

**Queen Anne's County
Community Partnerships for Children and Families
Board Meeting Minutes
November 21, 2008**

Approved: January 21, 2009

Those present for the Community Partnerships for Children and Families Board Meeting:
Members Present:

Peg Anawalt, Chesapeake College	Vincent Radosta, Community Member
Joan Brooks, Q.A. Co. Parks & Recreation	Patricia Scott, Community Member
Rebecca Clark, Community Member	Marian Sinclair, Mid-Shore Mental Health Systems
Cathy Dougherty, Q.A. Co. Department of Social Services	Pastor Dan Southern, Community Member
Michelle Johnson, Community Member	Roseann Squire, Community Member
Lynn Lang, Community Member	Paul Stearns, Community Member
Ralph Marketto, Q.A. Co. Board of Education	Geri Thompson, The Judy Center Partnership
Mary Ruth Meredith, Community Member	Denise Whiteley, Department of Juvenile Services
Phyllis Naujokas, Q.A. Co. Department of Health	Dr. Carol Williamson, Q.A. Co. Board of Education

Administrative Staff:

Michael R. Clark, Director	Mary Ann Gleason, Family Network Specialist
Cindi Bauer, Office Manager	Jennifer Stansbury, Operation Specialist
Jacki Carter, Character Counts! Coordinator	

Member Regrets:

Jeff Anthony, Community Member	Walter Pauls, Community Member
William Duffy, Community Member	GeorgiAnna Schurr, Community Member
Sheriff Hofmann, Q.A. Co. Sheriff's Department	Mary Walker, Community Member
Margie Houck, Q.A. Co. Commissioners	Laura Wood, Student Representative
James Malaro, Community Member	

Guest:

Diane Lane, Family Navigator
Kathy Edler, Chesapeake Helps

** Board member gave their proxy to another board member for this meeting.*

I. WELCOME AND INTRODUCTIONS:

The Annual Retreat was held on November 21, 2008 at the Wye River Aspen Institute in Queenstown, MD. During the retreat Paul Stearns, Board President, called a meeting to order at 11:40 a.m.

II. REPORTS:

A. Executive Committee

The Executive Committee met on November 10, 2008 to receive updates and to develop the agenda for the November board meeting. No actions were taken.

B. Secretary's Report

Michelle Johnson presented the minutes for the October 15, 2008 board meeting.

Action:

Mary Ruth Meredith moved to approve the October 2008 minutes as presented and Vincent Radosta provided a second to the motion. All present voted in favor with no abstentions and the motion was carried.

C. Treasurer's Report

Roseann Squire, Treasurer, presented the treasurer's report for October 2008.

D. Character Counts!

Ms. Jacki Carter, Character Counts! Coordinator provided updates regarding Character Counts! The pillar for November is Citizenship.

III. Announcements & Adjourn

The Formal Board Meeting adjourned at 11:45 p.m. Board members continued with the Annual Retreat. Notes from the retreat are attached. The Next Board Meeting is scheduled for January 21, 2009, Q.A. Co Department of Health.



**Queen Anne's County
Community Partnership's for Children and Families
Board Retreat Meeting Notes
November 21, 2008**

Introduction

The Queen Anne's County Community Partnership's for Children and Families (CPC) Board and Staff met at Wye Woods on November 21, 2008 for the board's 12th annual retreat. The anticipated results from the retreat were that board members will:

- Understand the nature of the Queen Anne's System of Care
- Agree on the vision and concrete next steps for the Queen Anne's County System of Care
- Understand his or her own personal role in moving the Queen Anne's System of Care forward

These notes capture the highlights of the meeting, in particular, the results of the board's planning for the concrete next steps to continuously improve Queen Anne's County's System of Care.

Overview

Michael Clark provided a brief overview of the mission of CPC and information on Systems of Care. He reminded board members that CPC's mission directly correlates to the definition of a System of Care:

- *Queen Anne's County Community Partnerships for Children and Families' Mission:* To promote a safe, healthy and stable environment for all Queen Anne's County children and families by achieving a comprehensive system of education, health and human services whose effectiveness and responsiveness addresses the needs of the children and families through public and private interagency collaboration.
- *Systems of Care Definition:* A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.

