

Shelby County Early Success Coalition Implementation Plan Summary September, 2009

Early Success Coalition Vision

Babies are born healthy and raised by strong, resilient families with positive parenting and knowledge of child development and with supportive social connections and concrete resources in times of need so that young children are safe and fully supported in their physical, cognitive, social, and emotional development.

Early Success Coalition Mission

Promote and expand effective outreach, education and direct services for families with young children, pre-conception to six, that together offer families an integrated, comprehensive set of resources to help them provide their children with the strongest foundation for lifelong success.

1. “Big idea” Number #1: *Guiding Principles for Service Delivery*

To facilitate the widespread culture shift required to achieve the ESC’s mission and goals, the Steering Committee developed and adopted a set of Guiding Principles for service delivery, including home visitation and other services, to be adopted by community stakeholders as a foundation for change. The promotion and adoption of these principles by providers throughout the community will be the first action of the ESC, and is expected to continue over the course of the coming years.

These principles are as follows:

- Services for children and families in Shelby County will strive to promote the five protective factors defined by the Strengthening Families framework, as follows:
 1. *Parental resilience*: The ability to cope and bounce back from all types of challenges
 2. *Social connections*: Friends, family members, neighbors, and other members of a community who provide emotional support and concrete assistance to parents
 3. *Knowledge of parenting and child development*: Accurate information about raising young children and appropriate expectations for their behavior
 4. *Concrete support in times of need*: Financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like TANF and Medicaid, and informal support from social networks
 5. *Children’s social and emotional development*: A child’s ability to interact positively with others and communicate his or her emotions effectively.
- To accomplish this, programs and services will strive to embody all of the following characteristics:
 1. *Family-based*: Programs and services focus on supporting the entire family to help build parental resilience and a positive family “ecology”.
 2. *Community-based*: Service providers help families identify and access formal and informal supports within their local communities, and help families build on social connections to provide emotional and concrete support when needed.
 3. *Strength-based*: Service providers assist families in identifying and building on their strengths, assets and interests.

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4. *Family-driven*: Families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.
5. *Culturally and linguistically competent*: Program staff members understand and respect the culture of the families they serve, and are able to work productively within the family's culture.
6. *Comprehensive service delivery*: Front-line staff collaborate and coordinate with other service providers and community members to address the full needs of the child and family, providing both formal and informal concrete support in times of need.
7. *Commitment to Accountability and Continuous Improvement*: Programs have accountability, transparency, quality monitoring and reporting in their delivery processes.

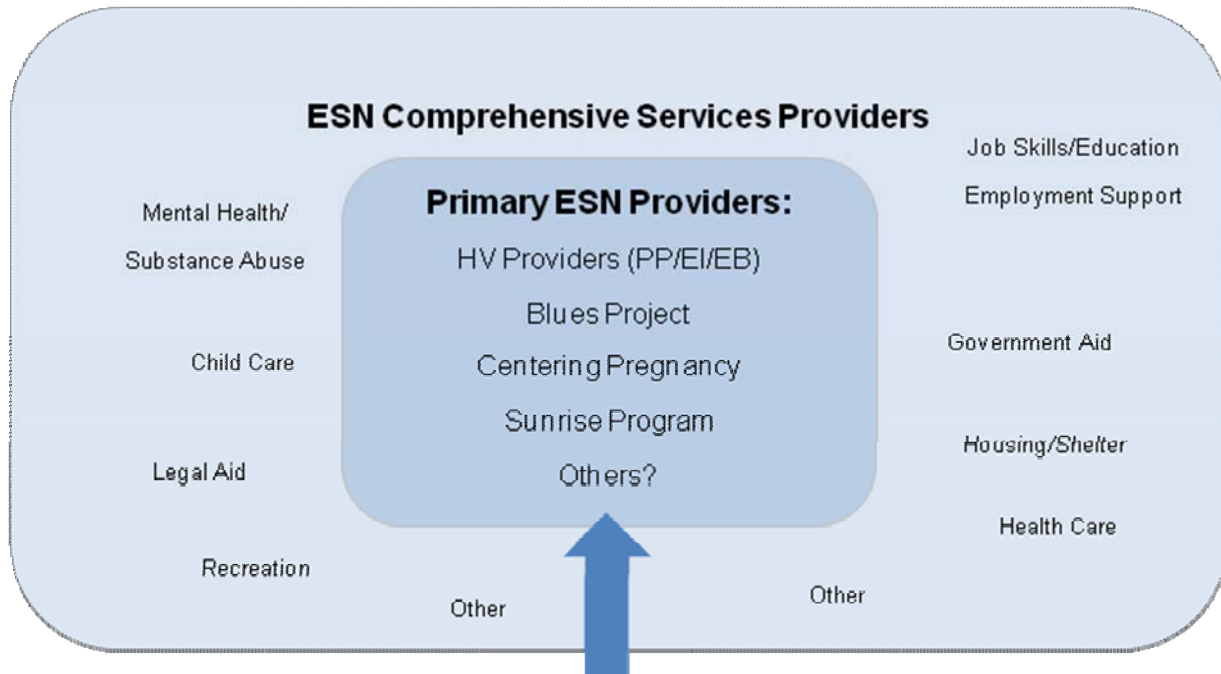
2. “Big idea” number #2: *The Shelby County Early Success Network*

