

*Belknap County Citizens Council on Children and Families*

**MEETING SUMMARY**

**DATE:** Friday, May 16, 2008      **TIME BEGAN:** 8:05am      **TIME ENDED:** 10:00 am

**FACILITATEDBY:** Sarah Fox

**SUMMARY BY:** Judy Buswell

**PRESENT: COUNCIL MEMBERS:** Nancy Porosky, Rich Moed, Rasim Gusinac, Micheline Roy, Sarah Fox, Jim Pilliod    **COUNCIL ASSOCIATES:** Leo Sanfacon, Jim Carroll, Andre Paquette, Judge Martin, Alida Millham, Sue Smith    **GUESTS:** Ralph Morin, Maggie Pritchard, Jena Vincent, Don Bergeron, Brian Loanes, Judy Pilliod, Bud Daigneault, Bob Champlin, Deb Guyer, Lori Groleau, Ruth O'Hara, Lee Duncan, Umija Gusinac, Natalie Allen, Staphanie Halter, Lori Groleau    **STAFF:** Alan Robichaud, Judy Buswell

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1. **Welcome & Introductions** - *Sarah Fox, Council Chair* NH Department of Health and Human Services Commissioner (DHHS), Nicholas Toumpas, who is visiting in the Laconia area for the day is the featured guest at this regular Council meeting. Invitations to attend were extended to others in the community.
  2. **Commissioner Toumpas** Commissioner Toumpas came to NH DHHS from a business management background in 2002 to work in the Bio-terrorism program. In 2004, he was named Deputy Commissioner, then Acting Commissioner when Commissioner Stephen left. His formal designation as Commissioner began in January 2008. DHHS, with 3200 employees and a 2 billion dollar budget, is the largest department of state government. Initially, the Commissioner had the task of cutting \$22 million from the FY 08 budget. Currently, he has the responsibility to identify \$29.5 additional million dollars that can be cut from the FY 09 budget. Because the state will also lose matching funds, this more than \$50 million dollars in cuts over the past year actually represents a cut of almost twice as many dollars from the DHHS budget.

Commissioner Toumpas said that while the state has weathered many budget cuts in the past, the current environment "is different" for three reasons:

- There is a trend at the federal level to shift fiscal responsibilities for many programs to the states as one way of managing huge federal deficits. However, in this process the feds are not giving the states greater flexibility in how these programs are managed; in fact they are "far more proscriptive" in what these programs can and cannot do. Toumpas sees this shift in policy change as occurring without any federal legislative input.
- Demographics are changing in NH and across the country.
  - The population is aging.
  - There is a marked increased in the numbers of children diagnosed with autism (1/150), resulting in huge costs to support the care and management of these children.
  - Communities are not equipped to adequately manage the numbers of children and adults who have developmental disabilities
  - Mental health issues cut across many areas; the mental health system as previously organized (State Hospital with 200 beds, ten designated community mental health centers, and additional beds in the community) is now unable to meet the mental health needs of NH residents. In numerous cases, hospital emergency care units become the only avenue for caring for people with mental health needs. People who have mental health issues often acquire other problems such as substance abuse, criminal activity, domestic violence etc.

- We are now functioning in a global economy. The closing of mills in the North Country, because their products could be manufactured at a lower cost outside the USA, has thrown many families into crisis. Families are forced to make impossible choices about where to place their reduced incomes: food, fuel, housing, or health care.

This is indeed “a bleak picture”, meaning DHHS must stay completely focused on meeting the mandates of “our mission, of providing services to those who need help”. DHHS currently operates in three major arenas: (1) Health and medical (2) Long-term care (3) Human Services including permanency, family stability, and the juvenile justice system. The majority of NH and US citizens, including legislators do not understand the vast scope of this multitude of complex issues. The system cannot be “transformed if everyone expects their piece to be optimized”. Mr. Toumpas is moving to develop data sets specific to zip code and service levels.

Commissioner Toumpas also noted that as the feds are “now pleading for innovations and models for doing things differently, he plans to be available to explain what is happening at the state level and will be out in communities doing a lot of listening.” As part of these outreach activities, he is also organizing “stakeholder dialogues” with audiences around the state.

Every item in the DHHS budget is now being scrutinized; “there are no sacred cows here.” Currently the Commissioner and the Governor are now discussing how/where to make these huge budget cuts.

Commissioner Toumpas is in the process of re-organizing his senior administrative team to better manage operations and policy. Hopefully, this change will allow him much more time to be in the communities “building relationships and partnerships”, a key strategy that is absolutely essential in this new environment and for systemic change. There are now “four people at the top of his team”: Katie Dunn as the Acting Director of Medicaid; Nancy Rollins, Director of Community-Based Care Services/Associate Commissioner; Jose Montero, Director of the Public Health arena; and Mary Ann Cooney, Deputy DHHS Commissioner. Their tasks include exploring integrated approaches, modifying policies, and developing new directions and strategies so that necessary services can continue.

