**Minutes**

**Nebraska Child Abuse Prevention Fund Board**

**Friday, July 29, 2016**

1:00 – 4:00 p.m.

Nebraska Children and Families Foundation

Lincoln, Nebraska

**Board Members Present:** Lisa Knoche, Todd Bartee, Mary Fran Flood, Denise Pecha, Mary Beth Hanus, Shelly McQuillan, and Emily Kluver (for Doug Weinberg)

**Excused:** Brandon Verzal

**New:** Judy Martin (for Courtney Phillips)

**Other:** Lisa Jurrens, Gay McTate, Renee Welstead, Hannah Simpson

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

1. **Call to Order and Minutes**

Lisa called to order at 1:00 p.m. Judy Martin introduced herself as the new representative for DHHS Public Health following Paula Eurek’s retirement.

Emily asked support staff to check pages 3 and 5 of the meeting minutes for April 22 as the contract amounts for Dakota don’t match the contract amounts. Mary Fran motioned to table approval of the minutes until the amounts are corrected.

Seconded: Mary Beth

Motion was approved unanimously.

Shelly motioned to approve the meeting minutes for May 24.

Seconded: Denise

Motion was approved unanimously.

1. **Budget Report**

Emily distributed a graph of expenses for the past year, 2015-2016. DHHS is in the process of receiving and processing invoices from grantees. Expenses are included on the report when funds leave DHHS. Types of grantees are community, prevention councils/public awareness, Community Cafés, other, and Nebraska Children. If the balance isn’t used, it remains in the pot. Although DHHS is still in processing invoices, there will be some funds remaining.

Mary Fran asked why all funds aren’t spent for programs. Support staff noted that the reasons include building PIWI into existing work and use of funds from other sources.

Emily also distributed grid of obligations for the current year, 2016-2017. Contracts for program grantees have been executed, still waiting for some signatures. Grant to NC also executed. Unobligated amount is based on the up to $400,000 per year.

Emily announced that she has accepted a new position with DHHS and a new prevention administrator is being hired. Emily will be the Children and Family Services legislative coordinator and work on special projects. She will remain as a representative to this board until DHHS knows more. Lisa Jurrens has been supporting the board with contracts, especially for Nebraska Children, and will be more involved in the future.

1. **PCIT Study**

Mary Fran provided highlights of the recently completed study: Methodology is important to keep in mind regarding the findings. We hoped for more quantitative information, e.g., numbers that were not included, however, the information from phone interviews conducted with a structured format is informative. The study is a record what the therapists who were interviewed said. Many therapists were not interviewed so the sample may not be representative.

The first question was about barriers to family involvement and the answers included lack of awareness, which is a common issue with any therapist, particularly in families with low incomes along with transportation and scheduling difficulties or insufficient therapist hours. Recommendations of strategies for improving recruitment varies by community. There is a lack of in-depth information about recruitment, for example, a typical response was that referrals come from partners. However, the majority of families seemed to be a good fit for PCIT.

Regarding perceptions of families, which was intended discover if PCIT is a good match between their needs and the purpose of PCIT, family motivation was an issue and this is worth board discussion.

Some barriers to retention might be outside therapist’s control. One factor was families that experienced early success and didn’t continue. The study didn’t tell us if these families accomplished their goals, but it is a difficult question to answer. Factors involved might include support for therapists, family trust of therapists, and positive feedback to the families. Flexibility and making things fun are others. Incentives are a different question and addressing barriers may be more helpful. Medicaid helps but doesn’t compensate for working with difficult families (involved with child welfare) or families in the court system. Parental motivation seems to be a linchpin.

Summary: CWB coalitions seem to be very important, a good context for PCIT. Underutilization of evaluation data is a question. PCIT is a very successful intervention, but what next? Should the board commit to evidence based practices through this intervention with more therapists?

Questions for the evaluators include: the number of therapists on the list; descriptive information about the therapists and the clients; demographics; how involved, tenure, etc. This information might be added to the report.

Gay McTate works with several of CWB communities that implement PCIT and went to OU with the therapists that participated in the PCIT national learning collaboration in 2013. One thing that she has observed is the variety of different variables in each community, for example, the background of the therapists and their relationship with the coalition.

