

Harris County Systems Change Workgroup



MINUTES

OCTOBER 28, 2008 3:00-5:00 PM

YOUTH SERVICE CENTER
6300 Chimney Rock
Houston, TX 77063

MEETING CALLED BY	Pam Schaffer
TYPE OF MEETING	Systems Change Workgroup
FACILITATOR	Pam Schaffer
NOTE TAKER	Sherry Hubbard
ATTENDEES	Lauren Moore, Deborah Colby, Pat Sibley, Pam Schaffer, Jim Whitehead, Maureen Cooper, Barbara Sewell, Belinda Price, and Sherry Hubbard

The meeting was called to order at 3:15 PM, by facilitator, Pam Schaffer.

DISCUSSION	<p>I. Welcome and Introductions/Minute Changes</p> <p>There were three (3) changes to the work group minutes:</p> <ol style="list-style-type: none"> 1) Section V. Developing a Vendor Pool– change language from Vendor to Provider Network 2) Change last sentence...This vendor list....to Harris County Provider List 3) Section V. –second paragraph, first sentence...The list will provide a credentialing review process.....delete this sentence totally. 4) Section V...third paragraph, first bullet: location or facility....change or to of.
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No formal welcome or introductions were made at this meeting.

DISCUSSION	<p>II. Program Update</p> <p>Pam Schaffer presented an EVOLV report, which presented a breakdown of the Systems of Hope program. Currently, we are serving 107 youth; yearly goal is 150. The total open cases is 163. The EVOLV report represented one (1) year. Pam explained the breakdowns by gender, race, age, eligibility requirements, and closing reason. Pam defined the following categories:</p> <ul style="list-style-type: none"> ▪ adjudicated delinquents (clients who went to TYC) ▪ alternative placement (kids in long term placement) ▪ family discontinued (families who decided not to do the program) ▪ refused services (families who were involved and changed their mind) ▪ services provided no follow-up (graduated youth) <p>The category--non-compliance with program was discussed. The group felt the language should be changed or taken out.</p>
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Further discussions included:

- Discussion of why more boys than girls in the program
- EVOLV Reports
- Flex fund requests in EVOLV
- Families we do not work with are referred to other resources

DISCUSSION

III. Provider Network Pool

The Provider Network Pool (Harris County Vendor list) was provided by Clyde Leuchtag in the County Attorney's office. The list should be by category. Barbara Sewell proposed we set forth a set of goals to be categorized. Barbara reported to the group a success story of a family at MHMRA, which involved a collaboration of moving a family to DePelchin. This family was assisted in trauma outpatient at DePelchin; MHMRA processed the coordinating.

Report by Pat Sibley:

Pat Sibley presented a report associated with the Children's Partnership and Travis County Systems of Care program. She explained the process of the Managed Service Organization in Travis County, particularly the operation process.

CONCLUSIONS

Pat Sibley will provide a brief written summary of her interview with Children's Partnership and Travis County

DISCUSSION

IV. Braided Funding

The group discussed braided funding. Jim White head used TRIAD as an example of a program that taps into their existing funding and it is used to support other initiatives in a flexible and integrated manner when possible. The braided funding would enhance the strength and effectiveness if utilized. This type of system would ensure accountability and the system could serve everyone.

The group felt a braided system would be the most trusted.

CONCLUSIONS

It was suggested that Dr. Schnee be informed of Pat's efforts and possible use of the credentialing process before taking this topic to the Systems of Hope Board. Barbara Sewell also suggested recommending a review of this topic to the Sustainability Committee. Pat Sibley felt this recommendation should be shared with Stephen William because he was familiar with this process while at Travis County.

DISCUSSION	Therapist Involvement with Child and Family teams
	<p>The group discussed therapist involvement at family/child team meetings. Barbara Sewell proposed that the care team should assist with the following:</p> <ul style="list-style-type: none"> ▪ At Discovery meetings – care team should get current information from clinician/therapist ▪ Care team should go to the providers. ▪ Billing problems—should be billed to session logistics. ▪ Therapeutic goals of the family should be considered ▪ Address communication problems with therapist at family/child team meetings. ▪ Identifying clinicians ▪ Identifying care teams ▪ Child and family team should develop the clinical goal <p>Barbara Sewell revisited the issue of communication among the teams. She felt teams should be on the same team as the treatment team. Many families do not see a psychologist. Family should be educated. Another problem is therapist closing cases and do not make the care team aware. When the therapist does not make any progress, send case to respite; the school districts do the same thing.</p> <p>Another discussion: care coordinator should make contact with the treatment team and describe the wraparound process. Mauren Cooper stated clear communication is not received from care teams. Pam Schaffer will spearhead this problem.</p>

SPECIAL NOTES	<p>Next Meeting: Tuesday, December 2, 2008 @ 3:00-5:00 PM.</p> <p>The meeting adjourned at 4:35 PM</p>
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