**Minutes**

**NCAPF Board Meeting, July 28, 2017**

Nebraska Children and Families Foundation, 11:30 a.m.– 4:00 p.m.

**Board Members Present**: Lisa Knoche, Emily Kluver (for Doug Weinberg), Shelly McQuillan, Judy Martin (for Dr. Tom Williams), Dr. Paul Nelson

**Excused**: Todd Bartee, Mary Beth Hanus

**Support Staff Present**: Betty Medinger, Kathy Stokes

**Guests:** Becky Skogland (by Zoom, for PCIT survey report), Kelli Hauptman and Jennie Cole Mossman (for Early Childhood Implementation Center Study presentation), Gay McTate (for PCIT survey report and Early Childhood Implementation Center Study presentation), and Jennifer Skala (for Statewide Prevention Initiative)

1. **Call to Order and Introduction of New Member**

Lisa called the meeting to order at 11:40 p.m.

Dr. Paul Nelson introduced himself. He has provided family health care for over 40 years in Omaha and was a pediatric consultant for CPS in the late 1970s and early 1980s.

1. **Budget Report**

Emily distributed a spreadsheet with the budget update. $347,000 was allocated in the last fiscal year. The outstanding balance is large as some of the invoices from the 3rd quarter aren’t processed yet and none of the 4th quarter invoices have been processed.

Board members discussed revisiting the projected allocations for the coming year.

One idea to use more of the total allocation is to eliminate the 20% cap on awards to any single entity (per statute). This would require a change in statute. DHHS would need to propose this change to the legislature. Betty suggested this change would be best placed as an item in a cleanup bill. Dr. Nelson would like authority to spend leftover funds from previous years in the following year, i.e., increasing the annual allocation to include unspent funds from the previous year. Lisa noted current options that include some flexibility in the amount of annual spending.

1. **Board Development**

Emily’s report will be rescheduled for the next meeting.

1. **Grantee Report**

PCIT Survey

Becky Skogland from the UNMC Evaluation Team presented the results of the PCIT Survey via Zoom. Results included the following:

-Number of families that are court ordered: There was a discrepancy between the therapists and coordinators on the percent of families that are court ordered but this may be due to interpretation of the question. The therapist report is probably most accurate.

-Reason for referral: Coordinators focused on parenting skills; therapists focused more on child behaviors.

-Barriers to attendance: Answers focused on life stressors and scheduling barriers (related to Child Directed Interaction and Parent Directed Interaction).

-Retention of families: Therapists are careful to encourage families and recognize progress. On the other hand, families may stop coming to sessions when they feel enough progress is made. The challenge is to be consistent and flexible with scheduling.

-Sustainability: PCIT is growing. Some need more PCIT rooms. Others need more bi-lingual therapists and therapists. Some therapists have progressed from serving 4-6 families a year to 4-6 each quarter.

-Retention of therapists: Therapist retention has been relatively good.

The survey and other information was included in copies of the full report that were provided to the board.

The Board may have follow up questions. Becky will be happy to respond but will be on maternity leave in October

Early Childhood Implementation Center Study

Kelli Hauptman and Jennie Cole Mossman lead the Nebraska Resource Center for Vulnerable Young Children at UNL’s Center on Children, Families and the Law (CCFL). Child Parent Psychotherapy (CPP) and the need to sustain it has been one focus.

History: In 2009, Joy Osofksy provided the first CPP training to the Court Improvement Project at CCLF. This was a catalyst to obtain a SAMSHA grant to serve families effected by methamphetamine. The first CPP training was for 20 therapists and then 25 more were trained. An informal training of trainers (TOT) was begun and now there are about 120 trained and 80 active CPP providers statewide. Some therapists have been cross-trained with PCIT, though not all therapists like or can do both well. Currently there are four state trainers who can train in NE and IA. CPP has a national registry. In many cases, trauma is an issue for the child and/or parent. Trauma training and reflective supervision have been added to help address. There is also a TOT for reflective practice and all CPP therapists receive this.

The general age range for CPP is 0-6 and PCIT is 2-7. Children’s behavior often leads to referrals to PCIT while young children with attachment difficulties, “good” but not on track developmentally leads to referrals to CPP. CPP is often used with severe neglect. CPP addresses attachment first, then trauma. PCIT is sometimes provided first as it may help prepare families for CPP. Cross training helps inform which therapy is most needed as opposed to only what can be provided. Early childhood mental health assessments assist in determining appropriate referrals, but these aren’t generally available. Judges are often better educated in appropriate referrals than CW workers. Building and sustaining CPP and PCIT and ensuring it is maintained to fidelity requires much more than training. There is a need for a variety of follow-up supports or infrastructure. Kelli and Jennie spend a lot of time of supporting implementation in communities.

They have done some work with a trauma screening. Some problems of attrition in therapeutic interventions may be due to the fit of the therapy with child and parent needs. Sometimes families are referred to what is available without enough information on what they need. versus getting what is

Reference to their survey. Ease of finding services is low.

Even when professionals have the basic knowledge of what is needed, they may not apply in daily work.

Attachment Bio-Behavioral Catch up is relatively new and promising. Compared to CPP and PCIT, it is very short term, and providers do not need to be mental health therapists.

