

Planning & Evaluation Committee

Tuesday, June 13, 2017

2:00 pm – 4:00 pm

Charles Morris Conference Room

**Be the Driving Force to Engage Partners to Achieve Lasting Positive Outcomes
for All Children, Beginning at Birth**

- I. Determination of Quorum & Call to Order – Dr. Deborah Teasley, Chair**
 - A. Board Updates[^]
 - B. 2016-17 Committee Schedule[^]
 - C. Invitation to Remain on P & E Committee

- II. Approval of Minutes – April 12, 2017***

- III. Establishing a Strategic Direction for the Future**
 - A. Strategic Planning Action Plan *
 - a. Review of Action Plan for Goal 3 & 4
 - b. Review performance indicators to measure the progress toward the achievement of goals and objectives
 - B. Assuring Better Child Health & Development*
 - C. PFC KidStuff Needs Assessment[^]

- IV. President’s Report – Mary Sonnenberg**

- V. Adjournment – Dr. Deborah Teasley, Chair**

* Needs Action [^]Information Only ! Possible Conflict of Interest (Recusals)

^e Electronic Copy (Hard copies are available upon request)



Partnership for Children of Cumberland County, Inc.
Planning & Evaluation Committee
April 11, 2017 (2:05 p.m. – 3:40 p.m.)



MEMBERS PRESENT: Amy Cannon, Elise Chung, Kandy Cox, Carl Mitchell, and Dr. Teresa Thompson-Pinckney
MEMBERS ABSENT: Dr. Deborah Teasley, Darryl Childers, Scott Chase
NON-VOTING ATTENDEES: Linda Blanton, Candy Scott, Mary Sonnenberg, Nanette Strang, Lydia Wiles

AGENDA ITEM	DISCUSSION & RECOMMENDATION	ACTION	FOLLOW-UP
Determination of Quorum & Call to Order	<p>Amy Cannon, Acting Committee Chair, determined a quorum was present at 2:05 p.m. and called the meeting to order. Lydia Wiles was Secretary for the meeting and recorded the minutes.</p> <p>Amy Cannon thanked and welcomed all the members. On February 23, the Executive Committee acting as Board approved:</p> <ul style="list-style-type: none"> • The Planning Assumption & Strategic Priorities • Due to the withdrawal of the Raising a Reader Program recommendation was that the unallocated funds remaining are set aside for literacy • The recommendation that the vendor for Assuming Better Child Health and Development (ABCD) change from Partnership for Children (PFC) to Carolina Collaborative Community Care due to successful completion of system of support as an Incubator Project <p>Amy Cannon also informed the team that Darryl Childers resigned from the Planning and Evaluation Committee. He accepted a new job as a Policy Analyst in the Governor’s Office.</p> <p>According to the by-laws, the P&E Committee should be comprised of a minimum of 8 members to include Non-Board participants. We are currently at 8. Linda Blanton asked members to look around the table to see what sector of the community not represented currently and perhaps make recommendations for a new committee member at the next meeting.</p>	<p>Called to Order</p>	<p>None</p>
Approval of Minutes – August 9, 2016	<p>The committee reviewed meeting minutes from February 14, 2017. Carl Mitchell motioned to accept the minutes; Dr. Teresa Thompson-Pinckney seconded the motion. Without further discussion, minutes unanimously approved.</p>	<p>Minutes Approved</p>	<p>None</p>
Strategic Planning Conversation	<p><u>Contract Activity Description (CAD) Amendments Approved by Board</u></p> <p>The Board approved CAD changes for 2017-18 on March 30, 2017. Copies of these changes were included in the packet.</p> <p>Amy informed the committee that North Carolina Partnership for Children (NCPC) changed some of the Program Service Codes and Program Activity IDs Contract Descriptions for FY2017-2018 making them more restrictive.</p> <p>Candy Scott walked members through the modifications since some changes were significant which included the Quality Enhancement Grant, ABCD, The PFC Family Resource Center and</p>	<p>None</p>	<p>None</p>



