

North Carolina Collaborative for Children, Youth, and Families

January 22, 2010 9:00 am to 11:00 am

LOCATION: Mental Health Association, Inc., 1331 Sunday Dr. Raleigh, NC 27607

<http://www.nccollaborative.org>

Name/Affiliation		Name/Affiliation		Name/Affiliation	
May Alexander, Durham LME, SOC		Johna Hughes, UNC-CH/SW	x	Susan E. Robinson, DMHDSAS	
Gary Ander, Alamance DSS		Kathryn Hunsucker, SOC Coord, Onslow-Carteret LME	X	Joel Rosch, Duke Univ CCFP	
Sheila Bazemore, NC DPI Off Sch Read		Ric Bruton, SOC Coord.ACR LME	x	Jennifer Rothman, NAMI-NC	
Andrew Behnke, NCSU, Coop.Ext.		Sonia Johnson, Bladen Co. Fam Prtnr		Lisa Salo, SOC Coord, Guilford Center	
Cyndie Bennett, DCD, DHHS		Libby Jones, Parent, Co-Chair	X	Paul Savery, DMH/DD/SAS	X
Michael Bishop MHA		Linda Jones Alamance DSS	X	Joe Simmons, NC DPI EC	X
Candice Britt, DSS	X	Catherine Joyner, DPH-CMPCT		Alexandra Sirota, Action for Children	
Janine Britt, SE Regional LME		Narell Joyner, Meck Cares SOC State Liaison	X	Laura Smith, Pembroke Univ	
June Britt, Office of Educ. Services, DHHS		Jinx Kenan, DCD		Liz Snyder, DSS SOC, Duke Univ	
Jamal Carr, DJJDP		Elizabeth Kurzer, Dept. of Commerce		Pat Solomon, NC Families United & Sandhills LME,Co Chair	
Nancy Carter, SAYSO, ILR, Inc.		Keith Letchworth, ECU		Alicia Spain, Beacon Center(LME)	
Johanna Chase, NCDPI School Health Ed		Andrea Lewis, DCD		Flo Stein, DMHDSAS	
Simone Chessa, DMA		Martha Lowrance, DOA, YA&I	X	Kurt Stephenson, AOC	
Brendon Comer, Gateway College		Jennifer Mahan, MHANC		Alexia Stith, AOC	
Jackie Copeland, Crossroads LME		Gerri Mattson, DPH		Chary Sundstrom, NC School Psych. Assn.	
Gail Cormier, NC Families United		Trishana McKendall, DOA, YA&I		Linda Swann, Sandhills NAMI/NC	
Kiesha Crawford, AOC	X	Erin McLaughlin, MHA, Inc	X	Alma Taylor, DVR	
Karen DeBord, NCSU, Coop.Ext		Angela Mendell, Bladen County SOC		Christine Trotter, DRNC	
Al Deitch, DOA-YA&I		Rhoda Miller, DMHDSAS		Jeffery Watson, DOA, YA&I	
Lana Dial, AOC/CIP		Tara Minter, DOA		Rebecca Wells, UNC-CH/SPH, Co-Chair	x
Regina Dickens, ICARE		Ronald Moore, DSS		Jerry Wilkinson, DPH early intervention	
Kathy Dobbs, CFSA-NC		Stephanie Nantz, DOA/YA&I		Monique Bethel, DPH	
Angel Dowden, NC DPI Special Projects		Mary Neil Morris SE Regional LME		Connie Windham, Alamance Alliance	
Dean Duncan, UNC-CH Sch SW	x	Kelly Nguyen, Powerful Youth		Berkeley Yorkery, Action for Children	
Maria Fernandez, DMHDSAS		Mark O'Donnell, DMHDSAS	X	Rick Zechman, DSS	
Alex Fonville, Five County COG SOC Coordinator		Martin Pharr, DJJDP (Judy Stevens)		GUESTS:	
Kirstin Frescoln AOC		Deborah Prickett, NC DPI Character Ed		Patrice Neal, FPG@UNC- CH	
Terri Grant, CSFT LME Coord,Durham Ctr		Tiffany Price, UNC SW		Beth Gifford, CFFP @ Duke	
Kelly Graves, CYFCP UNC-G		Tiffany Purdy, Beacon Center (LME)		Joy Stewart, UNC-CH SSW	
Billie Guthrie, Community Backyard		Rebecca Reeve, NC Healthy Schools		Lisa Bentz, LCAS Port Human Services	
Joe Haenn, NC DPI Off of School Readine		Jack Register, NASW-NC		Amy Horgan, SOC Southeastern Center	
Jann Harris, DHHS		Heather Reynolds, NC DPI PBS	X	Jan Hood, ECBH- SOC CFST Coord	
Melissa Hill, NASW-NC		Frank Rider, FFCMH		Mary Lloyd, Family Partner Coord. For Smoky Mtn Center	
				List updated 9-9-09	