Upon adopting the Guiding Principles, stakeholders determined that the current service delivery system for families with children pre-natal to age six presented obstacles to applying these principles. Specifically, the current system exists largely in silos, and does not 1) provide caregivers with appropriate support in choosing the services that are right for them; 2) foster collaboration among providers to meet a range of caregiver needs; or 3) provide visibility into community utilization and outcomes to facilitate gap analysis and response.

In response, stakeholders created a new system design that built on work previously developed by the Memphis Regional Home Visitation Collaborative, a collaborative of HV providers, which is now a part of the ESC. That design envisioned “one point of entry” that would allow caregivers to choose among programs that best meets their needs (See Appendix B). Building and enhancing this concept with more robust mechanisms for collaboration and information sharing, stakeholders designed the framework for the *Shelby County Early Success Network* -- a network of providers connected through referral and information-sharing agreements and protocols to deliver an integrated, coordinated experience of services pre-natal through age six.

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Shelby County Early Success Network



Families enter through primary providers offering caregiver support programs pre-natal – age six

This network will:

- Create an inviting, welcoming “brand” for more effective and leveraged outreach for high quality home visitation and other services to at-risk families
- Provide one “front door” for caregivers through which they can access high quality home visitation and a range of other services
- Connect and strengthen the community-based home visitation and other types of programs that are already in place
- Identify gaps in service to inform community needs assessment and future planning for home visitation and other services
- Provide a framework for measuring system and client level outcomes.

Based on guidance from the planning process, and taking its Guiding Principles into consideration, the messaging of all ESN communications to its members will be:

“As a parent or caregiver, you have the power to give your child the very best foundation for a successful life and achieve their dreams. We’re here to offer resources to help you do that.”

The approach to implementing this network will be to view the new Nurse Family Partnership program as the network “pilot”. As such, the NFP implementation will be the test site for the core procedures, protocols, agreements and tools that will then be expanded to other providers of programs targeted to pregnant mothers and families of young children.

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Implementation Plan Overview

Goal I: Establish the Early Success Coalition to expand and sustain effective early home visitation programs and other core services for children preconception to six years old.

Strategy A: Implement structured process to support ESC Steering Committee and work groups

Strategic Oversight: Project Director/Planning Consultant

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Implement Steering Committee meetings and communications plan	<ul style="list-style-type: none"> Conduct final meeting of YR1 in September, '09 Conduct meetings in the final month of each subsequent quarter 	Q4	On-going	
	<ul style="list-style-type: none"> Publish monthly e-letter/progress report to Steering Committee members 	Q4	On-going	
2. Convene ESN Implementation work group to develop policies and procedures relating to ESN implementation	See Goal III.A - E, pages 29-34	Q4		
3. Convene ESC Funding, Policy and Advocacy work group to oversee defined funding advocacy, inventory and planning activities	See Goal III.C – E, pages 31-34	Q4	on-going	on-going

Strategy B: Implement marketing and outreach to establish and continually expand general membership of the ESC

Strategic Oversight: Project Director

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Develop ESN branding identity	<ul style="list-style-type: none"> Develop ESN logo Develop ESN tagline 	Q4		
2. Implement website and e-letter communications	<ul style="list-style-type: none"> Launch and continually maintain ESC website Launch quarterly e-letter 	Q4	On-going	

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3. Develop outreach plan with ESC members	• Develop target list of potential members	Q4		
	• Propose possible outreach activities to ESC Steering Committee		Q1	
	• Develop plan		Q2	

Strategy C: Implement process evaluation and continuous improvement activities
Strategic Oversight: Project Director

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Continue external process evaluation activities and reporting	See Evaluation Plan Timeline on pages 73-74.	On-going	On-going	On-going

Goal II: Strengthen quality and effectiveness of evidence-informed education, outreach and direct services for families with young children, pre-conception to six.

