Steering Committee on Reduction of African American Child Death

November 19, 2014
2:15 p.m. – 4:15 p.m.
Bannon Island Room
Sierra Health Foundation

Meeting Outcomes:
• To review final strategic plan
• To develop and discuss implementation plan goals and framework
• To determine next steps and timeline

2:15 p.m. Welcome and Report Out
Wendy Peko and Chet Hewitt
Co-Chairs, Steering Committee on Reduction of African American Child Death
 Review previous meeting minutes
 Discuss current timeline and progress to-date

2:30 p.m. Strategic Plan Review
Wendy Peko and Chet Hewitt
Co-Chairs, Steering Committee on Reduction of African American Child Death
 Review of Strategic Plan
 Board of Supervisors Presentation

3:30 p.m. Implementation Plan
 Establish collective impact strategy framework
 Determine key goals

4:00 p.m. Evaluation Workgroup and Review Committee
 Opportunity to join Evaluation Workgroup
 Invitation to join Review Committee for Strategic Plan

4:10 p.m. Next Steps and Meeting Evaluation
 December 17th meeting
 Follow-up items and next steps

4:15 p.m. Adjourn
Steering Committee of Reduction of African American Child Deaths

November 19, 2014
2:15-4:15
Sierra Health Foundation
1321 Garden Highway
Meeting Summary Notes

Attendees:

Center Staff: Robert Phillips, Leslie Cooksy, Diane Littlefield, Madeline Sabatoni, bel Reyes, Kari Lacosta

Guests: Ricci Ros

Not Present:
Steering Committee Members: Olivia Kasirye, Darcel Lee, Leslie Moore, Tyrone Netters, Tina Roberts, Cary Trzcinski, Essence Webb
Excused Absence: Diane Galati, Leslie Moore

Meeting called to order:
2:21pm
Wendy Petko reviewed the minutes. James Shelby moved to approve and all agreed. Minutes approved. Chet Hewitt reviewed the timeline and matrix, noting specific changes from the emailed version:
- Establish county ICPC
- TA connected to ICPC
- Evaluation component: important to have “complete package” looking at near-term and long term, qualitative and quantitative indicators.

Chet noted to please not wait for meetings to give feedback and members should feel free to email or phone with comments and notes. Wendy noted how this is the last chance for feedback, as well as the intention that the process has been inclusive of everyone.

Discussion of Strategic Plan Matrix
Presenter: Robert Phillips

Robert asked to review the matrix in sections, focusing on language, direction and feedback. First he noted the geographic targeting (see slide) on five neighborhoods. The group adopted this targeting, with the discussion that Foothill is included in North Highlights. Additionally, it was suggested that the presentation to the Board of Supervisors use maps and imagery.
Reviewing Outcomes for Strategies 1 & 2 (please see matrix document)

- This matrix gives the broad framework and the “nitty gritty” will be focused on once this is established
- It is recommended that an overall cost-savings of the ICPC should be added to that section, as well as the evaluation section. This cost-savings analysis should also be broken down in short-term and long-term savings.
- Existing programs that have cost-savings should be showcased
- The geographic area does not preclude the group from working outside that area. It’s for analysis purposes and can be used as a perspective. The narrative should focus on child death and make it a community problem. Language in 2.1 makes this a population focus but it shouldn’t be the sole focus.
- Gina suggested that the public-private support should only be private support, because it could be lost if tacked on to someone’s job. Robert noted that the ICPC could be the public arm.
- Clarifying 2.1b: references the Title 4-E Waiver and would require it to be connected to other agencies. Because we have heard a lot about difficulty in accessing services, we could house things all together, but as a policy/system conversation, not just a services conversation. The waiver is a different structure then what you have, so this would require rethinking the system approach. Recently there was a community meeting regarding the waiver. This approach invites in people who had not previously been invited in.
- The committee discussed the need for youth involvement to be more prominent in the plan. 2.2d would fund youth serving organizations to do the work. The language needs to reflect the passion of youth involvement. A major challenge is carving out the resources from systems. It was suggested that this item read “identify, educate and fund”. Additionally, the concept of “breaking the cycle” should be added to the narrative. As the implementation plan is developed, some of these concepts will be more fully fleshed out.
- Suggested that we spell out Advisory Committee

