



State and Local Service Delivery Meeting Minutes

October 27, 2015

9:30-11:30

Chairs: Belinda Bessette and Cheryle Bilodeau

Present: Michael Curtis, Cheryl Huntley, Amy Danielson, Beth Maurer, Cheryle Bilodeau, Laurel Omland, Dana Robson, Diane Bugbee, Dana Lawrence, Alicia Hanrahan

Regrets: Barb Joyal, Renee Kievit-Kylar, Donna Bailey, Kreig Pinkham, Samantha Thomas

Agenda Item	Discussion Points	Decisions/Actions
<p>Review the work from small work groups that occurred at the end of last meeting</p>	<ul style="list-style-type: none"> • Talked about how each group talked in a consistent way about “core capacities”—how do we operationalize the work that needs to happen in IFS regions? • We are looking at the whole family AND what are the barriers that get in the way with this in service delivery • See notes from last month for full detail of what was on the flip charts • Be very clear about expectations in contracts for IFS regions and tie the expectations to the reality of funding • Understanding of culture – having cultural humility • How are we evolving the system of care values and incorporating that work? • How do we honor what we already doing—we do not want to send the message that what we have been doing is wrong—we do want to focus more on prevention and messaging that to others 	<p>Discussed inventory that we looked at last time—we will not be putting it into the manual. Local areas will really be creating their own inventory. We acknowledge the inventory could not be kept up to date and could be unintentionally utilized to prescribe rather than inform.</p>
<p>Related to Service Delivery:</p> <p>1. What are the frameworks/philosophies that underpin this work?</p>	<p>1. Frameworks:</p> <ol style="list-style-type: none"> a. Trauma informed b. Strengthening Families c. Holistic family approach d. Cultural humility e. Wrap around (and how do we define this) It’s being seen as a product rather than the process it actually is 	<p>Attached to these notes: Core concepts from Amy Danielson related to adolescent substance abuse</p>

<p>2. What is the right level of detail for the matrix to allow for local control while assuring statewide consistency?</p> <p>3. Elements of identified core capacities (is this the right term and if it is some other term how do we define it) — what makes them a</p>	<p>f. Safety g. Population specific approaches (YouthThrive, Positive youth development) h. Evidence-based and promising practices</p> <p>2. Right level of detail—thoughts and expertise from this group:</p> <p>a. Intercept (or called Touch) points are outlined b. Capturing prevention efforts c. Core concepts and then what are we delivering—(e.g. the family is our whole unit so then how do we do assessment, crisis intervention) d. What everyone has access to a “sequence of a process” e. A framework that isn’t so detailed that you get lost in the weeds but provides enough consistency f. What we know is that some practices (such as evidence-based home visiting) have positive outcomes g. Could the matrix provide a higher level of guidance that is tied to the performance measures? This would take into account a local region being able to be creative about service delivery and the outcomes would show up in the data. h. How does IFS support the design, training and cross-fertilization –without getting boxes and prescriptions that gets in the way? i. How does IFS provide the umbrella with the vision and then expectations are outlined in grants?</p> <p>3. Elements:</p> <p>a. Competencies-what are the skills that staff have? b. Core concepts/components-what is the approach? (EBT, Motivational Interviewing) c. Capacity-(resources/discrete services) what’s available for service delivery</p>	<p>Cheryle to bring this discussion to senior leadership to be sure they are updated about the thinking of this group</p>
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<p>successful component of IFS supports and services?</p>		
<p>Workforce Development for IFS <i>(Came up during discussion of service delivery)</i></p>	<ul style="list-style-type: none"> • Core concepts and values that get shared across the state—how do we tie this work to the core competencies that the Placement Stability Project is rolling out through their modules—this will be up in January on the AHS E-Learning Site. Beth will see if there could be a discussion guide so that once a group does the training they could get together with colleagues to talk about what they learned. • How do we balance all the training that staff need? • NCSS – Belinda shared that the first week new staff come on board there they spend a week in training—then they figure out how to move it forward and keep it real. They are in their 3rd month trying this out for new staff. They hope this will help with retention because staff is saying they like knowing what is expected of them up front upon hire. • How do supervisors get training and then be able to relay that to information to staff <ul style="list-style-type: none"> ○ Twice a month in Addison all of their supervisors from CSAC come together to discuss staffing issues, professional development, human resources challenges, supporting each other—it has been very beneficial ○ We need to be able to support at the state level what regional areas need and want structurally—how do we offer the support to regions through IFS? ○ Brainstormed how the Placement Stability Project could possibly provide financial support to IFS regions so they could have facilitators for meetings/discussions when needed. 	<p>Beth checked (during the meeting—thank you!!!) with Laurie Brown who said she can create in the E-learning questions that can be used as a guide after doing the training</p> <p>Cheryl brought up that the benefit to IFS is that you aren't losing money during training like you do in a fee for service world. This creates opportunity for a better trained work force.</p>

Wrap up and Next Steps – November meeting	Next meeting—bring Chapter 1 of the Service Delivery Manual: Special invite to Breena and CDD <ul style="list-style-type: none">• Fleshing out the core concepts:• Comprehensive Screening/Assessment• Service Coordination/Case Management• Home visiting/Outreach Services• Immediate Response/Crisis• Respite/planned break• Treatment• Prevention/Community Response/Wellness	
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Essential Elements of Effective Clinical Practice with Adolescents Training Series

In FY16 ADAP will be rolling out a series of trainings, folded into a Learning Laboratory-style process, which will attempt to address the questions: How does good adolescent substance use disorder treatment look different from adult substance use disorder treatment? What unique clinical strategies are employed with this developmental stage? What are the things you need to know to have an effective working relationship with adolescents? This “Essential Elements of Effective Clinical Practice with Adolescents” training series, targeted at an audience of newer-to-the-field substance abuse clinicians, school-based behavioral health partners, and the mental health clinical field, will be grounded in the understanding that SUD’s manifest differently for adolescents and adults – it will acknowledge that this is a progressive disease, and that most youth that we see are not yet addicted or may be in the beginning stages of struggling with an substance abuse disorder.

The Core Concepts of Adolescent Substance Abuse Treatment

- Redefine the role of the drug counselor as problem-solving partner and not antagonist
- Inspire hope and optimism
- Meet client “where they are”/understand Adolescent Development
- Match intervention to client’s stage of change
- Utilize Cognitive/Emotional Decision Making Model
 - ▪ Awareness of drug and lifestyle decisions, move toward self-determination and choice
- Utilize Health Decision Making Model
 - ▪ Weighing “costs” and “benefits”
- Ground in Harm Reduction – shift away from “mad rush to abstinence”/Remove yourself from the “try to make me quit” game
- Ground in Reality-based work – clients identify, for themselves, the most important issues in their lives and decide what their “work” will be
- Maintain responsivity to client’s needs and emotions
- Focus on Trust and Relationship Building
- Employ holistic vision in talking about substance use and abuse – address reasons for using and encourage client to think about alternatives
- Support success in maintaining new, healthy behavior (recovery supports)
- Attention to Cultural and Gender Issues