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	<p>Child Care Resource and Referral (CCR&R). Mary Sonnenberg also had input on CCR&R, more specifically the Connection to Mobile Diaper Bank.</p> <p>Linda and Mary provided an overview of the restructuring of the department, Planning, Development and Communication (PD&C) that will be effective July 1, 2017. The Communication and Development will split out to form the Community Engagement and Resource Development Unit under the PFC President. PD&C will be renamed Evaluation, Planning and Accountability (EPA).</p> <p>Additionally, NCPC revised Purpose Service Code for 5603 reflected in the new CAD.</p>		
	<p><u>Early Childhood Literacy Request for Proposal – Reach Out and Read (ROR)</u></p> <ul style="list-style-type: none"> • Copies of application, logic model and budget narrative were included in the packet. • During the 2014-15, fiscal year, PFC received a 3-year grant from NCPC to expand Reach Out and Read® (ROR) in Cumberland County. • ROR is a medical practice-based, family literacy program. ROR targets the language and literacy development of children ages six months to five years old. • ROR gives priority to enrolling medical practices that serve predominantly low-income families. • Amy asked if there were any penalties for not spending the grant. Mary advised that since the Library withdrew from the program and funds reallocated, no penalties assessed. • The recommendation is to fund the program at the requested amount of \$32,300. • There were no further questions. 	<p>Recommendations Approved for ROR and DPIL</p>	<p>None</p>
	<p><u>Early Childhood Literacy Request for Proposal – Dolly Parton Imagination Library (DPIL)</u></p> <ul style="list-style-type: none"> • Copies of the program proposal, application, logic model, and budget narrative were included in the packet. • United Way of Cumberland County has administered the DPIL since 2005. • In the program proposal, Linda brought attention to section E. She will get clarification of the number of children reached since the statement is unclear. An unduplicated count should be obtainable from the database. Linda has asked to have someone walk her through the DPIL database to see if it’s possible. • Mary mentioned an Early Literacy bill that was put forth to support DPIL statewide (6 		



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	<p>counties) in combination with pilots of Family Connections—a nurse-family partnership. The bill was introduced in both the House and Senate and if it passes, will be the largest increase in Smart Start Funding in a decade.</p> <ul style="list-style-type: none"> The recommendation is to fund the program at the requested amount of \$6,000. <p>Carl Mitchell motioned to accept the recommendations to fund both programs; Dr. Teresa Thompson-Pinckney seconded the motion. Without further discussion, recommendations unanimously approved.</p>		
	<p><u>ABCD Request for Proposal</u> Amy reminded the committee that back on February 14, 2017, recommendations were made to change the provider from an in-house incubator program here at PFC to Carolina Collaborative Community Care.</p> <ul style="list-style-type: none"> Linda provided an overview of the ABCD Request for Proposal Form. A copy was provided to the committee in their packets. She emphasized Evaluation and Data Collection as well as Eligibility since it will be a topic committee reviews again in June. Mary inquired on the date listed on application’s process section within the proposal. The date application must be received or postmark should be May 1, 2017, not March 1, 2017. The date has been corrected. 		
	<p><u>2015-16 to 2017-18 Action Plans</u> Amy gave a quick outline of the Action Plan. She reminded the committee that back in April 2016, The Planning and Evaluation Committee recommend the Framework for Action Plans for each Goal Area to include Goals and Priority Objectives and Strategies but did not touch on action steps. She asked the committee for feedback in those 2 goal areas—Innovative Connective System & High-quality Opportunity for All Children.</p> <p>Linda walked the P&E members through the draft measurement framework to measure the progress toward the achievement of goals and objectives of the action plan.</p> <ul style="list-style-type: none"> Linda asked if action steps were correctly defined and if there were any missing pieces? What is our vision, mission, and our goals? What are we about? How do I contribute to the success of the strategic plan? Carl Mitchell stated that that the framework had good bones and suggested adding a forth column “actual results”. Amy also made a suggestion to move the Objective Drop Box under the Goal, then 	None	



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	<p>Goal right underneath Strategic Objective Box and then under it have the Strategies that would change based on what is selected making less confusing.</p> <ul style="list-style-type: none"> • She added that this is all great information that can be used by multiple users. • General consensus that PFC is on the right track. 		
President Reports	<p>Mary Sonnenberg briefed the committee on the North Carolina Partnership for Children (NCPC) and Legislative updates including Early Literacy Bill—Dolly Parton Imagination Library, Subsidy and Medicaid Expansion. She mentioned that the NC Members of the National Business Roundtable are focusing on improving literacy rates. She mentioned that the NC Pathways to Grade-Level Reading are focusing on the Whole-child (birth-through-age-eight) by setting priorities such as:</p> <ul style="list-style-type: none"> ✓ Health and Development ✓ Supported and supportive families and communities ✓ High-Quality Birth-through-Age-Eight Learning Environments with Regular Attendance <p>She told the committee that the 2017 Soiree was successful meeting and exceeding goal on Cash/In-Kind [\$153,706]. She mentioned that the planning for next year’s event had already started and tentatively scheduled for March 10, 2018, at the Crown [Coliseum]. Those interested in joining the Planning Committee, please contact Belinda [Gainey].</p> <p>She reminded the committee of the upcoming NCPC Monitoring Visit scheduled for the last week of April [April 24-27]. It will be a full programmatic and financial monitoring visit. She further added that the NC Diaper Bank’s first visit will be in early June and initially will only target military families. More information to follow.</p> <p>She informed that PFC has been in conversations with the LENA Foundation—increases interaction between parents, children, and caregivers, particularly in the early years. There are grant opportunities and we are in the exploration phase.</p> <ul style="list-style-type: none"> • Elise Chung added that the LENA Foundation also developed The Accelerated Reader (AR) Program used in Cumberland County Schools—AR is a computerized program that tests reading comprehension. Students read a book then take a test in the computer center. She described another program that targets children 0-3. Essentially, the more words used between child and caregiver increase their ability to comprehend and express themselves and are better prepared for school. She hopes that the program Mary discussed comes to fruition in 	None	None



