

**Strategic Planning**  
**North Carolina Collaborative for Children, Youth and Families**  
**July 27, 2007**  
**Facilitator: Steve Preister, National Resource Center for Organizational Improvement**

Welcome and Introductions

Revisions to Charter discussed and edits made. Send additional suggested edits to Steve Preister at spreister@gmail.com

Suggestion made to include logo on the website as a cover page of the Charter. Goal is to have a final Charter in two weeks.

Break

Strategic Planning- 3 priorities identified for the next year.

**#1 Communication and support between North Carolina Collaborative for Children, Youth and Families and local collaboratives.**

Discussion: There are many local collaboratives. Improving communication between these collaboratives is important. A strategy is to provide training to help groups communicate with each other. Another strategy would be to develop a tool kit and help them develop a Charter.

An issue is raising awareness of mandated community collaboratives. Need to use more effectively, efficiently and avoid duplication. One of the issues is that decision makers are not at the table. A lot of meetings are happening with great intentions, but without the decision makers there, achieving results is problematic. The System of Care coordinators are charged with bringing folks together. We have to be careful of being too prescriptive.

What do the local Collaboratives need from us?

Do the local Collaboratives know what we do? The Charter can help with that.

What is our capacity? We are all coming from jobs; we need to be careful about this.

It might be helpful for us to develop a list of existing Collaboratives.

There are 27 SOC coordinators in MH and 3 DSS SOC coordinators and they have been helpful, they are making a difference.

Are systemic issues something that the Collaborative can help with? At a local level, you've brainstormed the challenges, haven't been able to address them and need help from a larger level.

It's important to look at all kids at risk, and look at kids prenatally from a prevention perspective.

A part of the TA can be looking at who's not there who needs to be there.

Case review on the state level to identify systemic issues would be helpful. We've done that in the past, but an agency felt personally attacked.

We could at one of our monthly meetings devote some time to do case review – it is a strategy for looking at systemic issues.

Another state called it Barrier Busting.

We have information from 5 regional meetings about what local collaboratives need. It's training/TA about sustaining collaboration.

It would be great if we had a full time TA person who was supervised by the Collaborative.

Develop awareness of who we are by distributing the survey, then develop a survey of their needs.

We also need to publicize our website, we have the question feature set up, and we haven't received a single question.

Has there been any monitoring of the hits on the website?, 50,000 hits, 600 unique hits. We can id if they googled us.

There are a number of different groups that we need to inform of our web-site. Training committee has done what they can do in terms of dissemination. Strategically we can get other partners this website information.

We need a specific strategy to market our Charter. A key to marketing is our SOC coordinators.

We need a one page summary, Charter, website to share with new members.

We need to collaborate with the Governor's Crime Commission about their TA plan.

Formalize our search for grant funding?

Needs assessment before fully articulating need for T/TA position.

Regional DSS SOC coordinators are needed, DMH has made a great leap in committing to this. In Alamance, we have two people dedicated to collaborating from a SOC model, I'm not sure how communities who don't have dedicated staff address these issues.

There is a huge advocacy component.

Specific action steps:

- Develop an active inventory and cross walk mandates/local level.
- Learn what locals need for State Collaborative – survey, hits on website, list of regional meetings, SOC coordinators
- Educate local collaboratives about State Collaborative – charter, website, orientation sheet
- Tool Kit
- Training/Technical Assistance for local collaboratives from State Collaborative (meet with leaders around advocacy)
- Grant writing/T/TA state

The specific action steps will be discussed further in a future Collaborative meeting.

## **#2 Support Implementation of child and family teams.**

Discussion:

Need a unified vision reflected in policy

A lot of training going on, training is a strategy

Supervision, QA/monitoring

Peer support

Process takes a long time, can't expect people to change on a dime

Leadership is crucial

Advocacy

We have developed cross agency training on child and family teams from the family's perspective. How do we offer this to more people? How do we build on it, keep it funded? There is a family partner there as a co-trainer.

MOA in some schools, if you're a private provider, you have to have a person centered plan that came from a CFT to see children/youth at that school.

We have to use public agency partners to create a demand.

Action steps:

- Take success stories and move them forward. Disseminate training successes.

- Advocate for training supervisors and managers.
- Look at somewhere that's working well and try to get funding to move forward. We should incorporate it in existing training.
- We need funding for parent trainers.
- Incorporate info into university training and community college curricula. Communicate to those who train therapists and social workers.
- Another issue is bringing informal supports to the table, faith community, etc.
- Should we do away with specified training and do just this training. Concern about the fact that there are specific issues that have to be addressed within each agency. Don't think we can move away from job-specific training.
- On-line training.

The action steps identified will be further explored by Collaborative members.

Do we need a funding committee?

Leadership strategy? Culture as well as resources.

Health Choice/Value Options support child and family teams. Deal with them through a contractual basis, here's the expectation.

### **#3 Data Decision Making based on common outcomes and Data Sharing**

Discussion:

How do we capture the real value of what all systems are doing? The only way to do that is by connecting it.

We have an evaluation committee that is struggling with this charge. Steve offered a National Resource Center for Organizational Improvement staff member as a resource, August 22<sup>nd</sup> from 9-11:00 to consult with this committee.

Legislature looks like they're going to fund an independent data system.

Action steps:

- State Collaborative develop common outcomes, and use them to guide practice, evaluation, and then monitor them. Use the outcomes to set the Collaborative's priorities.

- Need for cross systems data that can track client outcomes across domains.
- If you ask someone for data, you have to give them something back.
- Around SOC, we can build a framework around success at home, in school and in community. Less out of home placement, graduation rate increased, reduction in juvenile justice involvement and reduction in number of adult criminal involvement.
- Think about insurers/payers

The Collaborative will discuss action steps further in a future Collaborative meeting.

**Outreach for new members:**

Jann Harris agreed to follow up with DHHS contacts and domestic violence community.

Tribes- DSS is working with AdoptUSKids on a telephone survey with state tribal agencies.

DJJDP and AOC – Joel Rosch, Collaborative Co-Chair will work on

Hispanic/Latino East Coast Migrants, Ron Moore (DSS) El Pueblo, Susan Robinson (DMH/DD/SAS)

Private Providers/Health Choice-Value Options – contract agencies, DMA and DMH/DD/SAS

AOC – Joel will follow up

Parent and youth partners, ask that each member bring someone from their system and get their commitment, DPI, Public Health, Bladen County, ECAC, SAYSO (DSS), Powerful Youth (DMH/DD/SAS)

Susan Robinson, DMH/DD/SAS and Rebecca Huffman, DSS agreed to prepare a one page document to explain the purpose of the Collaborative, and to use as a recruitment tool.

Holding conference calls will help increase participation.

Agreed that we need a membership committee to pay attention to sustained and representative participation in the Collaborative. A paragraph about the committee will need to be added to Charter and web-site

Candice Britt (DSS) will chair, along with Catherine Joyner (DPH), Debra McHenry (DPI), and Narell Joyner (MeckCares).