Reviewing Outcomes for Strategies 3 & 4 (please see matrix document)

- 3.1 should note partnering with local residents and emphasize cultural competence in TA (could be under section 3.1d)
- There could be a number on how many community people engaged

Reviewing Outcomes for Strategy 5 (please see matrix document)

- The committee noted that this is where we can empower the community. It was suggested that in 5.1d partnering with youth should be emphasized.
- The committee discussed the pros and cons of using shock value and positive messages. There are multiple possible messages including those from parents who have lost of child or former gang members. Additionally, people could send in success stories.
- It was noted that in 5.1a the social media campaign will be developed by multiple perspectives and not in a vacuum.
• The social media campaign should lead to other venues (online website, etc).
• The social media campaign needs to be culturally-relevant and speak to trauma that people may have experienced
• The campaign will also be a rolling campaign that changes with the community.

Robert asked the Steering Committee where a social media campaign should live and suggested that the Steering Committee would manage it in a communications workgroup. The group decided to table the question for further thought.

Remaining Thoughts on Strategic Matrix
• The current matrix and revisions are inspired by healthy debate
• We will be reaching out to law enforcement, including the probation department, because we currently do not have law enforcement represented.

Implementation Plan Discussion
• bel led the group in an activity to describe the work of the steering committee using one-word and reviewed the collective impact strategy (see slides)
• The collective impact strategy will convey the direction of our work for the steering committee, but will be a part of the narrative and visuals for the Board of Supervisors. It was suggested that it is simplified if shared with the public
• The committee broke into groups to work on a group activity to describe what success looks like in each strategic area.

Closing Items
• The Evaluation Workgroup needs more members. If you would like to join the Evaluation Workgroup please email Madeline Sabatoni at msbatoni@sierrahealth.org
• Sierra Health will be reaching out to Steering Committee members to join a review committee, who will provide an in-depth review of the strategic report.

Meeting adjourned:
4:15pm
Reduction of African American Child Deaths in Sacramento County

Steering Committee Meeting

November 19, 2014
2:15 p.m. – 4:15 p.m.
Meeting Outcomes:

• To review final strategic plan
• To develop and discuss implementation plan goals and framework
• To determine next steps and timeline
Agenda

2:15 p.m.  Welcome and Report Out
Wendy Peko and Chet Hewitt
Co-Chairs, Steering Committee on Reduction of African American Child Death

2:30 p.m.  Strategic Plan Review

3:30 p.m.  Implementation Plan

4:00 p.m.  Evaluation Workgroup and Review Committee

4:10 p.m.  Next Steps and Meeting Evaluation

4:15 p.m.  Adjourn
Welcome and Report Out
<table>
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<tr>
<th>Date</th>
<th>Events</th>
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<tr>
<td>September 26th - 27th</td>
<td>• <strong>Framework for Strategic Plan completed</strong></td>
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<td>October 29th</td>
<td>• <strong>Draft of Strategic Plan Completed</strong></td>
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<td>• Policy Advocacy, Engagement, Communications and Evaluation strategy component identified</td>
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<td>November</td>
<td>• <strong>Penultimate Draft of Strategic Plan Completed</strong></td>
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<td>• First Draft of Implementation Plan</td>
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<td>December 2014</td>
<td>• <strong>Begin Implementation of Strategy</strong></td>
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<td>• Strategy Plan and Implementation Plan submitted to Board of Supervisors</td>
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<td>January-December 2015</td>
<td>• Implementation of Plan</td>
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Strategic Plan
Priority
Outcomes
Matrix Review
– Small
Roundtable Discussions
5 Targeted Neighborhoods:

1. Valley Hi/Meadowview;
2. North Sacramento/Del Paso Heights;
3. North Highlands;
4. Fruitridge/Stockton;
5. Arden Arcade
Review Priority Outcomes & Strategies 1 – 2 (10 minutes):

- **INITIAL THOUGHTS** - What are initial thoughts/reactions?