Any challenges with retention might not be that families aren’t motivated but that they are struggling to survive and/or don’t understand the real value of PCIT, or have ability to trust therapist, etc. Most of these therapists are good and don’t work for agencies that provide other supports. OU says retention issues are related to therapists spending enough time up-front—on paper work, assessment, getting to know the families (what the families want)—that often takes more than one session, but our billing process may not let therapists do this beyond one session. It might help to discuss engagement and art of good referrals. Skilled referral sources can help ‘set the stage.’ Another variable is the passion of the individual therapists: It varies from some therapists that have created mini-sessions for parent engagement using PCIT principles to a few that don’t really have time for PCIT. Regarding incentives, many consider them not ethical or good. Therapists shouldn’t need or expect incentives, but they are providing unpaid time to provide PCIT. They might be paid for some of the paperwork through incentives or compensation for evaluation data. Coalition coordinators have had fairly regular meetings with therapists, have worked on marketing, and the coalitions want to make PCIT work though there have been some lessons learned, e.g., one with PCIT in the school that didn’t quite work out due to change in administration and other factors.

Denise seconded everything Gay said, noting that it often takes some external rewards while the internal rewards are being developed.

Regarding connectedness to other therapies, it helps referral sources know the difference between each in order to determine which is a good fit for a family.

Gay reiterated community variability on what’s needed and helpful. Facilitated conversation with each community should also be helpful, for example, help make sure the therapists see the connections with existing evaluation and marketing efforts in the coalitions. Betty asked about conversations regarding what’s needed with each community.

What is board’s role in other supports and infrastructure to support PCIT?

Mary Fran said evaluation is a strong part of evidence based practices. How can we be evidence based in how we fund and not lose support for the glue and support that is required?

There is research on an adaptation of PCIT, kind of an adaptation of CDI, which might be explored.

This study helps us organize our thoughts. Lisa said that it provides information for strategic planning, and there are many more questions. The PCIT committee can review further to develop points for clarification and will forward to the evaluators.

**Community Café applications**

**Omaha –** Need to clarify whether the budget is for six months or twelve.

Mary Beth motioned to approve the application in the amount of $11,700 with the contingency that the applicant will submit a revised budget within one week, August 5.

Seconded: Denise.

The motion was unanimously approved.

Emily clarified that payment for all Community Café grantees will be contingent upon submittal of an approved work plan by October 15. The board only needs to be notified if there are red flags. Otherwise, Kathy will approve the work plans.

Lisa motioned to approve work plans submitted in October for Kathy to approve and to consult with board if necessary.

Seconded: Todd.

The motion was unanimously approved.

**Grand Island –** Members discussed the questions of how to support immigrant parent hosts that aren’t documented. NCAPF funds can’t be used. Members asked about the possibility of this grantee providing gift cards or other supports to these parent leaders. Emily doesn’t think this will be allowable. Judy says that is her experience too. However, some board members would be in favor of supporting these parent leaders if there was an appropriate means. Could this grantee pay out of another source? Maybe private funds? Denise motioned to approve the application in the amount of $5,962.

Motion Seconded: Mary Beth.

The motion was unanimously approved.

**Norfolk –** This is an application for Community Cafés from a new community. The Board would like a budget narrative within a week. Todd motioned to approve the application in the amount of $5,261.

Seconded: Denise.

The motion was unanimously approved contingent upon a budget narrative being submitted by

August 5.

**Lincoln –** Staff noted that this grantee is increasing its involvement significantly. Denise motioned to approve the application in the amount of $17,500.

Seconded: Todd.

The motion was approved unanimously.

**Pickering –** contract will need a budget and a budget narrative.The amount is the same as last year and the scope of work is slightly updated. Lisa motioned to approvea contract to Pickering in the amount of $6,500 for managing the microsite and prevention store, and $32,000 for items and fulfillment of orders for 16 councils @ $2,000 per council, and $38,500 total.

Seconded: Shelly.

The motion passed unanimously.

**Policy and Procedures**

Emily noted some areas are outdated, e.g., prevention councils; approval of budget adjustments; sometimes fiscal agents and programs both need to sign contracts while only the former does now; review of prevention plan; and the support staff section isn’t current per work NC is doing to support the board. Support staff will send the document to full board with list of items that Emily identified. (Members could use track changes to include and ask others to note any additional.)

**Planning**

Todd explained the need for a strategic plan to guide the board’s investments. He said the board might want to consider the menu of strategies it would like to support including delivery or services and beyond. He is leading the board work group for strategic planning. The work group will try to capture what’s going on now as a base to build on. Time will be set aside for this planning with the full board at the next meeting.

**Next meeting**: Friday, Dec 2. 11:00 -5:00 p.m.

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