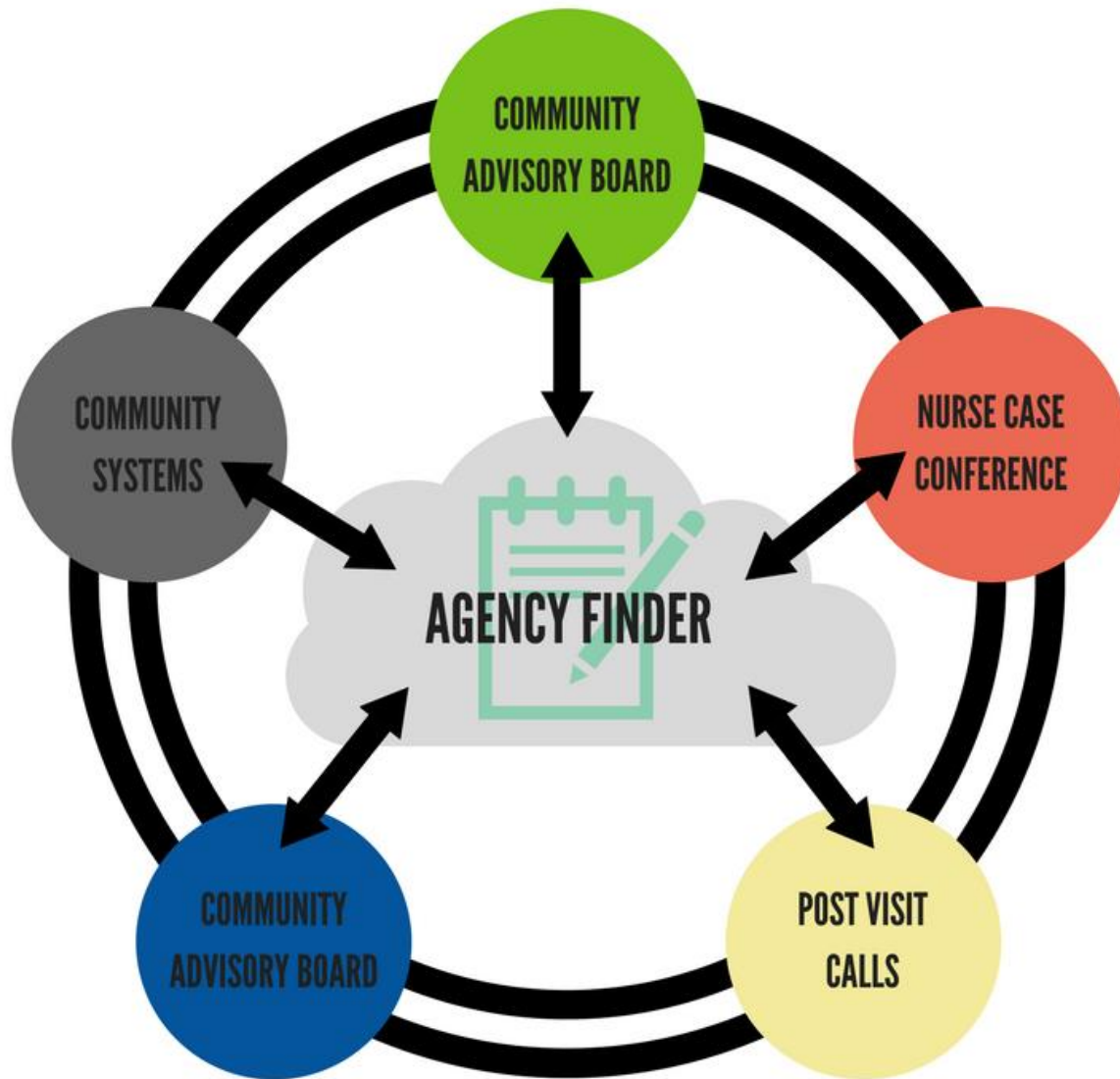


Community Alignment Philosophy

If you are trying to impact community system level change, it's imperative that you remember and promote the message that you are working **WITH** the community and not **ON** the community