Mr. Clark reminded board members that at the October 2008 board meeting, the board reviewed the challenges strengths within each agency within the System of Care. The table summarizing this discussion is attached to these notes.

Accomplishments

The board was provided with an overview of the various accomplishments over the past several years including:

- Early Childhood System of Care including the improvement of the % of children who are fully ready for kindergarten
- Performance Measures from the Local Access Mechanism
- Overview of Chesapeake Helps!
- Innovations within the Department of Social Services
- Family Navigator System

Creating a System of Care at Every Level

Assessing the system of care:

The board members completed the System of Care Checklist to evaluate the strengths and challenges facing the Queen Anne's County System of Care. The highest strengths identified were that the System of Care was:

- Data-driven and outcomes oriented
- Strength-based
- Family-driven

The greatest challenges facing the System of Care are:

- Providing a broad array of supports
- Being integrated across all systems
- Being culturally competent

Brainstorming improvements

The board and staff divided into three workgroups to begin planning the improvements needed by the System of Care. They first brainstormed improvements needed by following the brainstorming rules of:

- No judgments; all ideas are good ideas
- Quantity of ideas are most important
- You must have at least one off the wall idea.

Following is a list of the brainstormed ideas for each group.

- Providing a broad array of supports:
 - Recruit Warren Buffett
 - QA County will build 2 Community Recreation Centers
 - Increase the systems of bike paths by 100%
 - Build more movie theaters

- Survey of parents to find out where they first looked for information? (use Chesapeake Helps)
- Create a youth volunteer network
- Expand services to meet those with physical, intellectual and emotional disabilities
- Get more money for the community foundation
- Advocate to include QA County in Health Professional shortage area
- Involve more seniors as educational mentors
- Expand shelter for families, women and children
- Foodbanks
- Being integrated across all systems:
 - Money is no object (one stop shop)
 - Communication across all domains
 - Common language
 - Examples of success stories and failures
 - MOU across agencies
 - Agreement on vision and goals
 - Set of protocols (attendance, items on agenda, child involved)
 - On-going training
 - Directory of services/navigation tool
 - Online information
 - What can each group provide?
 - Child-Center: all services located centrally
 - Track child's progress to ensure continued success
 - Incentives to providers
- System of Care is Culturally Competent
 - Cultural diversity training for agencies that incorporates real-life scenarios
 - Hire more multilingual employees
 - Create public transportation
 - Create satellite offices
 - Provide information in non-written forms (DVDs, videos) in a variety of languages
 - Cultural diversity training is required before residency in Queen Anne's County is permitted
 - Multilingual 911 operators
 - Outreach to law enforcement agencies
 - Law enforcement to provide Family Navigation and Chesapeake Helps! Information

Prioritization within each group

Each workgroup then prioritized the brainstormed ideas that they felt would have the most leverage to address the challenge presented and that would be feasible to implement. The prioritized ideas for each challenge are listed below:

- Providing a broad array of supports:
 - Expand services for all special needs individuals birth through adult:
 - Find quality providers willing to come/serve Queen Anne's County

- Survey community re: needs to be met
 - Program development (to include job training)
 - Agency collaboration (Mid-Shore Mental Health Systems, DOA, etc.)
 - Chesapeake Helps! Expanded to include for-profit organization's information
 - Get more money for the Community Foundation:
 - Have Mike Clark work harder! ☺
 - Community awareness campaign
 - Clarify the difference between CPC (LMB) and the FCP (Foundation)
 - Fundraising group (subcommittee) to expand range of fundraising activities
 - Involve businesses in special events
 - Advocate to include QA County in Health Care Professional Shortage Area
 - Meet with legislators
 - HRSA (Health Resources shortage Area Association)
 - Backup documentation /data
 - Inter-agency collaboration
 - Being integrated across all systems:
 - Expand the Child (Advocacy?) Center:
 - Beyond Birth-5 to include older children and adults
 - Health Department: Linkage to services birth to adult
 - Infants and Toddlers
 - Head Start
 - Adult Education
 - ESL
 - Nurturing Program
 - Mental Health
 - Parks and Recreation
 - Board of Education
 - Communication across all domains
 - Directory of Services
 - Being culturally competent:
 - Cultural diversity training:
 - Start with law enforcement officers and educators
 - Multi-lingual 911 operators and Family Navigators
 - Law enforcement and educators to provide Family Navigation and Chesapeake Helps! Information
 - Equip law enforcement officers and teachers with resources in the community
 - Embed diversity training in the school's curriculum (put it in the MSA's)
 - Cultural diversity training for agencies should include real-life scenarios
 - Profile a family per week in the newspaper and highlight their needs.