Board members received copies of the study and proposal. Implementation of the proposal would require multiple funding partners. A summary of what is needed and proposed is on page 17.

Discussion on Medicaid coverage followed. NE Medicaid coverage for CPP and PCIT began in 2013. It used to cover provisionally licensed therapists in rural NE but then stopped. It would help providers and increase access payment for provisionally licensed therapists in rural NE was reinstated.

More information on CPP can be found on the Nebraska Resource Center for Vulnerable Young Children’s website: Nebraska Babies.

1. **Program Report**

Board members reviewed a one-page summary of two main training events that were supported in the past quarter.

Protective Factors. The Families Thrive TOT was conducted on July 10-14th with 30 participants from across the state as well as participants from several other states. Participants are certified to train in the Strengthening Families Protective Factors and Youth Thrive Protective and Promotive Factors. The board provided funding for part of this training through a contract to the Center for Competent Youth Work. Nebraska Children supported the training through partnership with CSSP and Annie E. Casey and others.

Community Cafés. Several parent hosts and staff members of the Lincoln Community Café team met with the national consultant on June 28th. The team developed goals and the first draft of a plan to building their capacity in the coming year. This will include assisting the consultant in conducting interviews for the annual evaluation as well as taking leadership roles in the fall orientation. Team interests included brining more diverse members to the Cafés and exploring sponsorship of more neighborhood events.

1. **Community Café****Grant Applications**

Norfolk. The board noted the change in leadership for the Cafés.

*A motion to approve the application with a revised budget was made and seconded The motion was approved unanimously.*

Lincoln Application. The board asked about the scope of work in relation to the budget. *A motion to approve the application was made and seconded. The motion was approved unanimously.*

1. **Statewide Prevention Initiative: Bring Up Nebraska**

Jennifer Skala introduced herself as the Senior Vice President of Nebraska Children. She thanked the board members for their partnership in building community coalitions. A one-page overview of the Bring Up Nebraska prevention initiative was shared. The intent of the initiative is to discover how partners can do more together to build on successes and address what is still needed. Jennifer and others met with the Governor and First Lady this morning to discuss preparation for a launch event for the initiative at the rotunda. Community leaders, their state senators, state partners and others will be invited. The event will be followed by a meeting at the Governor’s mansion where communities will describe what they have, and what is needed to do more, to prevent child abuse and entry into high-end systems.

Partners would like to know more about the cost to enter systems of care. The Governor wanted to know about the new System of Care for Behavioral Health. The meeting included walking through some scenarios for Community and Alternative Response; the stories are important. A recent story of a homeless parent in Dakota County was also shared. In this case, the coalition made a request to community partners and they rallied to assist with existing resources.

Another event will be held in York on September 25th. It will showcase community prevention efforts and bring in state partners to determine what additional partnerships might assist. All NCAPF board members are invited. The press event begins at 10:00 a.m.

Bring Up Nebraska MOU

Lisa summarized the NCAPF Board’s history and contribution to the new statewide prevention initiative. Some confusion has occurred around past use of Bring Up Nebraska in the spring prevention campaign as differentiated from the new state initiative, but clarification is underway. Marketing staff for the spring campaign and the state initiative might work together to maintain desired continuity while adding new elements. At present, the biggest difference is dis-associating the pinwheels from Bring Up Nebraska.

Board members discussed how definitions of neglect and abuse effect practice, response, and communications.

Many needs for improvement in prevention and intervention are being addressed piecemeal by various stakeholders, though they might be better addressed in partnership.

The Governor has offered his media connections. Judy suggested using vignettes. The board could help support. NET might be air the videos as it reaches a combination of low income and highly educated audiences. One video, focusing on what a bus driver sees along with community data, was produced for York. The bus driver made a difference in the life of a young girl who was contemplating suicide. One data that has received some attention is that approximately 40% of children who enter system are children of former state wards. This data points to a potential target population for prevention, that is, pregnant and parenting youth, especially those who have been state wards.

*A motion to approve the MOU was made and seconded. The motion was approved unanimously*.

1. **Policies and Procedures**

Betty presented one version of the policies and procedures with the board’s suggested edits and one copy with the edits made. The board discussed additional changes, including the following:

Under II Board Member Procedures, add F.

Annually, the board will review and update a long-term plan based on progress of current annual planning. The Board will also review policies and procedures annually.

Under IV. Grant Procedures, add the following sentence at the end of B.2.

Special circumstance considerations may be provided to applicants outside this scope.

*Motion to approve Judy. Seconded Shelly. Motion was approved unanimously.*

1. **May Meeting Minutes**

Following review, a motion was made and seconded to approve the meeting minutes for May 17th. The motion was approved with one abstention.

1. **Strategic Planning Review**

Lisa asked board to consider the larger priority areas that have been identified and how to allocate funds accordingly. She also asked the board about any other considerations.

The board reviewed a summary of allocations that have been made as well as allocations that are anticipated for the current year.

Need to ask CCFL for proposal with 3-yr plan with a budget of approximately $30,000.

The board may not have funds to support COS-P this year.

**Adjournment and Next Meeting**

Lisa adjourned the meeting at 4:00 p.m.

The next meeting and strategic planning session will tentatively be held on Oct 27th.

October 25thwill be a back-up date.