

MINUTES: North Carolina State Collaborative for Children and Families
CHAIRPERSONS: Pat Solomon and Joel Rosch
LOCATION: Mental Health Association, Inc, Raleigh, NC

DATE: 11-09-2007

START TIME: 9:00 am

END TIME: 11:00 am

Name/Affiliation		Name/Affiliation		Name/Affiliation	
May Alexander, Durham LME, SOC		Kevin Kelley, DSS, FC & CWS		Lisa Salo, SOC Coord, Guilford Center	
Gary Ander, Alamance DSS	X	Jinx Kenan, DCD	X	Paul Savery, DMH/DD/SAS Adolescent Substance Abuse SOC	X
Cyndie Bennett, DCD, DHHS		Carol Kyles, NCDPH		Jane Seo, DSS	
Candice Britt, DSS	X	Andrea Lewis, DCD		Adolph Simmons, DMHDDSAS	
Janine Britt, SE Regional LME	X	Keith Letchworth, EAHEC	X		
June Britt, Office of Educ. Services, DHHS	X	Martha Lowrance, DOA, YA&I	X	Laura Smith, Pembroke Univ	
Jamal Carr, DJJDP		Kelly Nguyen		Tom Smith, DSS	
Johanna Chase, DPI		Jennifer Mahan, MHANC		Liz Snyder, DSS SOC, Duke Univ	X
Simone Chessa, DMA	X	Angela Mendell, Bladen County SOC		Pat Solomon, NC Families United & Sandhills LME, Co Chair	X
Gail Cormier, NC Families United	X	Gerri Mattson, DPH		Flo Stein, DMHDDSAS	
Kim Crouch, DJJDP		Faye McDaniel, DPI		John Stephens, UNC-CH	
Kelly Crowley, DMHDDSAS	X	Trishana McKendall, DOA, YA&I		Alexia Stiith, AOC	
Beverly Daniel, DSS		Debra McHenry, DPI		Chary Sundstrom, NC School Psych. Assn.	
Al Deitch, DOA-YA&I		Angela Mendell, Bladen County DSS	X	Linda Swann, Sandhills NAMI/NC	
Regina Dickens, RSD Consulting, Inc		Rhoda Miller, DMHDDSAS	X	Alma Taylor	
Kathy Dobbs, CFSA-NC		Tara Minter, DOA		Christine Trottier, Carolina Legal Assistance	
Maria Fernandez, DMHDDSAS	X	Ron Moore, DSS, Fatherhood	X	Jane D. Young, NC DJJDP	
Cynthia Floyd, NCDPI		Mary Neil Morris SE Regional LME	X	Lee Wallace, Scotland Co., SOC	
Kirstin Frescoln, AOC		Stephanie Nantz, DOA/YA&I		Jeffery Watson, DOA, YA&I	
Alex Fonville, Five County COG SOC Coordinator		Michael Owen, NC Council of Community Programs		Connie Windham, Alamance LME SOC	X
Billie Guthrie, Community Backyard		Mike Palanza, Wilmington Health Access		Jerry Wilkinson DPH early intervention	X
Terri Grant, CSFT LME Coord, Durham Ctr		Joan Pennell, NCSU	X	Kimm Wilson, GCC	
Jann Harris, DHHS		Martin Pharr, DJJDP		Berkeley Yorkery, Action for Children	
Esther High, DSS		Tiffany Price UNC School of SW/Child Welfare Clearinghouse	X		
Rebecca Huffman, DSS	X	Nicole Prioleau, PBH			
Kathryn Hunsucker, SOC Coord, Onslow-Carteret LME	X	Rebecca Reeve, NC Healthy Schools			
Diann Irwin, DPI		Susan E. Robinson, DMHDDSAS		Guests:	
Libby Jones, Parent	X	Jennifer Rothman, NAMI/NC	X	Kelly Graves, CYFCP UNC-G	
Jeanette Jordan, SERegional LME		Joel Rosch, Duke Univ CCFP Co-Chair		Mark Horowitz, Connecticut	
Catherine Joyner, DPH-CMPCT		Nicole Prioleau, PBH		Holly McNeill, NCDSS	
Narell Joyner, Meck Cares SOC State Liaison	X			Rebecca Wells, UNC-CH SPH	
Submit member list edits to		susan.robinson@ncmail.net		List updated 9-28-07	

needed.

4) Collaboration with law enforcement for cases of abuse and serious neglect. This allows for needed collaboration between the two agencies for cases of malicious abuse, where prosecution is warranted. An example of this type of collaboration would include communicating about how to interview children appropriately so that they are not re-traumatized.

7) Redesign of in home services. This strategy changed the standards for how often DSS visits families in substantiated or services needed cases. Policy customized the visiting requirements depending on risk level and case finding. As risk goes down, the number of visits can go down.

8) Child and Family Teams. CFTs are required whenever a case plan is due, before a child is taken into care, or to prevent a child from going into care. CFTs allow workers to support the family in making their own plan.

9) Shared Parenting Meetings. A way for parents to share information that only a parent would know with foster parents (e.g., what to do when a child wakes up from a bad dream). These meetings can engage both sets of parents in a mentoring relationship.

MRS has allowed DSS to move to a system where CPS works with families; rather than a system where DSS does something to families. MRS is about building relationships with families and partnering with families.

How is that going? The 10 pilot counties are fully implemented – yet they continue to grow and learn. The second wave came on in 2003 – they are teaching us a lot of things as they learned lessons from the pilot counties before they implemented it. The remaining counties came on board in 2006. There has been some resistance. Family assessments are being used at different levels/rates across counties. This may reflect both how long a county has been implementing MRS as well as resistance. The use of the other strategies is also something that varies across counties. Shared parenting has been a struggle for a lot of counties. Holly was asked to talk more about shared parenting, as this is a big shift in practice. Candice provided a recent success story where foster parents became like extended kin to the mother while the child was in care. There is also a continued relationship now that mom has custody again. While the child was in care, foster parents were present for visitations with mom. Holly provided another example where a foster parent asked Mom what doctor she would want her child to go to so that there was consistency when the child returned home.