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	<p>Cumberland County.</p> <p>Upcoming events are KidStuff, 2017 Smart Start Conference, The Power of One-Window of Hope Campaign and Kidtopia.</p> <ul style="list-style-type: none"> ▪ PFC is collaborating with PNC for KidStuff coming up on April 29-30, 2017, at the Fayetteville Dogwood Festival. Daniele Malvesti is the staff contact for anyone wishing to volunteer. ▪ The 2017 National Smart Start Conference is May 1-4, 2017 and we will have some of our staff presenting. Mary mentioned that there is a Celebration Lunch that Thursday for those committee members wishing to attend—up to 10. Contact Linda. ▪ She informed that PFC is participating in The Prevent Child Abuse Month including the Pinwheel Planting in front of the building and the fundraiser—The Power of One-Window of Hope Campaign on April 29, 2017, at FSU. Registration is now open. ▪ Kidtopia is May 6, 2017, at the Crown Coliseum. <p>Finally, Facilities Manager, Mike Yeager, on medical leave for approximately 6 weeks due to foot surgery.</p>		
Adjournment	As there was no further business, the meeting was adjourned at 3:40 pm. The next Planning & Evaluation Committee meeting has been scheduled for June 13, 2017, at the Partnership for Children Family Resource Center.	Meeting Adjourned	None

Submittal: The minutes of the above-stated meeting are submitted for approval.

 Secretary for the Meeting

 Date

Approval: Based on committee consensus, the minutes of the above-stated meeting are hereby approved as presented and/or corrected.

 Evaluation Committee Chair

 Date



Partnership for Children of Cumberland County
351 Wagoner Drive, Fayetteville, NC 28303
Phone: (910) 867-9700 Fax: (910) 867-7772

APPLICANT INFORMATION		
PROJECT/ACTIVITY NAME: Assuring Better Child Health and Development		
AGENCY/ORGANIZATION/APPLICANT NAME: Carolina Collaborative Community Care (4C)		
Type of organization: <input type="checkbox"/> Private For-Profit Agency <input type="checkbox"/> Public Government Institution/Agency <input checked="" type="checkbox"/> 501(c)(3) Non-Profit With Tax-Exempt Status <input type="checkbox"/> Sponsored by a 501(c)(3) Organization <input type="checkbox"/> Other _____		
Federal ID Number: 20-1822815	Date Established: November 8 th , 2004	
Mailing Address: 225 Green Street Ste. 1006 Fayetteville, NC 28301		
Street Address: 225 Green Street Ste. 1006 Fayetteville, NC 28301		
Program Contact Name: Cacilie Glasgow-LeBatard	Phone: 910-487-8417	Fax: 910-485-7238
Email Address: clebatard@carolinacc.com		
Fiscal Contact Name: Karin Suess	Phone: 910-487-8451	Fax: 910-485-7238
Email Address: ksuess@carolinacc.com		
Authorized Organization Signee Name: Karin Suess	Title: Executive Director	
Authorized Signee Signature: (REQUIRED)	<i>Karin Suess, Executive Director</i>	Date: 5/1/17
Funding Request Amount for 2017-18:	\$ 89,948	