- **CLARIFY** – Identify content that needs to be clarified, corrected or expanded.
  - What’s confusing? Why?
  - What could be expanded upon? How?

- **WHAT ELSE** – Any other comments/questions?
Review Priority Outcomes & Strategies 3 – 4 (10 minutes):

• INITIAL THOUGHTS - What are initial thoughts/reactions?

• CLARIFY – Identify content that needs to be clarified, corrected or expanded.
  • What’s confusing? Why?
  • What could be expanded upon? How?

• WHAT ELSE – Any other comments/questions?
Review Priority Outcome & Strategy 5 (10 minutes):

- INITIAL THOUGHTS - What are initial thoughts/reactions?
- CLARIFY – Identify content that needs to be clarified, corrected or expanded.
  - What’s confusing? Why?
  - What could be expanded upon? How?
- WHAT ELSE – Any other comments/questions?
Implementation Plan

- Advocacy and Policy
- Communication and Information Systems
- Data-driven Accountability and Collective Impact
- Investment and Cross-sector Systematic Impact
- Coordinated System of Support
These five collective impact strategies do not stand in isolation from one another.

There is substantial overlap and entwinement among them.

Despite the intrinsic overlap, the collective impact strategies are presented separately in order to:
  - Emphasize the importance of being explicit and intentional about addressing each priority outcome, strategy, and activity; and
  - Highlight that different activities and strategies can create and reinforce meaningful changes in behaviors/skills, knowledge and changes to the system itself.
Implementation Plan - Identifying Key Goals

Implementation Plan Key Goals Should:

• Align with Priority Outcomes, Strategies, Activities and ultimately, the Collective Impact Strategy.

• Answer the question: *What will success look like?* A broad statement of what the collective impact strategy aims to achieve.
Group Activity

Key Goal Statement Stem: To __________ so that_______________________________.

EXAMPLE: To provide coordinated resources and access to information, support services and programs so that families can successfully participate in early prevention that will reduce African American child deaths.
Next Steps

- Compile Feedback & Share with Review Committee for the Strategic Plan
- Incorporate Feedback into Revised Implementation Plan Collective Impact Framework
- Continue Development of Implementation Plan
- Prepare for BOS presentation
Contact Information

Robert Phillips
Sierra Health Foundation
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Madeline Sabatoni
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msabatoni@sierrahealth.org

Kindra Montgomery-Block
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kmontgomery-block@sierrahealth.org
Contents

Letter from Co-Chairs
Background

STRATEGIC PLANNING, PROCESS AND DIRECTION

Vision, Mission, Core Values and Strategic Priorities
Strategic Planning, Process and Direction
RAACD Steering Committee Systems Change Model
Strategic Plan Purpose Statement

STRATEGIC DIRECTION

Overview of the RAACD Strategic Plan
RAACD Strategic Plan
Strategic Priority Outcomes and Activities Matrix

IMPLEMENTATION PLAN

Implementation Plan Design
Addressing Strategic Priority Areas
Collective Impact Framework

ACKNOWLEDGEMENTS

RAACD Steering Committee
Contacts
**Reduction of African American Child Death (RAACD) – Strategic Plan Document Outline Draft 2014**

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11/26/14 9:01 AM – edited by bR
The purpose of the Steering Committee is to provide coordination and oversight of efforts, create a strategic plan, monitor implementation, evaluate, and report on progress towards reducing the disproportional number of African American child deaths in Sacramento County.

1. 20 different organizations, representing advocacy, health care, family, educator, business, government, provider groups, are promoting RAACD.

2. Focus public systems on RAACD with the support of at least 10 high-level policy leaders/decision makers in Sacramento City and County.

