



**Help Me Grow
SC Replication Project
SC Help Me Grow Leadership Planning Team**

**Greenville County United Way
March 31, 2009 - 12:00 – 3:00**

MINUTES

Members Present: D. Kelly, J. Witowski, L. Rovin, T. Ervolina, J. Richards, B. Holmes, R. Wilson (recorder) **Absent:** F. Rushton

The first meeting of the Help Me Grow (HMG) Leadership Planning Team began with team member introductions and a power point presentation overview of the Help Me Grow system. Dr. Kelly presented the PP presentation and several members commented on the helpfulness of the overview for beginning our work. It was determined that this presentation will be used to orient each HMG work group to the full HMG system.

J. Witowski asked the team to share questions they hope are answered today or through this planning process. The questions were briefly discussed and in some cases yielded answers. The discussion contributed to team members finding a “common ground” understanding to begin planning. Questions/initial answers included:

Q. Who else needs to be here on this team?

A. The project evaluator and someone from the Children’s Trust.

Q. When do we involve other Greenville U Way staff that are on the School Readiness committee?

A. Some will be included at the work group leadership/ member level

Q. What is HMG? Project owned by an agency vs. a system of care that moves across agency systems in a well orchestrated flow of support options for families based on their needs?

A. HMG is a system of coordinated activities vs. a one agency program – though there will need to be a lead agency to manage the coordinated activities.

Q. Who will “own” HMG?

Q. How do we develop the spread of HMG from Greenville out?

Q. What sort of cross-agency agreements would we need to have in place to make a system work?

Q. How to we select the entity that will funnel dollars to assure that all HMG services are funded to be the system ?

Q. What supports and services are out there for children who are at-risk, and what will happen when more children are identified that need help?

Q. What is the baseline for children identified NOW for special services and what does this tell us about what we can do to identify them earlier? What is the current capacity for doing Child Find ?

- Q. Could we develop a side-by-side comparison of what risk factors we are targeting and what services are in Greenville that can address them?**
- Q. What would be a plan to train providers to be reliable resources?**
- Q. How will CareLine and HMG interact?**
- Q. How will we market the HMG concept?**

Determining the answers to these questions will be the ongoing work of this planning team.

Summary/Discussion from the CT site visit Report:

J. Witowski reviewed the organization of the CT site visit report that are the 4 standard components of a HMG system. Jane shared that though the report had several specific suggestions about the location of certain components, the CT TA Team acknowledges that the leadership team must determine the pathway for services and activities as they match opportunities and circumstances in SC.

Tim Ervolina shared that the following information about the 2-1-1 call center

- It is important to differentiate between Specialty center staff and generalist
- 2-1-1 should be recognized as a *generalist* call line
- 2-1-1 is a delivery method vs. a specialty call center
- suggests looking to 2-1-1 for the technical delivery vs. specialty staffing
- Can use 2-1-1 for marketing the ease of use for HMG
- Expense of 2-1-1 database and salaries are the highest expenses and that the cost of calls are relatively very inexpensive.
- 2-1-1 centers are in Aiken, Columbia, and Charleston but all feed through Columbia
- 2-1-1 is now live in Greenville
- Consider co-location of 2-1-1 and CCR&R as they are in CT but with separate staff
- Should be aware that the new CCR&R contracts do not support provision of parent support and referral in the contract but instead focus on Technical Assistance to childcare providers.
- L. Rovin suggested that the CCR&R staff should also be different from the HMG's care coordinators.
- J. Richards suggests that we need to have a clear vision for why making a change to a HMG system is better than what we have now.

Other discussion centered on the fact that each HMG component work group needs to explore fully the services that exist now, and how a change would affect the current services provided. The group also was urged to think outside of the Connecticut HMG system and to explore the needs of SC as they align with the assets we have.

Formation of 4 HMG Core Component work groups

See chart below for SC HMG leadership planning team and committees with their suggested membership.

Next Steps: Discussed the following regarding

Needs to begin workgroups:

- Job description for participants and chairs
- Develop work group outcomes and a timeline for their work
- Develop a formal letter of invitation and explanation for work group members? Determine how to invite participation.
- Use power point to begin work groups for explanation of their effort

Funding sources for HMG:

- Duke Foundation – Suggested that with their 2x year funding cycle we approach them to discuss the HMG process and it's link with PRIDE and greater systems building and best practice efforts.
- Fullerton Foundation
- Connect with the Access Health SC. Net project conducted by the SC Hospital Association re: medical homes.

Develop a Plan for PR

- Model message for why this is something we need in SC

Future Plans

- In April/May of 2010, National HMG partners will be called together to meet regarding their system building progress.

Next Meeting of Leadership Team:

Determined to meet next on June 11 at 1:00 in Columbia at Family Connection, SC. This date was selected to give time for each work group to form and meet at least once.

A Communication List will be developed for this team and each work group.