LCC ICC Drug Advisory Multi-D Team Mtgs Protocols Advocacy Training
--

Top Ideas to Implement

Each workgroup reported out their top ideas to the entire group. The top ideas from each group were listed on a flipchart and participants were given three red dots to prioritize the ideas with the most leverage to improve the overall System of Care and three blue dots to prioritize the ideas that were the most feasible and affordable to implement. The chart below reflects the results of the voting:

Strategy	Leverage to Improve	Feasible and Affordable
Child (Advocacy?) Center: <ul style="list-style-type: none"> ○ Expand beyond birth to 5 ○ Have meetings and services at the center ○ Communications across all domains ○ Directory of services 	14	9
Practical Cultural Diversity Training <ul style="list-style-type: none"> ○ Short term: law enforcement and education then Family Navigators ○ Long term: To all agencies 	12	10
Profile an anonymous family each week in the paper to highlight needs	1	1
Expand services for all special needs from birth to adult (survey the community) <ul style="list-style-type: none"> ○ Agency collaboration ○ Expand Chesapeake Helps! To include for-profit information 	4	1
More money for the Community Foundation <ul style="list-style-type: none"> ○ Clarify the difference (CPC and FCP) ○ Fundraising subcommittee 	3	7
Advocate to include Queen Anne's County in the Health Care Professional Shortage Area	2	4

The top two strategies (with the most leverage to improve the System of Care and that are feasible and affordable) resulting from this prioritization are:

1. Child (Advocacy?) Center
2. Practical Cultural Diversity Training

The third strategy with the most votes for leverage to improve had only one vote for feasible and affordable. It should be considered as a longer-term strategy:

3. Expand services for all special needs persons from birth to adulthood

The fourth highest strategy for leverage also had many votes as feasible and affordable was:

4. More money for the Community Foundation

Identifying Personal Role in Improving the Systems of Care

Each board member identified one idea that he or she can personally do to improve the Systems of Care in Queen Anne's County. The board members wrote these ideas on their name tents so that they can check at each board meeting if they are completing their steps.

Follow-up Issue

Throughout the day, a flipchart was used to capture questions/ideas requiring follow-up. One question was recorded:

- What is the number of children that is represented by the % of increase in school readiness?

Next Steps:

- Karen Finn will summarize the notes from the retreat
- Board will review and further plan at January Board Meeting
- Each board member will review their pledge (written on their name tents) to personally improve the System of Care.

Queen Anne's County Provider System of Care Discussion
Queen Anne's County Community Partnerships for Children and Families Board Meeting
 October 15, 2008
Summary of Strengths & Challenges

CHALLENGES	STRENGTHS
<i>DJS – Department of Juvenile Services</i>	
<ul style="list-style-type: none"> • Lack of in-state placements • No shelter care on the Shore • Once children are referred to DJS their needs are very intense 	<ul style="list-style-type: none"> • Trial & Error • Assessment tools • Two detention centers on the Shore.
<i>DSS - Queen Anne's County Department of Social Services</i>	
<ul style="list-style-type: none"> • Need funding for prevention type services. • Children that fall in the “Grey Zone” • Placement for children on the Shore 	<ul style="list-style-type: none"> • Numerous Community Partnerships • Multiagency teams.
<i>CSA – Core Service Agency – Mid Shore Mental Health Systems</i>	
<ul style="list-style-type: none"> • Placements are expensive and don't meet all the needs • Issues cross mental health and substance abuse • Childhood trauma is often involved • Intergenerational mental illness is often a factor • Two year time limit for some funding sources & funding gets allocated quickly • No mobile crisis available • Only resort for crisis is the Emergency room which is often not helpful and tedious. 	<ul style="list-style-type: none"> • Rehab Option funding is helpful • Child & family team meetings • Wrap around case management • Child and family driven plans and choices – leads to greater compliance.
<i>DDA – Developmental Disabilities Administration</i>	
<ul style="list-style-type: none"> • The large majority of services don't start until the person turns 21. (Other organization's services end at 18) – leaving a gap. • All funding comes from a regional office – can only fund “priority issues” based on regional needs and not necessarily local needs. • DDA provides services all the way until the end of life, causing long waiting lists 	
<i>DORS – Department of Rehabilitative Services</i>	
<ul style="list-style-type: none"> • Waiting list is 6-9 months • Services on Shore are limited • Limited job placement counselors • Mental stability required. 	