3. Establish the Sacramento County RAACD Training and Technical Assistance Network.


5. Create a RAACD “Call to Action” Public Awareness and Social Media Campaign

1.1 Establish, develop, & convene RAACD community leadership roundtable to advise Steering Committee & assist in strategic implementation of Steering Committee activities.
   a. Facilitate targeted focus of community roundtable champions – for “echo chamber.”
   b. Develop messaging for echo chamber “stakeholders” to use.
   c. Leverage partnerships with health and wellness/child advocacy groups on conferences, publications, and other projects.
   d. Pursue business champions and funders, making connections to other community AA child health movements, workforce development.

2.1 Establish a County Interagency Children’s Policy Council (ICPC) to develop a comprehensive and collaborative delivery system of services that would improve the lives of low-income and vulnerable children, youth, and their families; make reduction of African American Child Death a Primary Initiative of this Council.
   a. Hold and promote RAACD events in Valley Hi/Meadowview, North Sacramento/Del Paso Heights; North Highlands; Fruitridge/Stockton; Arden Arcade.
   b. Leverage support of additional high-level decision makers for RAACD investments, co-location of services, and alignment of county resources.

2.2 Utilize Interagency Children’s Policy Council (ICPC) to engage in cross system collaboration focused on improving interagency communication, development of child friendly policies and practices, and initiating budgetary changes that result in safe, healthy and thriving African American children and families throughout Sacramento County.
   a. Link Child Abuse Prevention Council of Sacramento, Inc. (CAPC) Child Review Death Team analysis to efforts of ICPC.
   b. Establish public/private partnership to serve as backbone support for ICPC.
   c. Hold and promote RAACD events in Valley Hi/Meadowview, North Sacramento/Del Paso Heights; North Highlands; Fruitridge/Stockton; Arden Arcade.
   d. Identify and fund 10 youth serving agencies to work with on advocacy and impact.
   e. Leverage support of additional high-level decision makers for RAACD investments, co-location of services, and alignment of county resources.

3.1 Develop, resource, and implement a RAACD Technical Assistance Resource Center (TARC) connected to ICPC to create an information exchange network for the efforts involved with implementing efforts directly related to reduction African American Child Deaths in Sacramento County.
   a. Combine the talents of public agency staff with the expertise of local consultants, the knowledge from resident participants, experiences of community-based programs, the data from existing evaluations and learning’s from existing investments into networks.
   b. Facilitate best practices sharing through meetings, presentations, site visits, media, and online.
   c. Train additional TA providers on TA model.
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   e. Leverage support of additional high-level decision makers for RAACD investments, co-location of services, and alignment of county resources.

4.1 Monitor and document progress toward established benchmarks of reducing African American child deaths.
   a. Develop shared vision for RAACD city and county integrated quality service coordination.
   b. Develop integrated systems indicators for all public and publicly funded organizations focusing on RAACD.
   c. Create standardized data collection tools and evaluation plans for tracking the indicators.
   d. Develop data sharing agreements to assess collective impact on the reduction of African American child deaths.
   e. Utilize collective data to inform and prioritize allocation and accessibility of services provided.

4.2 Monitor and document the quality of programs focused on the wellbeing of African American children and the reduction of their disproportionate death rate.
   a. Research best practices on quality assessment tools.
   b. Draw on research and input from community partners to develop a quality assessment tool.
   c. Utilize the quality assessment tool to monitor the quality of programs that support RAACD.
   d. Facilitate sharing of the quality assessment tool and results through meetings, presentations, site visits, media, and online.

5.1 Develop and disseminate (media infrastructure) RAACD media pitches for local community using social media, reports, and infographics.
   a. Conduct roundtable discussions and in-depth interviews to collect multiple perspectives.
   b. Identify targeted media choice points, goals, benefits, and possible strategies.
   c. Research similar public awareness health campaigns, networks, and collective impact models.
   d. Inform and engage targeted population to increase awareness.
   e. Launch coordinated grassroots social media/public awareness campaign.
   f. Celebrate wins and accomplishments publically.