Strategy A: Establish the Early Success Network of high quality home visitation and other providers for families with young children, pre-conception to six.

Strategic Oversight: ESN Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Adopt and promote guiding principles for ESN service delivery for caregivers, children and families	Finalize principles	Q4	On-going	On-going
	Secure ESN MOUs with principles incorporated	Q4	Q1 – on-going	
	Publish principles on website	Q4		
2. Implement coordinated referral process to guide caregivers in choosing appropriate primary ESN programs in Shelby County	Develop assessment and referral protocol to guide referral staff in assessing client needs and directing to the appropriate primary ESN provider	Q4		
	Monitor results of training / communications program for referring agencies as part of NFP pilot (implementation of training communication for referring agency staff is described in Goal III.A.3 page 29.)		Q1-2	

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	Based on pilot, develop coordinated intake processes and resource plan.		Q2	
	Develop and conduct training with primary ESN providers to make cross-referrals		Q2	
	Implement and monitor coordinated referral process as defined by the plan.		Q2 – on-going	On-going
3. Implement ESN resource and referral operations between primary and core ESN child and family service providers	Monitor results and learning from NFP pilot (see <i>Goal III.A.4 page 30: Establish referral and coordination network for wrap-around services for NFP participants</i>)	Q4	Q1	
	Develop and secure MOUs between other primary service providers and comprehensive service providers		Q1	
	Train other primary ESN providers in assessing client information and accessing community resources, referral and coordination protocols		Q2 – on-going	
	Conduct outreach, communication and training TBD with front-line staff of other key service providers		Q2 – On-going	On-going
	Monitor and report on success of referral and coordination; troubleshoot obstacles		Q2 – On-going	On-going
	Incorporate messages from TUCI early brain development initiative and SCOECY infant mortality initiative into marketing materials for NFP recruitment pilot	Q3 On-going		
	Conduct focus groups with HV clients to test receptivity to TUCI early brain development messages and SCOECY infant mortality messages		Q1	
4. Align ESN marketing and outreach messages with other community outreach initiatives for positive early childhood development	Develop and implement marketing plan for ESN itself	Q4	On-going	On-going

Strategy B: Share training, technical assistance and other quality improvement resources among ESN home visitation and other providers.

Strategic Oversight: ESN Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
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1. Share information and schedule on existing training information between providers	Set up website calendar for shared training		Q1	
	Establish process for gathering and posting training information		Q1	
	Implement process for sharing training information		Q2	
2. Identify shared needs for training among Coalition members	Collect information on needs for training (building on existing information)		On-going	
	Publish information on common needs for training		On-going	
3. Secure resources for shared training among Coalition	Identify sources for funding for training and resources for shared training		Q2	
	Pursue resources for shared training		Q3	
4. Facilitate shared training for Coalition members	Sponsor training conference on implementing evidence based practice in partnership with TN Home Visitation Coalition		Q1	
	Schedule and promote shared training opportunities		On-going	On-going

Strategy C: Establish community-level quality standards, monitoring and reporting process for evidence-informed home visitation and other direct services providers.

Strategic Oversight: ESN Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 4-5
1. Identify requirements and metrics for success as defined by the TennCare Managed Care Organizations (MCO's)	Conduct discovery process with MCO's to identify possible metrics		Q1 – Q2	
	Determine feasibility of monitoring and reporting metrics		Q1 – Q2	
	Finalize target metrics		Q3	
2. Devise quality standards by reviewing those adopted by states that have established robust home visitation systems	Conduct discovery process with other states to identify standards used		Q1 – Q2	
	Determine feasibility of monitoring and reporting metrics		Q1 – Q2	
	Gain consensus and approval among ESN primary providers and Steering Committee	Q4	Q3	

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3. Implement feasible monitoring and reporting process	Design monitoring and reporting process		Q4	
	Secure resources for monitoring and reporting process			On-going
	Train providers to participate in monitoring process		Q4	
	Begin implementation of monitoring and reporting process			On-going

Strategy D: Design and implement a comprehensive Early Success Network Demonstration Project in a targeted high need area of Shelby County.