Community Alignment Approach





Nurse Home Visiting

- ✿ Recruitment & Visit Scheduling Done in Hospital
 - ✿ Typically within 24 hrs. of birth
- ✿ Comprehensive In-Home Visit (~2 hours)
 - ✿ Newborn & mother health assessments
 - ✿ Education about newborn care (e.g., breastfeeding)
 - ✿ Assessment of family strengths & needs (Risk Assessment)
 - ✿ 12 factors empirically-linked to child maltreatment risk
 - ✿ Referrals to matched community agencies for identified risk
- ✿ 2nd or 3rd visits made as needed to conduct additional assessment and assure community connections
- ✿ Follow-up phone call 4 wks. after case closure to ensure connections are made

Family Connects

Family Contact Points

Scheduling Visit

- Ideally face-to-face
- By nurse or program support workers

Integrated Home Visit (IHV)

- 2 hours long
- 3 weeks post hospital discharge

Follow Up

- In home or via phone as needed
- 0-2 total

Post-Visit Call (PVC)

- 1 month after case closure
- Confirmation of connections to resources
- Customer satisfaction and program feedback

Domains and Factors of Interest: Family Support Matrix (FSM)

Support for Health Care

1. Maternal Health
2. Infant Health
3. Health Care Plans

Support for a Safe Home

7. Household Safety/Material Supports
8. Family and Community Safety
9. History with Parenting Difficulties

Support for Infant Care

4. Child Care Plans
5. Parent-Child Relationship
6. Management of Infant Crying

Support for Parent(s)

10. Parent Well Being
11. Substance Abuse in Household
12. Parent Emotional Support

Each factor is rated as:

- 1 = No family needs
- 2 = Needs addressed during visit
- 3 = Community resources needed
- 4 = Emergency intervention needed

Common Community Referrals

September 2016 - November 2016	
Agency	Count
OBGYN	63
Durham County Department of Social Services (DSS)	62
Cribs for Kids	37
PEDIATRICIAN	35
Other	32
Healthy Families Durham (HF)	25
MENTAL HEALTH AGENCY	17
CC4C (Care Coordination for Children) (formerly CSC)	15
Early Head Start - Center based	11
Child Care Services Association (CCSA)	9

March 2017 - May 2017	
Agency	Count
Other	60
OBGYN/Primary Care	45
Early Head Start (Home-Based)	31
Pediatrician	29
DSS - Medicaid	20
DSS - Food Stamps (SNAP)	16
Care Coordination for Children (CC4C)	13
Cribs for Kids	13
WIC (Lincoln Community Health Center)	9
Healthy Families Durham	8

December 2016 - February 2017	
Agency	Count
OBGYN/Primary Care	56
Other	51
Pediatrician	36
Cribs for Kids	34
Early Head Start - Home Based	14
Healthy Families Durham	24
Care Coordination for Children (CC4C)	21
WIC (Women, Infants, and Children)	12
MENTAL HEALTH AGENCY	9
Early Head Start - Center based	5

June 2017 - August 2017	
Agency	Count
Book Babies	82
OBGYN/Primary Care	79
Pediatrician	37
DSS - Food Stamps (SNAP)	36
Other	30
Early Head Start (Home-Based)	22
Welcome Baby	20
Duke Postpartum Support - Bill Meyer	17
Care Coordination for Children (CC4C)	16
Child Care Services Assoc. (CCSA) - Child Care Referral Central	15