**Queen Anne's County
Community Partnership's for Children and Families
System of Care Improvement Plan
November 2008**

Introduction

The Queen Anne's County Community Partnership's for Children and Families (CPC) Board and Staff met at Wye Woods on November 21, 2008 for the board's 12th annual retreat. The Systems of Care Improvement Plan began at this retreat.

Overview

The Queen Anne's County Community Partnerships for Children and Family's Mission outlines the basics of the Queen Anne's County's System of Care:

- To promote a safe, healthy and stable environment for all Queen Anne's County children and families by achieving a comprehensive system of education, health and human services whose effectiveness and responsiveness addresses the needs of the children and families through public and private interagency collaboration.

The definition of a Systems of Care outlines the main ingredients of an optimal System of Care:

- *Systems of Care Definition:* A system of care incorporates a broad array of services and supports that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, and builds meaningful partnerships with families and youth at service delivery and policy levels.

Assessing the Queen Anne's County System of Care:

The Queen Anne's County Community Partnerships for Children and Families board members completed the System of Care Checklist to evaluate the strengths and challenges facing the Queen Anne's County System of Care. The highest strengths identified were that the System of Care was:

- Data-driven and outcomes oriented
- Strength-based
- Family-driven

The greatest challenges facing the System of Care are:

- Providing a broad array of supports
- Being integrated across all systems
- Being culturally competent

Strategies to Address Challenges

The CPC board formed three workgroups to address each challenge. The individual workgroups prioritized the following strategies to address the challenges:

- Providing a broad array of supports:
 - Expand services for all special needs individuals birth through adult:
 - Find quality providers willing to come/serve Queen Anne's County
 - Survey community to determine the needs that must be met
 - Develop needed programs including job training
 - Improve agency collaboration (Mid-Shore Mental Health Systems, DOA, etc.)
 - Expand Chesapeake Helps! Array of services to include for profit organizations that are able to help families.
 - Increase funding for the Community Foundation
 - Implement a community awareness campaign
 - Clarify the difference between CPC (LMB) and the FCP (Foundation)
 - Establish a fundraising subcommittee to expand the range of fundraising activities
 - Involve businesses in special events
 - Advocate to include QA County in Health Care Professional Shortage Area
 - Meet with legislators
 - HRSA (Health Resources shortage Area Association)
 - Backup documentation /data
 - Inter-agency collaboration
- Being integrated across all systems:
 - Expand the Child Center (possibly calling it the Child Advocacy Center). This center would go beyond the ages of birth to five to include older children and adults. It would provide access to all services including the health department, Infants and Toddlers, Head Start, Adult Education, ESL, Nurturing Program, Mental Health, Parks and Recreation, Board of Education services. It would also provide a place for all meetings to take place such as the LCC, ICC, Drug Advisory, Multi-Disciplinary Team, Protocols, Advocacy, Training. It would also provide:
 - Communication across all domains
 - Directory of Services
- Being culturally competent:
 - Provide practical cultural diversity training:
 - Start with law enforcement officers and educators
 - Hire multi-lingual 911 operators and Family Navigators
 - Law enforcement and educators to provide Family Navigation and Chesapeake Helps! Information
 - Equip law enforcement officers and teachers with resources in the community
 - Embed diversity training in the school's curriculum (put it in the MSA's)
 - Cultural diversity training for agencies should include real-life scenarios

- Profile a family per week in the newspaper and highlight their needs.