PROPOSAL

PROJECT TITLE: Assuring Better Child Health and Development Program

1. NEED(S) STATEMENT.

National statistics show that 16% of children have developmental delays or disabilities, with at least half of these children qualifying for services. Unfortunately, 70% of these children will enter school with undetected diagnoses, needs, or concerns. When considering Cumberland County, this would suggest that 1,540 children have delays that would necessitate the need for services, but 1,078 will enter school with these needs undetected. The Assuring Better Child Health and Development (ABCD) Program is in place to assist in remedying this for our county's children. The purpose of the program is to heighten the practices and community's opportunities to screen all appropriate children for developmental and autistic concerns at their pediatric provider's practice, identify those at risk for delays, refer to the right agencies for assistance and treatment, and to successfully close the referral loop by insuring a process of feedback so that all necessary parties are aware of outcomes/if services are needed. While much improvement in overall processes have been made since initiation of the ABCD Grant in 2014, Carolina Collaborative Community Care (4C) recognizes there are still community opportunities in this area. In lieu of population fluctuations and changes in the community, a strong focus must remain on identifying those children with concerns and to increase referrals accordingly. **4C's purpose would be to expand the ABCD program to additional pediatric practices and to provide standardization of processes across the pediatric community, as well as assist more children getting identified for and receiving services prior to kindergarten.**

2. FULL ACTIVITY DESCRIPTION (FAD):

4C is a Community Care of North Carolina network comprised of 90 practices; care management services are provided to the Medicaid-Carolina Access II-III patients enrolled at those practices. Although the life span is covered, 4C does have a Pediatric Team that focuses on providing services to infants, children, and adolescents in our community. As the facilitator of the ABCD program which focuses on the screening, referral, and feedback processes for children 0-5 years of age, 4C will utilize an ABCD Coordinator to complete various activities and functions with the practices that are selected for this program. The ABCD Coordinator's goal is to maintain a positive and collaborative relationship with the pediatric practices while guiding them through the various levels of ABCD-based engagement. Activities include: eliciting surveys to practices on their current screening and referral procedures/awareness, performing baseline audits, and tailored ABCD training at all 10 of the new practices entering ABCD Level 1. Ongoing semi-annual audits will occur for the 11 practices in Level 2 (and the Level 1 practices when they graduate to Level 2), as it is important to gauge their progress with their screening and referral processes. During Level 2, much collaboration occurs with the practice and the ABCD Coordinator, as they examine their workflow processes and complete any trials of change/pilot activities regarding screening, referrals, and collection of feedback. Consistent check-in's are conducted to insure the practice has what they need to successfully improve in these domains; activities are compiled, addressed, and monitored via Plan-Do-Study-Act (PDSA) paperwork, comparison tables with data, and quarterly reviews of program progress. ABCD Level 3 consists of maintenance monitoring; each practice will individually achieve this level as their ABCD processes and activities are in place and are successfully being implemented. Periodic check-in's will occur in level 3, as well as a smaller number of continued semi-annual audits at each practice to insure sustained compliance.

4C has gained a tremendous understanding of the ABCD program due to having participated in the ABCD Grant since 2014, as well as its more recent shift to Smart Start funding last

fiscal year. The manner in which the program was executed in Cumberland County was successful in that the participating practices were open to the ABCD Coordinator working with them on processes and often requested feedback on their efforts. The rapport that was established allowed for more quality improvement-based work to be completed with these practices. It was further noted from the referral agencies (Children's Developmental Services Agency and Exceptional Children's Preschool Program) that referral numbers from the engaged practices did increase since the start of the ABCD Program. While 12 practices were the initial target for ABCD, lessons learned will now be applied to the expansion of ABCD as 10 more practices are inducted into this program. This expansion is being implemented so that we can extend our reach to more practices/children and standardize the community's processes regarding screening and referrals for those children with identified risks/needs. It is our goal that these 21 practices will display the following outcomes: 90% of reviewed charts will indicate that children received a developmental screening with a validated tool at their most recent well child visit; that 70% of reviewed charts will indicate that children received autism-specific screening at the required well child visit (18 and 24 months of age); that 70% of children ages 0-5 years of age with developmental concerns will have been referred to the Children's Developmental Services Agency or Exceptional Children's Preschool Program (representing a 10% increase from the current ABCD baseline), and that 55% of children that have been referred will have received follow up services. Meeting these goals/outcomes will impact our community by helping to improve the number of children entering school with detected delays/disabilities. By having already detected these concerns, time has been awarded to assist the child in gaining various skills and strategies to be more successful upon entry to school and will support a smoother and streamlined transition to school.