Strategic Oversight: ESN Implementation Team/Shelby County Office of Early Childhood and Youth

Tactic	Milestones	Yr 1	Yr 2	Yrs 4-5
1. Identify appropriate area for site-based project	Assess current initiatives and factors impacting most feasible site area		Q1	
	Secure buy-in of targeted providers and other supporters for chosen site		Q1	
2. Engage local community leadership	Identify local stakeholder leaders and advocates		Q1	
	Convene local leaders and community members to gain buy in		Q1	
3. Design integrated health promotion, prevention and intervention services to enhance Early Success Provider Network	Identify potential program strategies and providers		Q1	
	Explore willingness of key providers to participate in chosen site		Q1	
	Finalize roles and responsibilities of targeted providers		Q1	
4. Secure funding	Cultivate potential funders		Q2-ongoing	
	Submit funding proposals		Q2-ongoing	
5. Implement project	Upon securing of funding		When funded	

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Goal III: Expand and sustain resources to meet the full range of needs.

Strategy A: Implement the Nurse Family Partnership program in Shelby County

Strategic Oversight: NFP Community Advisory Board

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Establish NFP Community Advisory Board	Invite members to become part of the Board	Q3		
	Convene quarterly Board meetings	Q4 – on-going	On-going	On-going
2. Hire and train program operations staff and secure Mental Health Consultant's time	Hire Nurse Supervisor	Q4		
	Hire Nurse Home Visitors	Q4		
	Secure Mental Health Consultant's time	Q4		
	Identify needed training resources outside of LBCMC professional development opportunities	Q4		
	If necessary, develop customized training for Nurse Visitors (beyond NFP)	Q4		
	Implement training programs to Nurse Supervisor and Nurse Home Visitors, including accessing community resources, referral and coordination	Q4	On-going	On-going
3. Establish recruitment and referral process in Shelby County for program participants	Develop and secure MOU's from initial key referral sites to generate referrals into NFP as well as other primary HV and clinic-based programs for pregnant women	Q4		
	Develop communications program and materials for front-line staff from referring agencies to: <ul style="list-style-type: none"> • Promote participation in NFP • Screen for NFP eligibility • Refer into NFP program • Refer into other HV programs as needed 	Q4		
	Implement training program and distribute materials to front-line staff	Q4		
	Begin making referrals into NFP program		Q1	

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	Continue outreach calls and visits to front-line staff to motivate on-going referrals and maintain a relationship		On-going	On-going
4. Establish referral and coordination process for wrap-around services for NFP participants	Develop and secure MOU's with mental health providers	Q4		
	Develop and secure MOU's with other key service providers	Q4		
	Identify resource identification materials for use by Nurse Home Visitors	Q4		
	Develop protocols, tools and processes for Nurse Home Visitors to use to assess and secure comprehensive resources for clients	Q4		
	Conduct outreach, communication and training TBD with front-line staff of other key service providers	Q4	On-going	On-going
	Monitor and report on success of referral and coordination; troubleshoot obstacles		On-going	On-going
5. Develop and implement technical assistance and support to NFP program	Implement technical assistance and support by program's Mental Health Specialist	Q4	On-going	On-going
	Implement formative evaluation feedback process to Nurse Home Visitors by evaluation team	Q4	On-going	On-going
	Other support needs identified and delivered TBD	Q4	On-going	On-going

Strategy B: Develop Shelby County Home Visitation Expansion Plan to increase high quality home visitation programs

Strategic Oversight: Coalition Steering Committee

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Develop funding inventory and feasibility study	Identify feasible funding sources (see tactics Goal III.C – E pages 31-34)		Q1 – Q2	
	Prioritize feasibility of sources		Q3	