NCDSS underwent its second federal review in March. The review reinforced that N.C. is on the right path. It also reinforced the need to engage more fully with fathers and paternal families, and include them in CFTs. Service array is also a need. This is a culture change, and they are working on buy-in from staff. Supervisors have also shown some resistance to this reform effort. As part of the Program Improvement Plan, a supervisory workgroup has been formed. The group is being facilitated by Anna and Steve from the National Resource Center for Organizational Improvement and Data and Technology. The group adopted SOC values and family-centered principles as

<p>Mark Horowitz – DSS Family Meetings in Connecticut</p>	<p>the foundation for supervisory practice in child welfare. This group will learn how to coach workers in this way.</p> <p>A comment was raised that there appears to be disconnect for local DSS workers between MRS and SOC (e.g. “We’re doing MRS not System of Care.”). Is it just a name branding issue? Holly and Candice both agreed this was something they are working on. In addition to the supervisory group mentioned above, the regional MRS meetings held every month are going to morph into MRS/SOC meetings. In fact they are having a meeting today to discuss how exactly that will happen and what it will look like. SOC is also being incorporated into policy and will be drilled into practice through these meetings. SOC is also a part of DSS trainings.</p> <p>Another person asked if families are informed that they can ask for a CFT at anytime. Holly agreed that making sure families are aware of that is something that could be done better. There was discussion around how to measure the quality of CFTs with regard to QA reviews. Kelly Graves said she would email a CFT quality case file and observation tool and wraparound fidelity tools to Candice. These tools could be used in the supervisory workgroup.</p> <p>NC has been asked to present at a national court and tribal conference. JoAnn Lamm has been asked to give the closing talk on collaboration at this conference.</p> <p>There are 14 offices in Connecticut where all child-serving agencies are on the same floor (all under the umbrella of Department for Children and Families). Yet change is still hard in terms of collaboration. Connecticut DCF has been involved in a consent decree under a U.S. District Court. Recently Connecticut developed an intense plan that allowed the state to exit the consent decree. One part of that plan is family engagement another is family conferencing. Family conference meetings are held every 6 months; but they are trying to encourage staff to conduct these based on family’s needs. The meetings are predicated on kinship casework. Caseworkers work with families to figure out their needs, and then they ask families to identify people that might be able to help address those needs. Professionals are considered second tier to address those needs. The idea is to go to kin first, professionals second. To be called a family conference there has to be one other family member there that does not live in the home. Kin is not defined as blood relative. Connecticut is also about to implement a Differential Response System.</p> <p>In terms of being similar to NC, the principles and values are the same, even though we may be using different terms. Mark traveled here to learn more about what NC is doing, see where some overlap may be, and possibly look at a multi-state comparison of family meetings.</p>	<p>1 handout shared.</p>
<p>Announcements</p>	<p>Simone Chessa read the new memo about changes in service definitions and reimbursement rates for community support services. The information can be found at the following website: www.ncdhhs.gov/dma/mp/proposedmp.htm</p> <p>Keith Letchworth provided a handout for the school mental health project, “Addressing barriers to learning: School MH issues.” The final session will be on cultural diversity issues in</p>	

<p>Committee Updates School Based Mental Health</p> <p>Training</p> <p>Membership</p> <p>Evaluation</p>	<p>Greensboro on 11/27. To register, go to http://eahec.ecu.edu/</p> <p>Candice Britt announced that a new Child Welfare Section Chief has been named: Sherice Johnson. Sherice has worked for Wayne County DSS, has been with the state division previously, and worked in community based programs as well.</p> <p>Libby Jones announced that the state strategic plan for MH has been completed – with family input. You can find this at http://www.ncdhhs.gov/mhddsas/</p> <p>Keith Letchworth– Funding from the IDEA partnership has helped Chatham, Buncombe and New Hanover Counties to draft strategic plans to provide SBMH plans. They will present these at the second State Collaborative meeting in January. A team from NC attended the national conference on SBMH. They received a lot of information on how to take the state plan to the next level; to really connect the plan to outcomes.</p> <p>Libby mentioned that the State Collaborative website received quite a bit of recognition from other states at that conference.</p> <p>Kelly Crowley- SOC conference for 12/3-12/4: 115 people registered so far. The goal is to register 350. People were asking about it at the community support conference last week. Email Kelly if you would be willing to assist at the conference. The hotel has extended the special rate as the original number of rooms has already been reserved.</p> <p>Candice Britt– Candice has sent an email to committee members to try and set up a meeting. However, there has been difficulty getting everyone together. She will attempt to get a date scheduled.</p> <p>Liz Snyder– Will meet after the final strategic planning session.</p>	
<p>(4) Agenda Items for Next Meeting: Standing Meetings are held monthly on: 2nd Fridays – 4th Fridays -</p>	<p>Next Meetings: Note: only one meeting in month Dec due to holidays December 14 from 9-12 - Meck CARES – SOC social marketing – Jill; presentation by UNC-G January 11 School based MH/BH Work Group and community planning site panel presentation and discussion – January 25 PBS and RTI, other schools updates</p>	<p>Next Meetings at MHA: December 14 January 11 January 25</p>
	<p>Any Audio Visual equipment needs should be requested well in advance. phsolomon@earthlink.net</p>	<p>Pls send edits to susan.robinson@ncmail.net</p>

It's about children, youth and families safe in their homes, schools, and communities.