In addition to the ABCD Coordinator, 4C's Pediatric Medical Champion and Pediatric Coordinator will work closely with the program to insure it is operating to its capacity and to assist with any facilitation among the practices and community partners. The ABCD Coordinator will also determine if the patients she reviews during chart audits would benefit from: a follow up call to further discuss screening results/recommendations, a referral for care management services based on needs, or a health check coordination for well care. Quarterly stakeholder meetings will be held with all key and local partners (4C, Children's Developmental Services Agency, Exceptional Children's Preschool Program, Care Coordination for Children, Alliance Behavioral Health, Partnership for Children) so that ABCD activities, progress, and barriers can be discussed and so that the attendees can assist in the quality improvement process for program growth and development.

In regards to qualifications necessary for the ABCD Coordinator, team member must have a BA/BS in child development, social work, public health, nursing, or related field and a minimum of five years experience in public health or health care setting. Master's degree preferred; in some instances, a combination of relevant education and experience may be approved. Experience working in a consultative role in a primary care setting and experience working with young children and families is strongly preferred.

200 word description of the major components of your activity and the target population (Contact Activity Description).

The Assuring Better Child Health and Development Program is to ensure that enrolled practices screen all appropriate children ages 0-5 years for developmental and autistic concerns, identify those at risk for delays, refer to agencies for assistance and treatment, and successfully close the referral loop by insuring a process of feedback so necessary parties are aware of outcomes/if services are needed. ABCD Coordinator must have a BA/BS in child development, social work, public health, nursing, or related field and a minimum of five years experience in public health or health care setting. As the program facilitator, 4C utilizes an ABCD Coordinator to guide practices through the various levels of ABCD-based engagement. Activities include practice surveys on their current screening and referral

procedures; performing baseline audits; tailored trainings; ongoing audits to gauge progress with screening and referral processes; examination of workflow processes; executing pilot activities to evoke further success; consistent monitoring for progress, data, and barriers via Plan-Do-Study-Act (PDSA) methodology, comparison tables, and quarterly reviews of progress; and maintenance monitoring once ABCD processes are successfully being implemented. Consultation with 4C's Pediatric Champion and Pediatric Coordinator, as well as key partners/stakeholders will occur on a routine basis for further program growth/development.

3. BUDGET: Please see attached budget.



Local Partnership Name:	Partnership for Children of Cumberland County	Attachment II
Fiscal Year:	2017-2018	
Activity Title:	ABCD Program operated by Carolina Collaborative Community Care	
Purpose/Service Code:		

BUDGET NARRATIVE		PROJECTED BUDGET
11) Personnel	1.0 FTE ABCD Co-ordinator, 0.15 Pediatric Co-ordinator, 0.1 Pediatric Physician Champion	\$ 81,737
12) Contracted Professional Services		\$ -
13) Total Personnel/Contracted Services		\$ 81,737
14) Office Supplies and Materials	Office Supplies, Secure Document Disposal, Bank Fees, Software Mntc.	\$ 301
15) Service Related Supplies	Educational material, supplies required for services.	\$ 243
16) Total Supplies & Materials		\$ 544
17) Travel	Local travel for meeting with doctors; long-distance for meeting; hotel	\$ 1,500
18) Communications & Postage	Telephone, internet and postage	\$ 557
19) Utilities		\$ -
20) Printing and Binding		\$ -
21) Repair and Maintenance	Maintenance of office equipment e.g. computer, printer	\$ 80
22) Meeting/Conference Expense	Conference in Greensboro in May 2018	\$ 500
23) Employee Training (no travel)		\$ -
24) Advertising	Advertising in local community directory (ABCD portion)	\$ 24
25) In-State Board Meeting Expense		\$ -
26) Total Non-Fixed Operating Expenses		\$ 2,661
27) Office Rent (Land, Buildings, etc.)	Portion of Rent for ABCD usage. Utilities included.	\$ 3,755
28) Furniture Rental		\$ -
29) Equipment Rental (Phone, Computer, etc.)	Rental of office equipment (copier, printer)	\$ 734
30) Vehicle Rental		\$ -
31) Dues and Subscriptions		
32) Insurance & Bonding	Allocation of insurance to ABCD employees	\$ 33
33) Books / Library Reference Materials	Reference materials as needed	\$ 100
34) Mortgage Principal, Interest and Bank Fees		\$ -
35) Other Expenses		\$ -
36) Total Fixed Charges & Other Expenses		\$ 4,622
37) Buildings & Improvements		
38) Leasehold Improvements		
39) Furniture/Non-computer Eqpt., \$500+ per item		\$ -
40) Computer Equipment/Printers, \$500+ per item		\$ -
41) Furniture/Eqpt., under \$500 per item		\$ -
42) Total Property and Equipment Outlay		\$ -
43) Purchase of Services	Allocation for 4C Required Audit	\$ 384
44) Contracts with Service Providers		\$ -
45) Stipends/Scholarships/Bonuses		\$ -
46) Cash Grants and Awards		\$ -
47) Non-Cash Grants and Awards		\$ -
48) Total Services/Contracts/Grants		\$ 384
50) Total Budgeted Expenditures		\$ 89,948

