

RESOURCE INVENTORY & ASSESSMENT COMMITTEE

MEETING OF MARCH 9, 2009

SUMMARY

Attending: Lisa Morris, Jack Terrill, Sue Cagle, Jessica Blais, Leonard Campbell, Alan Robichaud

Lisa raised the issue of attendance and suggested that this is something we need to be cognizant of as the initiative moves forward. The last meeting had great attendance, people were excited and enthusiastic. Today's storm may have been the big culprit but we should stay mindful of the need to have people attend meetings and report on their assignments. Calls/e-mails had been received from Ron Cohen, Pam Kuczkowski and Ryan Marsh.

1. Interviews update

Pam reported to Lisa that the Genesis map was finalized by Genesis staff (revisions to be made). Still awaiting review from DCYF and DJJS staff before maps can be finalized. It is important that these 3 maps be complete for the Leadership Executive Committee meeting on March 19th. Others reported on their progress to date.

Completed phase one:

- Len interviewed Judge Lucinda Sadler with Wanda Loanes attending. He will turn his interview notes over to Pam for further processing.
- Ryan Marsh forwarded his notes from interviewing Lori Krueger and Deb Guyer, to Alan and Pam. Committee questioned need for more info. to complete process map. Pam will draft map to determine need for more information.
- Ralph Morin completed his interview with Chief Mike Moyer and Juvenile Prosecutor Tom Swett and turned his notes in to Pam.

In progress:

- Sue Cagle has a meeting scheduled with Jessica Leathers (DCFY) this Thursday and hope to complete the first draft of her map.
- We will need an update from Pam as to her progress with the JPPO from the Franklin Family Court
- Lisa has rescheduled her interview with Laura Deschenes of Genesis for Fri March 13 and will submit information to Pam within a few business days.
- Pam has e-mailed Dan French for a JPPO to interview.

ACTION Lisa will contact Pam to determine readiness of DCYF and DJJS maps completed before the March 19th meeting.

Discussion centered around what else we need to consider in order to get the best overview of what happens to kids who enter the court system via abuse and neglect and CHINS. As Jessica pointed out, a child could become involved in the court system via an abuse and neglect petition, be placed in foster care and reappear to the courts through a CHINS petition. How do we make sure that we capture this in our mapping processes? Even though this addresses two separate petitions, a single process map may not capture the scenario. Each petition is dealt with on its own merits but there is need for inter-agency coordination when the same child is involved.

Further discussion centered on making sense out of all of the work that the committee is doing in pulling together the mapping, inventories, assessments, etc. Who decides what happens and what needs to happen after this gathering process is completed? Members discussed having other experts (e.g. those charged with providing services and those who have received services) come together to review this work and discuss possible barriers, challenges and opportunities.

The committee also spent time asking clarifying questions as to the role of gatekeepers, centering particularly on the courts as having primary responsibility for determining what happens to children and youth who come before the judge. There was rich discussion on the various levels of diversionary services for delinquency, abuse and neglect and CHINS.

ACTION The group agreed that more time was needed to complete the process mapping interviews and set out the following schedule:

By 3/23/09 - All preliminary round process maps will be completed and submitted to Pam

By 4/6/09 – Pam completes the process maps

By 4/20/09 – Maps are to have been vetted for approval by the interviewees.

2. Other Models

Jack handed out examples of some of his search of other states' models particularly centering on Washington States' work through Steven Aos and associates and the evidence-based practices his policy group has researched including Functional Family Therapy, Aggression Replacement Training, Multi-Systemic Therapy, etc. (See attached definitions of evidence-based practice as used in the prevention and intervention fields).

3. Program Inventories

Discussion centered on evidence-based practice and that fact that there are many models practiced at varying degrees of cost to provider systems and states. The committee decided to back up and keep on track with conducting an inventory of current practice among local providers. Rather than skipping around and across the gambit of possibilities, we need to understand from what base our providers are currently working, what assessments they currently use, and what levels of understanding they have about evidence-based practice, fidelity to model, commitment to training, etc. Jessica provided the committee with a definition of "evidence-based" from the project she is working on as a reference for what we mean by evidence-based practice.

ACTION Alan will e-mail Jack a copy of the Resource Inventory Sheet and definitions for his intern to whom he will assign the task of performing further inquiry of providers regarding the strategies and assessments they use in their current practice. Alan will meet with Jack and his intern to lay out a process for completing these inventories in the short term future.

4. Presentation for March 19th Leadership Executive Committee Meeting

ACTION Lisa will update the work plan for submission and presentation to the LEC meeting on March 19th. She will send updates to Alan for making adjustments to the work plan by March 13th.

5. Next Meeting

Resource Inventory & Assessment Committee

Date: Monday, April 6, 2009

Time: 3:00 PM to 4:30 PM

Place: Lakes Region United Way

Evidence-Based Practice

Evidence-based practice (EBP) refers to a decision-making process which integrates the best available research, clinician expertise, and client characteristics. EBP is an approach to treatment rather than a specific treatment. EBP promotes the collection, interpretation, and integration of valid, important and applicable client-reported, clinician-observed, and research-derived evidence.