Implementation Plan

The top four strategies to implement were prioritized as follows:

5. Child (Advocacy?) Center
6. Practical Cultural Diversity Training
7. Expand services for all special needs persons from birth to adulthood
8. More money for the Community Foundation

Goal #1: Queen Anne's County System of Care will be coordinated across all systems		
Staff/Committee Responsible:		
Priority Strategy 1.1: Develop an expanded Child Center that will integrate all services from ages birth to adulthood.		
Action Step	Target Completion Date	Projected Cost
Further develop the Child Center concept		
Integrate all meetings of inter-agency collaboratives into the Child Center		
Integrate all services into the Child Center		

Goal #2: Queen Anne's County System of Care will be culturally competent		
Staff/Committee Responsible:		
Priority Strategy 2.1: Provide practical cultural diversity training throughout Queen Anne's County		
Action Step	Target Completion Date	Projected Cost
Select/Develop practical cultural diversity curriculum		
Select/Develop trainers to provide the selected cultural diversity curriculum		
Train all law enforcement personnel in the county		
Train all educators in the county		
Train all other agency personnel in the county		
Imbed cultural diversity training in school curriculum		

Goal #3: Queen Anne's County System of Care will provide a broad array of services		
Staff/Committee Responsible:		
Strategy 3.1: Expand services for all special needs individuals birth through adult		
Action Step	Target Completion Date	Projected Cost
Survey the community about needs		
Improve agency collaboration		
Expand Chesapeake Helps directory to include for-profit organizations		
Find quality providers willing to come to or provide services in Queen Anne's County who will fill the needs identified by the community survey		
Develop new programs as needed including job training		

Goal 3: Queen Anne's County will provide a broad array of services		
Staff/Committee Responsible:		
Priority Strategy 3.2: Increase funding for the Queen Anne's County Community Foundation		
Action Step	Target Completion Date	Projected Cost
Clarify the difference between CPC and the FCP		
Develop a fundraising subcommittee		
Implement a community awareness campaign		
Involve business in special events		

Queen Anne's County Provider System of Care Discussion
Queen Anne's County Community Partnerships for Children and Families Board Meeting
 October 15, 2008
Summary of Strengths & Challenges

CHALLENGES	STRENGTHS
<i>DJS – Department of Juvenile Services</i>	
<ul style="list-style-type: none"> • Lack of in-state placements • No shelter care on the Shore • Once children are referred to DJS their needs are very intense 	<ul style="list-style-type: none"> • Trial & Error • Assessment tools • Two detention centers on the Shore.
<i>DSS - Queen Anne's County Department of Social Services</i>	
<ul style="list-style-type: none"> • Need funding for prevention type services. • Children that fall in the “Grey Zone” • Placement for children on the Shore 	<ul style="list-style-type: none"> • Numerous Community Partnerships • Multiagency teams.
<i>CSA – Core Service Agency – Mid Shore Mental Health Systems</i>	
<ul style="list-style-type: none"> • Placements are expensive and don't meet all the needs • Issues cross mental health and substance abuse • Childhood trauma is often involved • Intergenerational mental illness is often a factor • Two year time limit for some funding sources & funding gets allocated quickly • No mobile crisis available • Only resort for crisis is the Emergency room which is often not helpful and tedious. 	<ul style="list-style-type: none"> • Rehab Option funding is helpful • Child & family team meetings • Wrap around case management • Child and family driven plans and choices – leads to greater compliance.
<i>DDA – Developmental Disabilities Administration</i>	
<ul style="list-style-type: none"> • The large majority of services don't start until the person turns 21. (Other organization's services end at 18) – leaving a gap. • All funding comes from a regional office – can only fund “priority issues” based on regional needs and not necessarily local needs. • DDA provides services all the way until the end of life, causing long waiting lists 	
<i>DORS – Department of Rehabilitative Services</i>	
<ul style="list-style-type: none"> • Waiting list is 6-9 months • Services on Shore are limited • Limited job placement counselors • Mental stability required. 	