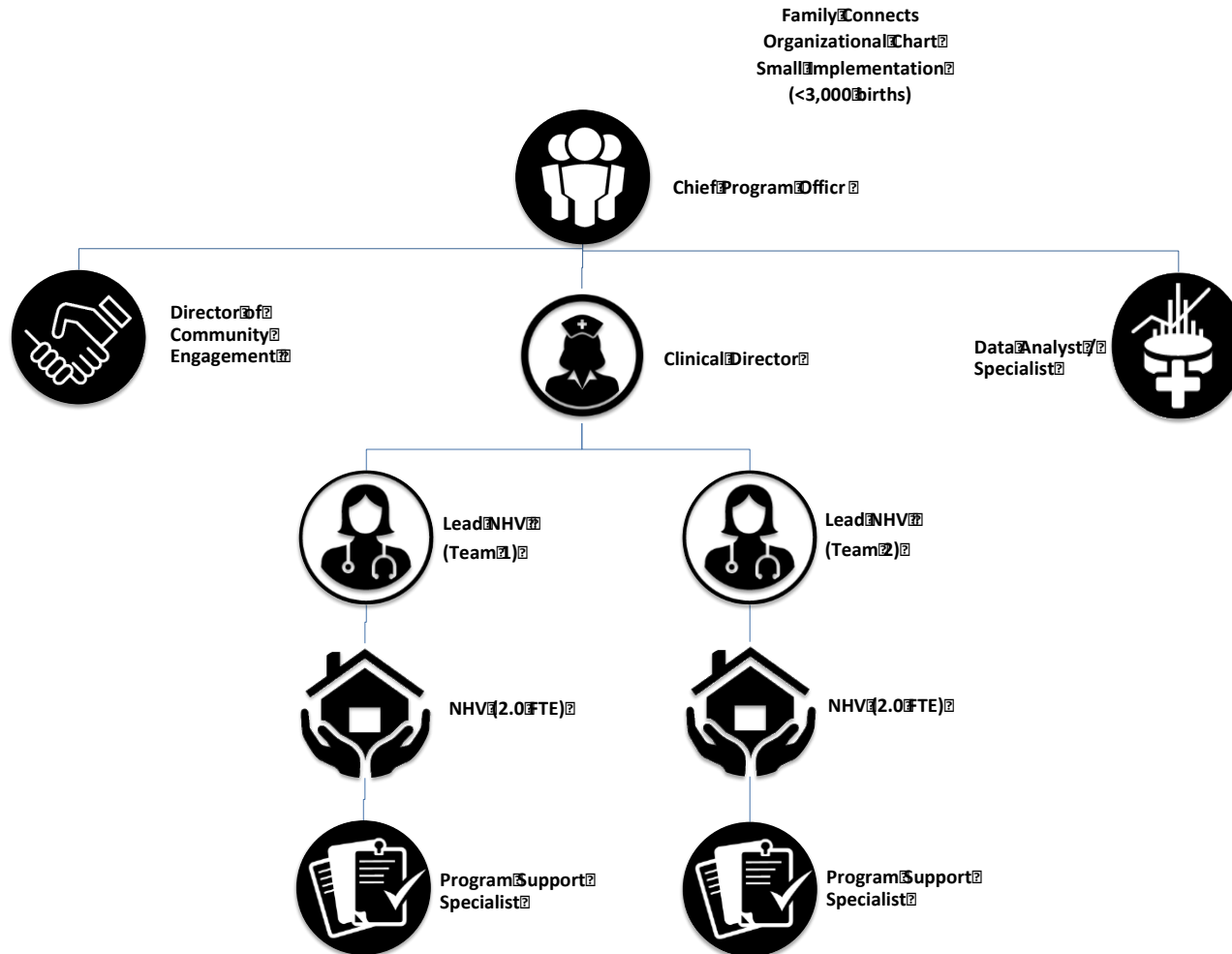
Program Staffing and Operations



Organizational Home

- When choosing to implement Family Connects, one of the first decisions is determining and organizational home.
- Replication sites have employed differing options based on their communities.
- Common options include:
 - Health System(s)
 - County Public Health
 - Child / Family-serving non-profit 501(c)3

Family Connects Staffing



Data & Monitoring



Data & Monitoring

COMMUNITY ALIGNMENT for Long-Term Family Support
MONITORING for Quality Assurance & Program Staffing



Quality Assurance for Clinical Practice

Weekly Case Conference

(All Staff)

- Supervisor led with peer supervision opportunities
- All families with initial home visit from previous week reviewed

Quarterly Dyadic Home Visits

(Nurse Visitor + Supervising nurse)

- Fidelity to the protocol assessed
- Adherence to 63 item Fidelity Checklist *(75% + goal)*
- Reliability in the scoring of the Family Support Matrix *(75% + goal)*
- Clinical supervision for the visit

Quality Assurance for Community Alignment

Weekly Case Conference

(All Staff)

- Nurses report referral data and qualitative feedback regarding ease of access for clients, needed resources, and feedback regarding connections into the community

Post-Visit Connections

- Staff-initiated call to families to assess program effectiveness in connecting to resources

Data Sharing & Reporting

Activities Report

(Monthly / Quarterly)

- Program level report
- Aggregate data re: scheduling rate, home visit completion rate, population reach, protocol adherence, FSM inter-rater reliability, family risk and need assessment, and community connection rate