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2. Develop community needs assessment	Compile all community data related to risk and protective factors addressed by evidence-informed HV programs, including: <ul style="list-style-type: none"> • CBANA (Center for Community Building and Neighborhood Action) community indicators • TUCI research briefs • Census information 		Q1	
	Develop estimates of numbers of eligible populations for specific evidence-informed HV programs in Shelby County		Q2	
	Develop budget scenarios for meeting population needs with various combinations of evidence-based HV programs		Q3	
3. Develop community asset assessment	Conduct asset inventory of evidence-based home visitation programs and other core ESN primary providers practice in Shelby County		Q1-2	
	Gather related outcome data of identified programs, including HFA-NFP comparison. (See section VIII.B.1. pages 65-66.)		On-going	
4. Develop strategic and implementation plan for expanding and sustaining programming	Assess feasibility of possible expansion scenarios and prioritize opportunities		Q3	
	Develop implementation plan for moving forward on various scenarios		Q4	
	Implement scenarios			On-going

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Strategy C: Capture allocations for sustained program operations from existing on-going public funding streams and funds that can be used for ESN home visitation and other primary providers

Strategic Oversight: Funding, Policy and Advocacy Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Identify and assess potential existing funding streams	Work with MCO's to identify required outcomes and potential approach to increasing use of funds for HV programs		Q1 – Q2	
	Identify other potential eligible state and federal public funding streams by reviewing a variety of sources: <ul style="list-style-type: none"> • TN Children's Budget (compiled by TCCY by end of 2009) • TN HV Coalition survey • Early Childhood Funding Sources commissioned by TUCI from Grants Center Identify potential local public funding streams with help of Shelby County and Memphis City Government Coalition members		Q1	
	Assess viability for increased allocation from those funding streams to targeted HV programs through input from Coalition members		Q2 – Q3	
2. Develop and implement a plan to increase allocations	Develop ROI projections and case statement for investing in targeted HV programs (applies to all strategies)		Q1 – Q2	
	Define action steps, timelines and responsibilities to work with MCO's and government to increase allocation of existing funding for targeted HV programs		Q3	
	Mobilize Coalition members as appropriate to increase allocations		Q4	As needed

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Strategy D: Establish new sources, or expand existing sources, of public funding for sustained ESN home visitation and other primary provider operations

Strategic Oversight: Funding, Policy and Advocacy Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Support enactment of EBAH act	Develop strategy with TN HV Coalition and TCCY for advocacy support	Q4		
	Mobilize Coalition members for advocacy support	As needed	As needed	As needed
2. Advocate for inclusion in HV services in CoverTN	Meet with CoverKids/S-CHIP state administrators to discuss feasibility and requirements for reimbursement		Q1	
	Develop strategies for advocating for inclusion		Q2	
	Implement strategies as appropriate		Q3	
3. Advocate for establishment of federal funding stream for NFP	Develop strategy with state partners for advocacy support	Q4		
	Mobilize Coalition members for advocacy support	As needed	As needed	As needed
4. Advocate for on-going expansion of Early Head Start funds	Develop strategy with state partners for advocacy support	Q4		
	Mobilize Coalition members for advocacy support	As needed	As needed	As needed

Strategy E: Secure one-time grants (public and private) suitable for demonstration funding of new program implementation

Strategic Oversight: Funding, Policy and Advocacy Implementation Team

Tactic	Milestones	Yr 1	Yr 2	Yrs 3-5
1. Identify and assess potential grant sources	Identify potential state and federal grant funding sources by reviewing a variety of sources: <ul style="list-style-type: none"> • TN Children's Budget (compiled by TCCY by end of 2009) • TN HV Coalition survey • Early Childhood Funding Sources commissioned by TUCI from Grants Center 		Q1	

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	Identify potential local public grant sources streams with help of Shelby County and Memphis City Government Coalition members		Q1	
	Review and update early childhood private foundation grants sources commissioned by TUCI from Grants Center		Q1	
	Assess feasibility of various funding sources for various targeted HV expansion and support needs		Q2 – Q3	
2. Seek congressionally-directed one time funds for targeted projects	Meet with congressional and senate offices to communicate interest in funds	Q4		
	Begin preparing response to submission form		Q1	
	Submit request		Q2	
3. Implement process to pursue collaborative grant-seeking	Identify possible opportunities for collaborative and complementary grant sources: <ul style="list-style-type: none"> Review study commissioned by TUCI Work with senate and congressional offices to identify possible upcoming federal opportunities Work with state contacts to identify possible upcoming state opportunities Collaborate with Child and Family Tennessee to identify potential grants supporting EBHV 	Q3 – on-going		
	Coalition staff facilitate collaborative grant seeking as appropriate	As needed	As needed	As needed
	Coalition members pursue targeted grants for their programs	As needed	As needed	As needed