

CSA Meeting Minutes

OCTOBER 21, 2019, 3:30-5:30 PM, NEIGHBORHOOD HOUSE

Attendees

CSA Council Members: Betty Emarita, Brook LaFloe, Carri Jones, Chong Thao, David Cournoyer, Erika Boelk, Etonde Awaah, John Poupart, Dr. Kenneth Turner, Luisa Trapero, May Losloso, Sommer Green

MDH Staff: Ann Linde (Refugee and International Health), Dr. Courtney Jordan Baechler, Genelle Monger (Center for Health Equity), Helen Jackson Lockett-El (Center for Health Equity), Madison Olmsted (Center for Health Equity), Sara Chute (Center for Health Equity)

MDE Employees: Amanda Varley

Other: Sia Her, Justin Terrell, Jasmine Carey

Action Log, October 2019

Action	Person Responsible	Due Date
1. Check with MDH leadership to change grant timeline	Sara and Kou (Bruce)	11/6/2019
2. Begin drafting the RFP	Ann	11/6/2019

Agenda

Welcome, Introductions, and Brave Space

- Facilitated by Helen Jackson Lockett-El, *Community Engagement Planner, Center for Health Equity*

Revisit Shared Values

- The categories were very personal so the answers only reflect those communities that were present in the room
- Queer people
- Our many Asian communities
- Transnational families
- Black children, students, communities

Potential to Modify Timeline

- Center for Health Equity staff are working within MDH to try to expand the timeline at the request of the council

- If MN is awarded next phase of Preschool Development Grant, Community Solutions and PDG could share evaluation team (Community Solutions evaluation would be part of Preschool Development Grant evaluation Request for Proposals)

Examples of Successful Organizations, Coalitions, Models, etc.

- Some question the usefulness of models; they want locally created solutions. That's the whole idea of Community Solutions. We don't want to dictate a model, but rather make sure our Request for Proposals allows for a range of locally created solutions.
- American Indian Policy Center found that the best practice was to create methods locally
- Shakopee did a tiered grant program: Healthy Children, Healthy Nations
- Sexual Violence program at MDH invited potential applicant organizations to the table when writing the Request for Proposals
- A council member wrote a literature review on successful models for this type of work in communities
 - Sometimes communities found a solution but had to find a way to do it without funding because they could not keep up with grant requirements: lack of capacity is a vicious cycle
 - Small entrepreneurial groups doing something extraordinary that were not interested in a typical organizational structure and therefore could not apply for funding
 - Longstanding organizations are often successful but they peak below their potential because of lack of funding
 - Some lower-capacity organizations are called on by larger organizations to do the work on the ground
 - Businesses are important partners in community work. CS legislation says organizations or "entities," so businesses are eligible
- Promise Neighborhood, Northside Achievement Zone, and other place-based solutions
- Lower Sioux Early Head Start
- La Red
- Want our Community Solutions process to be a model: how a state agency and local solutions can interface over time. Want Community Solutions to continue, either in continuing grants or state contracts. Need sustainability. Share and preserve our learnings

County Data from Wilder Report and State Demographer

- Presented by Genelle Monger, *Graduate Student Worker, Center for Health Equity*
- County data are insufficient or not as helpful for American Indian communities. Reservations often cross county lines. We should utilize Tribal lands map.

Findings from Preschool Development Grant Information-Gathering

- Presented by Amanda Varley, *Department of Education*
- Created a 3-page summary document

- Main point is to trust communities because they already have the answers to our questions

RFP Discussion

- Facilitated by Ann Linde, *Refugee and International Health*
- What is our acceptable percentage of funding for infrastructure / capacity-building? Need to be transparent with applicants about what percentage is acceptable to us. In setting this percentage, we should keep in mind that orgs often have to maintain two separate infrastructures: one that works for community, one that fulfills grant requirements
- Need to make sure we do something with any information that we collect from grantees
- Asking for systems change, on one hand, and specific child development outcomes, on the other, is existing on two different planes. Can't expect to see and track outcomes for individual children if working on systems change. Need to be clear about the intention of this work and reflect that in the Request for Proposals
- Change "childhood development outcomes" to "outcomes"
- When doing systems change, what are your benchmarks? How do you know and show that you've made a difference?
- Are we structuring this to be able to bring this back to the legislature to ask for more funding later? Do we need to see certain impact or outcomes to ask for continued funding?
- Do we want to fund both grassroots and grass-tops? How do we ensure representation from both groups? Some council members want to fund both; some want to prioritize grassroots
- Voices and Choices Coalition kept the legislation broad, relying on the council to decide and filter
- Are we telling applicants to determine their own outcomes? If so, are we really scoring accordingly? Need to be honest and up front if we're looking for a particular impact. Are we looking to demonstrate something specific through the work? If so it needs to be in the Request for Proposals
- Will applicant identify social determinants, or are we telling applicants what the social determinants are? How do we align outcomes and measures to such broad social determinants?
- Is the council being asked to do the impossible? Do we have power?
- Resisting "logic model" in opposition to a holistic model
- Create something transformational, not transactional. Our power is within ourselves. How do we emphasize transformation? Language of "outcomes" is promising.
- A community member in attendance recommends that we seek input from broader community; can share questions related to RFP with our community partners
- MDE staff notes that for Preschool Development Grant, evaluation will be participatory, with communities identifying indicators. Hiring an expert in American Indian evaluation specifically
- Process comment: we need more time. Add time to meetings?

- We keep throwing questions into the mix and assuming we'll answer them at some point
- Could we break out chunks of RFP to address: start at end and ask, what are the outcomes we're trying to achieve (we know the goals, but could add / clarify), and then move forward with how we want to achieve them, etc.

Promoting the RFP

- Facilitated by Ann Linde, *Refugee and International Health*

Becoming a Vendor and Submitting Expenses

- Facilitated by Ann Linde, *Refugee and International Health*

Upcoming Meetings

Thursday, November 7, 3:30-5:30 pm at Neighborhood House

Continue discussing RFP: Scoring criteria. Work plan template. Evaluation and accountability strategies. Reporting process and template.

Wednesday, November 20, 3:30-5:30 pm at Neighborhood House

Either final discussion of grant RFP or discussion of evaluation contractor RFP (depending on whether timeline is modified).

Meeting adjourned at 5:30 PM

01/27/2020

To obtain this information in a different format, call: 651-201-5813.