**NCAPF July 27th, 2018 Meeting Minutes**

**Board Members Present:** Lisa Knoche, Todd Bartee, Emily Kluver (for Matt Wallen), Shelly McQuillan, Mary Beth Hanus, Dr. Paul Nelson

**Board Members Excused:** Judy Martin (for Dr. Tom Williams)

Support Staff Present: Betty Medinger, Kathy Stokes, Brenda Weyers (for presentation only)

Guests: Juan Paulo Ramirez, Society of Care, Santee Sioux Nation (presentation only)

**Call to Order and Meeting Minutes**

The meeting was called to order at 11:10 a.m. April Meeting Minutes were reviewed. Moved to approve and seconded. **Motion passed**.

**Budget Report**

Emily reviewed 2017-2018 budget report. Board reviewed funds spent and remaining for final invoices.

Emily reviewed 2018-2019 budget report. Need to correct date on NC contract. DHHS still needs to sign pending clarification from legal. No problems are anticipated.

Emily submitted a proposal to DHHS to clarify the statutes for the board. For example, the statute doesn’t clearly state that board can use funds to provide technical assistance to its grantees. The CFS Director agrees with it. It may be included in a clean-up bill. There is still some chance that DHHS won’t put this forward. The board may want to talk with Governor’s office. We will know by the October meeting. The language will be drafted by the Senator that puts it through.

The board would like to also include address current restrictions regarding awarding of funds at no more than 20% to any one entity and against and restrictions against awarding any funds to state organizations. Emily might add these if the proposal is prioritized. The board might also approach a Senator at that time and could be prepared with a rationale for changes. This might clarify the relationship between the three desired changes.

**Bring Up Nebraska**

* + Fremont video
  + Norfolk event invitation, Sept. 12
  + Emily said we need to develop a research design. Would like to say that families served through coalitions don’t enter the CW system. What are we preventing? Casey programs will assist. Paul will share results of study on social capital re Columbus and Schuyler. Emily is excited about the priorities that the communities have developed. Have submitted applications for some federal grant applications based on this. One for youth homelessness in greater ne and another to support expectant and parenting youth (the target will be youth that have state ward experience.)
  + Chairman Smith statement.
  + Emily offered to provide a Families First Prevention Act overview and update at the next meeting. It’s not about primary prevention but about preventing removal of children from families into the foster care system. It shifts the way CW is financed.

**Program Report**

* + Board members reviewed the printed report from Kathy
  + Brenda provided and written report for Prevention Month highlights
    - Potential follow up regarding Spanish ads (@100 spots)
    - Reach is total number of people that have heard spots. Frequency is average number of times a person has heard ad (5.9 is quite good)
    - Bring Up Nebraska coordination

**Statute and Policy Update** (covered in budget report)

**Allocations**

In the future, ask grantees to request rounded amounts.

* Lincoln. Begin to talk with them about sustainability. Maybe support new teams in community and phase out support for current teams. NC will assist with some options. (Betty re Michelle-Everett project re family literacy and Protective Factors.) Maybe fund at different levels. Way to get participants from unusual sources. Motion to approve $28,676.07. **Motion approved.**
  + Norfolk. Questions. Motion to approve $11,143.81. **Motion approved.**
  + Auburn. Can school be the grantee? Should be considered local as supported by local taxes. Emily will ask. Board give authority to contract with another entity if needed? Need to correct Community Café not Parent Café. Motion to approve $10,000, pending legal authority and work with NC if another entity needed. **Motion approved.**
  + Fremont. Emily wondered if we could add funds to current contract. Motion to allocate $2,500 for training in Sept. with payment contingency of on receiving a full proposal by Oct. meeting. Motion to approve $2,500. **Motion approved.**
  + NAEYC. COS-P. Clarify that classes will be offered to participants at no cost. (Other classes charge $10). Classes are 8 weeks. Emily noted that completion “incentives for participants” cost may be flagged at DHHS and recommended changing. Motion to approve $25,500. **Motion approved.**

* + Unanimous. For the Prevention Store and local prevention councils/coalitions. Start date can be Oct. 1. Motion to approved $39,000. Need to complete DHHS budget template. **Motion approved.**

**Board Development**

* + Juan Paulo Ramirez (JP) with the Society of Care for Native populations made a presentation. They use the term relatives instead of clients. They are in the last term of their project. They are collecting data and learning about a focus population—Native Americans 21 years of age and younger—around 5,000 persons. Three reservations are targets. Some “relatives” receive education on historical trauma and mental health. The data says family structure is not as expected; youth area smaller percentage of the population than younger children and older adults (grandparents). The Native population has grown 33% in last 10 years! Need to consider Native Americans are included in mixed races counts, not just separately. JP distributed a report on what they are doing and why. The 2nd Leading cause of death for 15-24 years of age is suicide. The highest need is in Thurston county. Many don’t have access to medical services, and transportation is major barrier. One objective was to provide mental health services through telehealth. In Macy, there were no mobile phone services. He summarized difficulties in working within and across tribes. It takes a long time to make changes.
  + Revisit NCAPF Priority Areas in relation to Board Development. Board would like to revisit Native American needs with more information in the future. Betty will have more by December. DHHS has opportunity through Families First to provide kinship navigation and will need to consider how it works for the tribes.
  + Social Capital – Paul. Around 2007, a community lectureship in Omaha brought in a health economics expert from the Brookings institute. The discussion highlighted what the increasing demand for health care is doing to other areas. Robert Putnam’s publications on social capital were recommended. Social mobility for those in poverty has become almost non-existent (and this effects health outcomes). Social capital requires trust, reciprocity, etc. Those in poverty have recurring experience of failed trust. And this has repercussions for their neighborhoods (and micro neighborhoods) and community systems. Way to build social capital are the same as developing neighborhoods. Eleanor Ostram’s work social economics was referenced. Paul noted that whatever we do to improve health care (with one high concern being maternal mortality) is related to family functioning and social capital. Health care should be driven at the community level instead of set at a federal level. Paul’s blog on how to do this can be found at: nationalhealthusa.net
  + October presentations: Emily on Family First. Shelly on collaboration with a NCAPF grantee.

**Next meeting**: Friday, Oct. 26th, 2018