

**BELKNAP COUNTY SERVICE INTEGRATION INITIATIVE
MEETING OF SEPTEMBER 22, 2009**

SUMMARY

Attending: Jessica Blais, Rich Moed, Betty Anson, Ray Barrett, Ralph Morin, Alan Robichaud.
Consultant: John Tuell.

1. Committee Updates

Legal & Policy Committee - Maggie Pritchard is having the committee finish up its work in the facilitated discussion area. Maggie will summarize these in a report to Alan.

Resource Inventory & Assessment Committee – Deb Rosato has updated a couple of the process maps from the last meeting but is still awaiting final feedback from the courts and schools in order to develop maps for those sectors. Jessica Blais reported on her work researching evidence based practices utilized by agencies operating in the Lakes Region. Several agencies still have not gotten back to Jess and she will follow up to bring this inquiry together within the next couple of weeks.

There was discussion indicating that there is little incentive for providers to use EBP as there are no increases in rate reimbursement for those that do. There are no resources in the system to train and provide ongoing implementation; no training and reimbursement cost recovery. The group suggested that professional preparation courses become part of a curriculum that prepares new people entering the field. Perhaps Casey Family Services could serve as a training partner with others and that a central evaluation team be comprised to provide ongoing staff development in EBP therapeutic modalities.

2. Summary Grid – Final Recommendations

The committee was asked to review the recommendations summary grid and develop key theme areas that will serve to focus the final report. It was determined that the summary would highlight areas of strengths and weaknesses in current practice and set the parameters for the need for, and development of, a multi-disciplinary protocol that addresses the complex needs of youth involved in DJJS and DCYF. There needs to be a well-defined and operational protocol that assures all necessary parties, including the youth, family and community, are engaged in supporting the youth.

3. Multi-disciplinary Protocol

The committee discussed the overwhelming need for there to be a clearly established role for case coordination when serving the targeted population of this study. A clinical review team, engaged at a point in the adjudicatory process (e.g. predisposition) with a multi-disciplinary (e.g. DJJS, DCYF, clinicians (mental health, substance abuse), educational advocate, health professional, family, youth, and community) planning process should be guided by a protocol detailing how agencies will work together once the case is assigned.

There is a big question of reimbursement for multi-disciplinary teaming and there would need to be consideration of what clinicians currently do and what they can count toward case coordination. How can service integration meld into billable service rates?

The protocol will be targeted toward the 16%’ers found in the study (i.e. youth who enter the juvenile justice system with prior substantiated history of maltreatment). The trigger point for implementing the protocol would be “upon entry into the juvenile justice system.”

Next Steps

Committee chairs are asked to review the recommendations and develop key theme areas for use in the final report. Return all responses to Alan by September 30th.

Alan will revise the grids as they may be used as an addendum in the final report and we should eliminate redundancy and any points that may misconstrue the key findings amid the many gaps in our attempts to

acquire information and complete inquires among the various committees. The recommendations, for use in the addendum, need not be separated by committee.

Alan will send electronic copies of today’s handouts to John and will touch bases with DJJS and DCYF before the November meeting.

The November 3 meeting will need to focus on the protocol based on the thematic areas committee chairs submit back to Alan and John, as well as highlight the activities and findings that got us to that point. The meeting will be broken down into two parts, each of 1½ hours. The Leadership Executive Committee will be invited to meet from 1:00 PM to 2:30 and the Steering Committee (Chairs) along with others (Dan French, Christa Clapp, Ray Barrett, Ralph Morin, a family advocate and an education representative) will be asked to remain until 4:00 PM to debrief and plan for the final meeting with the Administrative Oversight Committee on December 15th.

PS – Themes submitted by Rich and Betty

The following thematic areas selected from the overall recommendations are offered by Rich and Betty: Please remember to submit your priorities by September 30th.

Rich Moed	Betty Anson
<ul style="list-style-type: none"> • Multi-disciplinary intake assessment of family and child • Appointment of lead agency to coordinate Care • Policies, procedures and resources to support use of EBP • Need a better data system that is more case management oriented and interdisciplinary in nature. • Identify a set of outcome measures across all systems, for target population and establish a procedure to measure • Need protocols and legislative action to support better sharing of data between state and community agencies. • Community involvement • Training for staff in evidence based practices 	<ul style="list-style-type: none"> • The state needs to develop community level data systems that give easy and timely access to community level planning and implementation initiatives • Improved data collection system and methodology for accessing and sharing data between the state and the communities for future collaborative quality improvement initiatives • Introduce multi-disciplinary assessment and wrap-around case coordination between post-adjudication and pre-dispositional phase of juvenile justice intervention. • Develop multi-agency case planning and coordination based on prior treatment, family dynamics, prior mental health and substance abuse involvement, education achievements, and other base characteristics of the youth and family. • Identify a set of outcome measures, across all systems, for target population and establish set of outcomes. • Funded training by DCYF in evidence based practices (i.e. FFT, TF-CBT, MST) for global application. • Involve meaningful family participation.