<p>Jan.22, 2010 1. Welcome & Introductions</p>		
<p>2. Approval of Attendance/Minutes from 1-8-2010 Meeting</p>	<p>Approved</p>	
<p>3a. Discussion Topics/ Presentations</p>	<p>Discussion of family member who would like to join us. \$1,000 to NCFU to reimburse Tim for his time and travel. Accepted by consensus.</p> <p>Data to Assess System Impact on Child and Youth Well-Being.</p> <p>Duncan Munn and Patrice Neal reported on their on-going work to link and coordinate data across systems and agencies to address key policy issues.</p> <p>Participating Agencies: ECAC, DPH, Div. Child Development, More at Four, Preschool Special Ed, Head Start, Smart Start, Even Start, Family Support Network, Frank Porter, NC Center for Health Stats, NC Interagency Coord Council</p> <p>Target: Children under 5, vulnerable populations (includes staff and parents) Nearly unduplicated estimates: 418,000 kids -- 38,750 staff-- 11, 500 sites.</p> <p>History: Frank Porter Graham received a grant which led the way for integrated data sharing. Previously agencies ad virtually no interactions with other agencies' data bases. With the funding, the partnering agencies met to plan and implement.</p> <p>Questions to be answered, initially:</p> <ol style="list-style-type: none"> 1. Better child profiles--Are low income children getting into services? Who are we serving? 2. Quality of services. Is there an increase of 5 star centers over a period of years? 3. Effectiveness, Continuity, Impact. Are kids of same level who received these services doing better, say in 3rd grade, than those who didn't receive these services? 4. Funding, Costs 5. Workforce issues, spending money on continuing ed.--Are the levels of services better/stronger? <p>Barriers Identified:</p> <ol style="list-style-type: none"> 1. Different types of software system 2. Different levels of data development 3. Different data system focus 4. Different data system content 5. Different child ID number approach 6. Different data cultures/structures <p>Steps to Address Barriers:</p> <ol style="list-style-type: none"> 1. Common approaches to get unduplicated counts 2. Small number of fields that all agencies want to have in their database <ul style="list-style-type: none"> • Ex. Incorporate child care program number, with each child, thus able to learn a lot about child's first 5 years of education, whether it was a 5 star program etc... • Common child development items • Family outcomes <p>(still waiting on funds to continue work to finalize and implement)</p> <p>So far: Link King, for free...within SAS environment, allows electronic matching of databases. Philadelphia used this technology well and could be a model for NC. But certainly, Link King is not a substitute for a common id number.</p>	

DPI has applied for federal funding to implement a state longitudinal study that would look at student and teacher data...including youth under 5 information . While the grant is very education focused the youth under 5 team has a broader view (DSS, MHDDSA, etc...) and would like to work to broaden the scope of data. It's 3 year planning grant with last year for implementation. NC Universities and Community Colleges would like to participate as well.

Legislature mandated a longitudinal study for student ids in the last legislative session. But there is no money. A team in DPI has been charged with establishing the plan and will be presented to the GA in April.

Some resources:

Heather Rouse—KIDS Research Center, U of Penn.---worked on incorporating data systems across agencies with Link-King.

Data Quality Campaign- NGA, Council of state legislatures, etc...excellent website on establishing broad database systems across agencies on a national level...setting the bar and establishing a context

Tuesday, Jan. 26th, DPI will be speaking about the legislative mandate at 10:30 to 12 at the More at Four office, in the Navaho building.

Joy Stewart, from the UNC School of Social Work, on virtual resource, “**Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina**”

KDD entails finding meaningful patterns in data.

County DSS collects data, reports to state, takes data into longitudinal analysis files for child welfare, food stamps, work first, and others

Has state wide data and county specific data...allowing for comparisons between counties and etc...

Available to public, all is aggregate

Website address is: <http://ssw.unc.edu/ma>

Beth Gifford, from Duke’s Center for Child and Family Policy, on how they are **combining data** from NC schools, child protective services, juvenile justice, and Medicaid **to evaluate the Child and Family Support Team Initiative.**

100 pairs of nurses and social workers in ~100 schools

Developed case management system for key components:

1. Who affected?
2. How working?

Used NC Research Data Center, academic records for all students in schools...includes information about detention, arrests, drop out etc...

Beth has MOUs with DSS, DMA, JJ. So she uses the Ed. data as the population and then adds agency data on top of that.

Outcomes:

Out of home placements and Education failure

Data:

Who is served? Yes it is high risk youth being served.

But findings with regards to outcomes are not yet available.

Are nurses and social workers being trained on the appropriate CFT? They receive trainings.

Fidelity of CFST is in question. Question is raised, if fidelity isn't maintained, then how will the data from initiative be able to accurately determine if CFST are successful or not?

Case management system questionnaires are reported regularly to Beth, with questions such as

1. Are you having CFST?
2. Who is there?
3. What services were recommended?
4. What were the results of your follow up?

Team will be updating the parent survey and will questions such as:

1. Did the parent receive training on CFST?
2. Was the meeting built around what the child does right?

Started collecting data in 2006, but it has been only recently that a significant amount of data has become available to begin preliminary reviews.

Keith raised a concern about how someone gets their medical records once MH business goes out of service. The written law requires provider, but what can be done if a provider doesn't keep the child or family records or disappears totally?

SC response:
Will begin to find out what is happening in the system. Find out from other local collaboratives, if they are hearing the same thing?

SC next step, then review:
What do we recommend to correct this problem? (consider state to Div.)
What do we say when someone calls? (What are the child or family options?)

The Div.MHDDSAS supports electronic files...but funding is an issue. However, this is an excellent example for how and why we need electronic files. May want to include this consideration in the statement to the MHDDSAS

Update from Mark Odonnell; RE: Level 3 and 4 Group Homes
Legis. moved to reduce funding from level 3 and 4. Mark's team has been tracking data as the individuals are moved, currently over 54% of 2700 have been successfully discharged. There was a baselines line of 2300 with 400 new children having entered recently due largely to economic reasons, but these 400 are not repeats. (Johna is working on a tracking system.)

The first 50% were relatively easy to move because the L3 and 4s were being used in many instances improperly and as warehouses. This 54% appear to be generally succeeding in their new environments. However, it is the remaining population that has Mark's team concerned because there aren't necessarily better placements for the remaining youth. There is hope that the Legislature won't zero out the budget on L3 and 4, so a few regional specialized homes could be available to provide DBT, homes for girls, for sexually aggressive etc...(to fill in the gaps).

The Div. is looking to create an incentive program to grow these specialized homes.

