

State of Florida Department of Health  
Bureau of Family and Community Health  
**Healthy Start Redesign Process**  
November 17, 2011  
Subject Matter Expert Committee Meeting Minutes

## **Subject Matter Expert Committee Members Attending**

Jane Bambace  
Community Health Director  
Pinellas County Health Department

Susan Potts, LCSW  
Human Services Program Consultant III  
Florida Department of Health

Adam Reeves  
Contract Manager  
Florida Department of Health

Debbie Strausser  
Director of Nurses  
Marion County Health Department

Cathy Timuta  
Executive Director  
Healthy Start Coalition of Southwest Florida

Consultant/Facilitator: Shelley Robertson

In addition, Mary Jo Plews and Judi Vittuci participated as representatives from the Redesign (Steering) Committee. Cathy Price also participated from the Florida Department of Health. No members of the public attended.

# Minutes

## ***Topic: Welcome***

Members were welcomed and roll was taken. The facilitator, Shelley Robertson, reminded participants that this is a public meeting and is being taped. She announced that the meeting would use the “raised hand” tool in WebEx but that she would also ask for comments for those participating only by phone.

## ***Topic: Debrief of homework assignment #2***

The facilitator reported that the majority of respondents had chosen Option C as the basis for moving forward with the redesign but noted that on this call the group would identify if components or ideas from other options should be incorporated.

## ***Topic: Review of Option C to become the Redesign Framework***

The facilitator next reviewed the revised Option C; the option was revised to incorporate comments made as part of the homework assignment. Questions and discussion were as follows:

The participants discussed differences in potential target populations between the educational component (more broad) and the core service component (targeted based on risk factor), and who would deliver each of those services.

The participants noted that identifying current educational activities offered by community organizations through the CAPP process to ensure there is not duplication would be important.

The participants discussed making sure that Healthy Start is not diluted by trying to serve too many people; is it realistic to provide education broadly and ALSO intensive core services?

Participants discussed the need to clarify the staffing for nurses and social workers – is it a bachelor’s, MSW, etc.? Will that be inclusive of other related degrees? This will have implications for recruitment and budgeting.

Minimum staffing requirements will likely be driven by the requirements of the evidence-based model chosen as the core, but the committee may decide to exceed those for more intensive services and also to include paraprofessionals where appropriate.

The framework will include options for home, clinic, or community sites as not all clients prefer services in the home.

There is consensus around more meaningful monitoring and client level evaluation.

The current screening identifies high-risk clients and won't change, but there may need to be a further assessment after the screening to identify clients for core services and the level of intensity. There would be a common assessment across coalitions to ensure fit to Healthy Start and achieving desired outcomes.

There was discussion on limiting core or intensive services to those who meet the assessment criteria, but allowing for changes in services due to changes in risk. The assessment will match the research-based risk factors, evidence-based practices provided, and desired outcomes.

The participants discussed what services will be integrated and what will be wrap-around based on the level of risk and required staffing (i.e. substance abuse and depression).

### ***Topic: Next Steps***

These questions will continue to be discussed at the December 2, 2011 meeting.

### ***Public Comment***

There was no public comment.

### ***Adjourn***

The meeting was adjourned.