Organization: Carolina Collaborative Community Care
Activity Name: Assuring Better Child Health and Development (ABCD)

<i>If this condition exists</i>	<i>For this population</i>	<i>And we implement these strategies</i>	<i>This many times, for these individuals</i>	<i>We expect this short-term change</i>	<i>And we expect this outcome to impact the overall county</i>
Need Statement Why?	Target Population Who?	Program or Activity Elements What?	Outputs How Many?	Outcomes So What?	How does outcome impact PBIS or other long term goal?
<p>Nationally, about 16% of children have developmental delays or disabilities, or emotional /behavioral issues. Of those children, about 70% enter school with undetected delays or disabilities.¹</p> <p>The American Academy of Pediatrics strongly recommends -- and Medicaid requires -- that birth - 5 children receive validated standardized developmental screening. In NC it is required at 6 months, 12 months, 18 or 24 months, and at 3, 4, and 5 years of age (NC Medicaid, July 2012) and autism-specific screening at 18 and 24 months (AAP, Feb 2010 and NC Medicaid, 2012).²</p>	<p>This activity will continue to target the 11 pediatric primary care practices/medical homes and their enrolled children ages birth to 5 already engaged in ABCD activities. ABCD activities will be expanded to 10 more pediatric primary care practices/medical homes and their 0-5 year old enrollees. The above practices can receive three levels of service during their engagement.</p> <p>Level 1 – Initiation of basic ABCD-Implementation – typically lasts up to 6 months. Requires minimum of monthly visits to practice, as well as survey and training. (The 10 new practices will start on this level.)</p>	<p>The ABCD Coordinator will provide training, technical assistance, and materials to participating primary care practices.</p> <p>The ABCD coordinator will work as part of a team that includes Care Management services from 4C and CC4C, as well as with other CCNC staff as applicable, to include Health Check Coordinators and Practice Outreach.</p> <p>Level 1 – Basic ABCD Implementation</p> <ul style="list-style-type: none"> ▪ Collaborate with ABCD Program stakeholders/community partners to determine practices for outreach and order of priority based on needs ▪ Enroll remaining pediatric primary care practices/medical homes that serve children age birth-5 to participate in ABCD. 	<ol style="list-style-type: none"> 1. 15 of community meetings and presentations (e.g. LICC and office manager meetings) to promote the ABCD program help establish and maintain communication between physicians & EI agencies, and support established referral procedures. 2. 21 pediatric practices will participate in this activity 3. 38 health care providers will participate 4. Approximately 17,440 total children age birth-5 yrs (estimated) are served in participating practices 	<p>5% of the total birth through age 2 population will have been identified and will have received early intervention services</p> <p>AND</p> <p>5% of the total three to five year old population will have been identified and will have received special education</p> <p>Source: Performance-Based Incentive System (PBIS) Criteria and Standards, NCPC Board Approved March 2009, PBIS ID H10</p>	<p>The impact of children receiving more timely and accurate developmental and autism screenings, referrals to the appropriate agencies for identified risks or needs, and the initiation of services prior to school age is far reaching and lifelong.</p> <p>Meeting the established goals/outcomes will impact our community by helping to improve the number of children entering school with detected delays/disabilities. By having already detected these concerns, time has been awarded to assist the child in gaining various skills and strategies to be more successful upon entry to school and will have made the transition to school more smooth and streamlined.</p>

¹ Glascoe, Shapiro. "Introduction to Developmental and Behavioral Screening". Available at www.dbpeds.org. July 2007; revised March 2008

² Marian F. Earls and Sherry Shackelford Hay. "Setting the Stage for Success -- The NC ABCD Project"; *Pediatrics* 2006; p.3