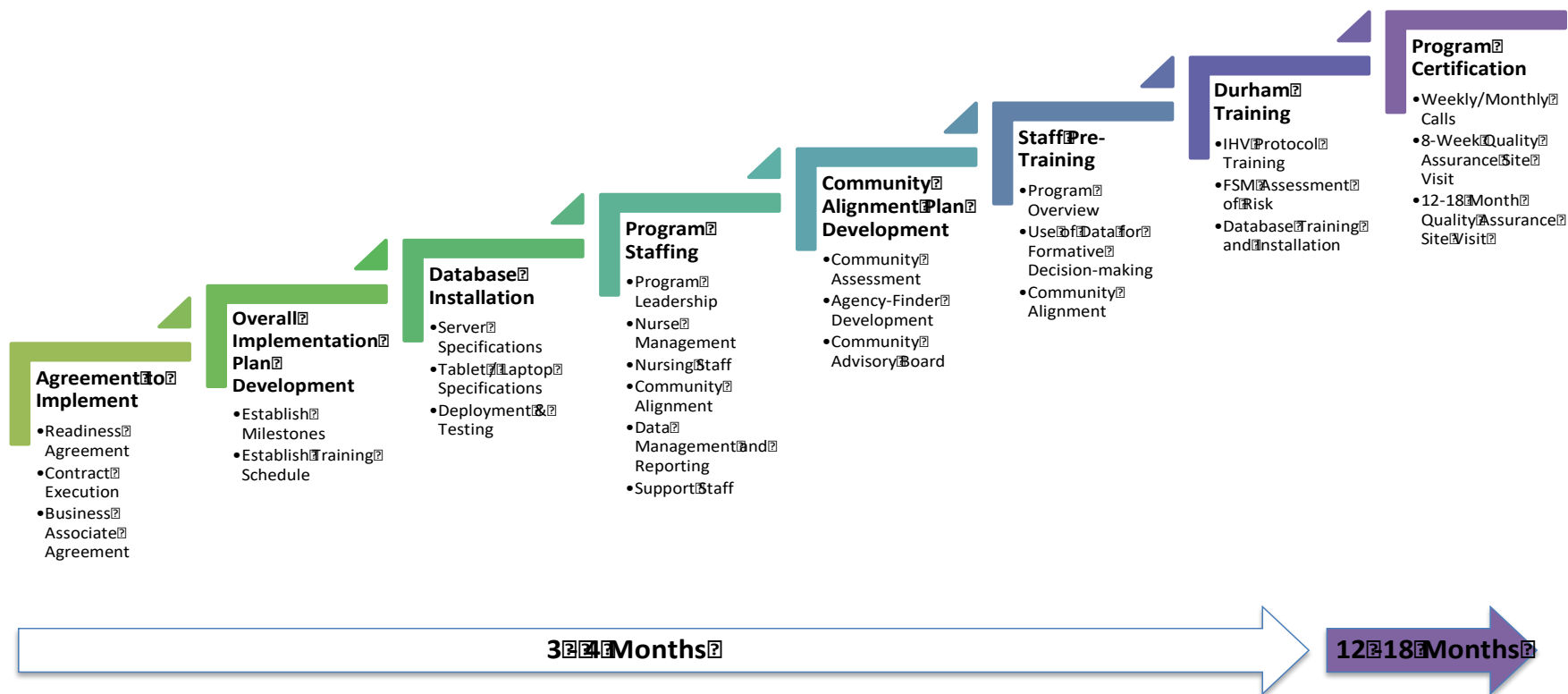
De-identified Data Share

(Quarterly)

- Client level data regarding home visit components and community connections
- Supports technical assistance process
- Supports cross-site analysis



Family Connects Dissemination Site Implementation Timeline



Key Training Milestones

- **Pre-Service Training**
 - On-site Organizational readiness assessment & initial implementation training
 - Initiation of technical assistance calls (every other week through initial certification)
 - Family Connects Foundations (distance)
 - Data System Customization & Training
- **Clinical Training**
 - 3-5 days in Durham, NC
 - Observation & Practice with Integrated Home Visit
- **On-site Clinical Training & QA**
 - 2-3 days in MN with clinical observation and coaching @ 4-6 weeks post Durham training
- **On-site Implementation & Operations Training**
 - 1-2 days @ 3 months post Durham Training
 - 1-2 days @ 10 months post Durham Training
- **On-site QA for Initial Certification**
 - 2-4 days in MN @ 11-12 months post Durham training

Questions?

Ashley Alvord, Director of Dissemination & Program
Certification

Family Connects

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