*All New Haven children, birth through 8 are healthy, safe, thriving in nurturing families*

*and prepared to be successful lifelong learners.*

Priority # 3 Infants and Toddlers

April 8, 2015

Agenda

1. Welcome and Introductions
   1. *In attendance: Janet Alfano, Christina Nelson, Elizabeth Teller, Sadie Witherspoon, Kathy Hagearty and Kim Bohen*
2. Follow up for last meeting:
   1. *We did a recap of the NHECC meeting Promise Zone notes from Jim Farnham to get the committee members up to speed as all weren’t in that small group. We did not report out on the action items listed under 2b at this meeting to make the best use of Kim Bohen’s time with the committee.*
   2. Updates from action items from last meeting-still need to report out at May or June meeting.
      1. Questions from OEC home visiting report and c4kids
      2. *Is there a way to get information from OEC about families receiving Care4Kids. Can OEC disseminate information to those families? Do they already? If so, what information do they share?*
      3. Kathy H. to report out on *Meadow street on connecting students to opportunities for volunteering/community service/Guidance*
      4. *Office of vital records: can we disseminate information through that office about child development*
      5. *Literacy-read to grow, new haven reads, reach out and read –connection to peds community*
      6. *Ho*using waiting list? How can we reach these families?
   3. *Review of NHECC meeting and Promise Zone notes (to be distributed on 040815)-see above note and I will include Jim Farnham’s notes attached to these minutes.*
3. *Developing performance measures. Facilitated by Kim Bohen.*
   1. *Prior to the Infants and Toddlers committee, Kim Bohen, Janet Alfano and Gail Ford had a conference call discussing our plans for the committee meeting. NHECC has contracted with Kim Bohen to help the NHECC committees develop performance measures. Based on our phone discussion, all three determined that the I/T committee needed guidance in focusing our work on a few key strategies before we could get to the work of developing performance measures. Being that I/T is a brand new committee, there has been a great deal of discussion and brainstorming around multiple possibilities. Kim’s advice was to guide the group through a process that looked at community-wide or “population level” indicators to provide the group with some baseline measures to help us figure out where our committee could have most meaningful impact – i.e. which curves are we seeking to turn in pursuit of our desired result “The City’s most vulnerable families and caregivers have the knowledge and skills to support their children beginning at birth.*
   2. *Prior to the meeting we pulled some New Haven specific data sets to use including:* 
      1. *Poverty levels*
      2. *Birth to three Cohort data (CT referrals, CT total evaluations, CT total served, New Haven referrals, New Haven Total Evaluations) Note that Elizabeth pointed out that there is more current B23 data available and we will get up to date information.*
      3. *Husky A utilization*
      4. *Maternal characteristics*
      5. *Substantiated cases of child abuse and neglect*
         1. *Comparing New Haven to state of CT*
         2. *Substantiated cases aged 0-9 based on type of abuse*
            1. *Educational*
            2. *Emotional abuse*
            3. *Emotional neglect*
            4. *Medical neglect*
            5. *Physical abuse*
            6. *Sexual abuse/exploitation*
            7. *Physical neglect*
   3. *At the meeting we reviewed all of the New Haven specific data sets listed above. Kim guided the committee through a process of selecting indicators that looked at specific criteria to determine if the indicator would be suitable for the committee/group to use to show community level change The criteria were evaluated as High, Medium or Low based on the following:*
      1. *Easily understood: Is the indicator clear and simple so that it can be easily understood by people from different walks of life?*
      2. *Importance: Does the indicator have primary relevance to the result? Would people make a direct connection of the indicator to the result? Could it stand for the result?*
      3. *Field Use: What evidence exists regarding the use of this indicator to the population result? Which policy groups, foundations, collective impact entities are using this indicator? How widely accepted is this indicator?*
      4. *Data capacity: Can the indicator be collected on a scheduled bases? Is there access to the data for the population and place included in the result? Can we get the data?*
   4. *Based on the above indicators and the ranking criteria, the committee ranked two of the possible indicators as high value indicators in measuring our long-term impact on our desired result: “The City’s most vulnerable families and caregivers have the knowledge and skills to support their children beginning at birth.:* 
      1. *Husky A utilization: specifically the rate of developmental screenings which is below the state average*
      2. *Substantiated cases of Abuse and Neglect: specifically the substantiated cases of physical neglect which is the subcategory of A&N that is significantly higher than the others. In fact, physical neglect cases were more than double of all of the other types of abuse/neglect combined.*
   5. *Kim will be joining the committee at our next meeting on the 13th to assist us in determining which strategies (using our committee notes & promise zone notes/priorities and the indicators) our committee wants to focus on. At a subsequent meeting, we will work with Kim on developing performance measures for the selected strategy(s).*

Next meeting date, May 13, 2015 at 2:30 at UWGNH, 370 James Street, New Haven