<p>Of the approximately <u>19,258</u> children birth-5 in <u>Cumberland County</u>, it is estimated that 16% (3,081) have a developmental delay, disability, or social-emotional-behavioral problem.</p> <p>It is estimated that as many as 8% of children (1,540) birth-5 in <u>Cumberland County</u> have a significant developmental delay or disability and would qualify for our state's Early Intervention².</p> <p>In 2012-13, 5.1% of children age birth-3 yrs in <u>Cumberland County</u> were identified with special needs and received early intervention services (PBIS saturation data for birth-3 yrs).</p> <p>In 2012-13, 3.7% of children age 3-5 yrs in <u>Cumberland County</u> were identified with special needs and received early intervention through Preschool Exceptional Children's services (PBIS saturation data for 3-5).</p> <p>A total of <u>55</u> primary care medical practices in <u>Cumberland County</u> serve Medicaid enrolled children and provide well child care to children age birth-5. Of these <u>55</u> of practices, there are <u>21</u> practices that provide at least</p>	<p>Level 2 – Intensive Services – up to 12 months in duration, may be longer depending on their need and progress. Requires monthly visits plus calls, emails, etc. Trainings can continue as needed. (11 original practices already performing ABCD activities in June of 2017 are on this level)</p> <p>Level 3 – Maintenance Services – 18 months and beyond. Contact periodic/upon request. Practices will graduate to this level when they have satisfactorily completed their ABCD Activities.</p> <p>The <u>21</u> total participating practices will serve an estimated <u>90%</u> of Cumberland County's children age birth – 5 during level 1 and 2 of ABCD services.</p> <p>The <u>21</u> total participating practices will serve (estimated) <u>10,464</u> Medicaid-enrolled children ages birth – 5 during level 1 and 2 of ABCD services.</p>	<ul style="list-style-type: none"> ▪ Continue community collaborations with key partners regarding the ABCD Program; work with CDSAs and Exceptional Children's programs to enhance referral system and referral feedback loop ▪ Introduce practices to the NC ABCD program model, supporting their increased implementation of routine developmental and autism-specific screenings, referral and follow-up ▪ Assess medical provider's strengths and needs; review workflow ▪ Involve all staff in the pediatric primary care practice and find an internal champion to promote ABCD there in the practice ▪ Develop Technical Assistance plan ▪ Conduct first chart review to establish practice's baseline <p>Level 2 – Intensive Services</p> <ul style="list-style-type: none"> ▪ Provide training to practice staff regarding: <ul style="list-style-type: none"> ○ administration and scoring of validated standardized developmental screening tools (e.g. ASQ3, PEDS); ○ autism-specific screening tools (e.g. MCHAT); ○ referral processes/procedures for children who score at-risk and 	<p>5. Approximately <u>10,464</u> Medicaid-enrolled children age birth-5 yrs are served in participating practices</p> <p>6. Of the 21 practices for ABCD, 10 of the new practices will complete the survey during the initial visit (completed by providers and key practice staff).</p> <p>7. <u>10 baseline</u> chart audit³ will be performed for each participating practices (during level 1 services).</p> <p>8. At least <u>21 ongoing</u> chart audits (11 Level 2 practices and 10 Level 1 practices) will be performed annually; (new practices = every 6 months; older practices = annually)</p> <p>9. At least <u>10</u> on-site training sessions will be conducted as needed.</p> <p>10. At least <u>42</u> technical assistance sessions will be provided (onsite visits)</p>	<p>90% of reviewed charts will note that children received developmental screenings with a validated screening tool at their most recent well-child visit.</p> <p>70% of reviewed charts will note that children received autism-specific screening at designated well-child visits (18 and 24 mos)</p> <p>Chart reviews will show a 10% increase of the percent of children ages birth-5 with developmental concerns who have been referred for further assessment to the CDSA or the Exceptional Children's program.</p> <p>70% of children with developmental concerns in participating medical practices will be referred for further assessment or services.</p> <ul style="list-style-type: none"> • 61% is current baseline <p>55% of children referred for developmental assessment or services by participating medical practices receive the follow-up services.</p>	<p>Promoting a system of supports and resources so that our county's children have the opportunities to excel will not only affect their future in consuming services (early treatment may be less lengthy and expensive than seeking treatments later with further complications), but will work to sway them towards prevention and promotion of health vs management of problems, ultimately leading us to a healthier and more successful future.</p>
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³ Note: minimum of 10 charts per provider at baseline; but no more than 50 charts audited per practice. This guidance applies to all chart reviews.