Commissioner Toumpas “accepts our concerns” regarding the need for transparency in the budget-cutting process. However, this process can be complicated by those who are understandably concerned who say, “you need to save this piece because...” Discussing budget cuts first with the Governor is at least a starting point. The Commissioner also indicated that the other state Department Commissioners are now meeting monthly to explore how they can better collaborate together, citing early intervention, wellness, and prevention as areas that require this level of collaboration.

### 3. Overviews

- ***Citizens Council origins and functions – Sarah Fox, Council Chair*** Sarah reviewed a power point presentation describing the Citizens Council (see [www.bccj.org/reports](http://www.bccj.org/reports) & minutes). Community Justice is the philosophy guiding the work of the Council.
- ***Juvenile Justice Advisory Council – Andre Paquette, JJAC Chair*** Organizers of the Citizens Council in 2002 recognized they needed clear, constant, and consistent communication with service providers. The Juvenile Justice Advisory Council (JJAC) was created in the early months of the Council’s existence as the vehicle for these necessary relationships.

One of the first tasks for JJAC was to do “a system walk-through” with JJAC members outlining what was currently happening from the incident, through resolution of the case, and to when juvenile returned to his/her community. This process underscored those areas that could be improved and changed. One of the concerns emerging from this exercise was the need to collect

and use relevant and descriptive data. The Data Committee, a JJAC sub-committee, began work on collecting sound data that could better clarify outcomes and indicate efficiency of processes.

As a result of a national training in South Carolina that was organized by the National Performance Measures Project in South Carolina and attended by a Belknap County & State team, the Data Committee developed a uniform Case Closing Form that is now used by all four providers of juvenile justice services in Belknap County. Data from the uniform Case Closing form have been the framework for the two annual Reports to the Community, prepared and distributed by the Citizens Council. The Council also received a 3-year grant from the NH Division of Juvenile Justice Services allowing a team of consultants to help the Council in automating this form. The form is now on the computers of the four providers of juvenile services in Belknap County.

Other initiatives developed through JJAC include organizing a Victim Restitution Fund, creating a Victim's Rights brochure, and creating a Directory of Resources. In 2007, JJAC members discussed strategies for prevention and early intervention. Currently, JJAC is focused on creating models and designs for service integration with some sort of centralized and collaborative intake process.

- ***Planning for Change – Rich Moed, June 5<sup>th</sup> Steering Committee*** The Council is organizing a half-day symposium on Thursday, June 5<sup>th</sup> to discuss together with about 50 state and local stakeholders a possible approach to better integrating and coordinating the juvenile justice and child welfare systems in Belknap County. John Tuell, from the Child Welfare League of America, is helping to facilitate this discussion. As the desired outcome from the Symposium is to begin some type of collaborative work plan, the Council hopes that “policy makers from DHHS” will be able to attend. It is possible that the prevailing budget cuts will be “the platform to new directions” for New Hampshire. The Council is very interested in helping to facilitate these necessary discussions and solutions.

Commissioner Toumpas indicated that he would attend along with three to four members of his Senior Management Team

**4. Open Discussion and Questions** Toumpas’ remarks generated several questions and comments including:

- Citizens are concerned that there is not the necessary transparency in the process being used to make these mandated budget cuts. What kind of leadership is provided and offered in the restructuring of revenue streams?
- Belknap County has the will, structure, and mechanisms to become a model site for county-state partnerships. Partnerships and relationships are needed. The Council hopes that DHHS will consider the Council’s offer to facilitate a county-state partnership.
- Budget cuts should not eliminate prevention and early intervention as solutions to most problems are far more expensive to manage at the far end of the spectrum than when these issues first become evident.
- Some type of vision for collaboration between the state and locals is necessary.
- We must start to “move beyond crisis”, an approach currently used that is short-sighted and in the end far more expensive.
- On behalf of the Belknap County Commissioners, Bud Daigneault invited Commissioner Toumpas to attend their meetings, noting that “the transferring of responsibility from feds to states just moves on to counties and municipalities. As a result counties are now experiencing major challenges caused by changes in Medicaid funding and home health care.

- Citizens are “tired of the blame game”. In these instances it is easy to lose faith in our government. Everyone needs to make a commitment to engage in their community and “do something”.
- This state cannot continue “to nickel and dime how we raise state revenue”.
- Social problems are extremely complex, meaning a multitude of solutions are necessary. “Systems thinking” allows an understanding of complex issues. The tools of systems thinking allow one to visualize and better communicate issues.
- A very small percentage of citizens “really understand” these complex social and funding challenges.
- People are prone to disengage because they are “struggling from day to day with their own survival challenges” and so do not have time for studying, following, and understanding these complex social issues affecting our state and nation.
- There is a prevailing feeling that “the government is on one side and the people are on the other side”. It is easier in Belknap County than elsewhere to find people who can help resolve problems.

**NEXT MEETING**

**WHEN: Friday, June 20 2008, 8-10am**

**WHERE: Busiel Mill River Level Conference Room**