<p>40 Medicaid well visits per year (DMA Report).</p> <p>The child poverty rate in <u>Cumberland County</u> is 23.3%. 19,522 children living in poverty are at a higher risk for developmental delays. http://factfinder2.census.gov/fa-ces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_S0901</p>		<p>need further evaluation/ services at the CDSA or the local school system's Exceptional Children's Program.</p> <ul style="list-style-type: none"> ▪ Assist practices with mapping office workflow and further integrating developmental screenings into their routine. ▪ Assist practices on how to make informed referrals to community resources and assure feedback on each referral. ▪ Assist practices with information to educate families about child development. ▪ Assist practices in how to discuss children's screening results with caregivers. ▪ Continued/ongoing chart reviews to determine progress ▪ Provision of materials ▪ Continue to strengthen the team approach between ABCD program stakeholders/key partners <p>Level 3 – Maintenance Services</p> <ul style="list-style-type: none"> ▪ Team at practice has essentially incorporated ABCD in their daily work with children ▪ Upon practice's request, ABCD coordinator to provide refresher training. <p>ABCD Coordinator will continue to:</p> <ul style="list-style-type: none"> ○ Provide quarterly screening & referral rates (for Medicaid children served) 			
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		<ul style="list-style-type: none"> o Provide new screening tools & other materials as applicable o Provide ABCD orientation/training to new providers and other key practice staff o Support practices to correctly code and bill for services rendered o Ensure practice remains connected to community resources o Assist to close the referral feedback loop 			

STAFFING REQUIREMENTS

- ✓ ABCD Coordinator must have BA/BS in child development, social work, public health, nursing, or related field and minimum of five year's experience in public health or health care setting; Master's degree preferred; in some instances, a combination of relevant education and experience may be approved. Experience working in a consultative role in a primary health care setting and experience working with young children and families is strongly preferred.

Board of Directors Meeting - President's Report

Thursday, May 25, 2017

- A. North Carolina Partnership for Children (NCPC) Update / Legislative Update
1. Senate Budget
 - a. \$3.5 M FY17-18 and \$7 M FY 18-19 to fund Dolly Parton Imagination Library (funding would be exempt from admin. match and child care funding % requirements).
 - b. Match requirement stays at 19% for next 2 years.
 - c. NC Pre-K provides \$6 M from TANF funds to serve additional 1,150 children FY 17-18 and \$12.2 M to serve 2,350 children FY 18-19.
 - d. Provides additional TANF funds and CCDF Block Grant funds to increase subsidy rate for children 0-2 in Tier 3 counties (phased in over 2 years)
 - e. Special provision to allow DCDEE to withhold up to 2% of funds for preventing termination of services throughout the year due to overpayments, including those due to fraud.
 - f. Sets aside 4% of child care subsidy allocations for vulnerable populations including those with special needs and children experiencing homelessness
 - g. Provides CCDF Block Grant funding of \$913k to establish positions to oversee infant/toddler programs, subsidized child care, support early childhood workforce in licensing, professional development and educational assessment
 - h. \$600k additional recurring funds for Nurse Family Partnership program
 - i. Provides funding to address staffing deficiencies in the 2 CDSAs remaining subject to federal corrective action (New Bern & Blue Ridge)
 - j. Child Welfare Reform legislation (SM594) – efforts towards regionalization of DSS
 1. Language requiring parents receiving child care subsidy to cooperate with child support services
 2. Child Tax Deduction – taxpayers receiving a federal child tax credit would be allowed on a sliding scale deduction for each dependent child
 - k. Changing guidelines for SNAP (Food Stamps) – potential impact of 130,000+ losing access to benefits, with 51,000 of those being children <18 years old
 2. HB 586 Office of Early Childhood Education – within the Department of Public Education – this has been changed to a study of coordination across agencies
 3. Things are moving quickly and a House budget is expected in the next week. Goal of a budget is mid-June; anticipate by July 4th.

- B. NCPC Monitoring – monitor is here. Reviewed fiscal records Monday & Tuesday. Began program review Wednesday.
- C. NC Diaper Bank – Truckload of Hope Mobile Diaper Bank Unit
 1. Date for first distribution of diapers is June 3
 2. Registration link will be on website. Capping at 250 families initially
 3. Targeting military families
 4. Staff coordinating with the Diaper Bank to put systems in place for this project
 5. NCDB submitting a press release
- D. Kidstuff and Kidtopia – Good attendance at both events. Completed requirement for Family Needs Assessment at Kidstuff. Collaborations with the Crown, PNC, DSPs, PBS. Cohen Clinic, Sweet Frog's, City of Fayetteville Stormwater Education, community organizations serving children, volunteers, corporate partners. Conducted short survey at Kidtopia.

THANKS TO EVERYONE WHO HELPED WITH THESE EVENTS!!
- E. PFC Employee Benefits – bid out. Continuing with current plan. Changing disability and life insurance plans for decreased cost and increased benefit.
- F. **Driving Force Awards** – Individual and Agency/Organization nominations for FY 16/17. Posted on website. Nominations due by June 30. To be awarded at Annual Celebration. Annual Celebration Date – October 5 at Snyder Memorial.

