

**Interagency Collaboration Committee**

**Minutes of 10/02/06, 5:30 to 7:30pm at the Carriage House, 119 Lisbon St, Lewiston**

**Present:** Kathy Tisdale, Dave & Tammy Noyes, Brianne Masselli, Chris Noel, Sean Simard, Doug Patrick, Mary law, Paula Lumb, Cindy Ramsdell, Shirley Russell, Bart Beattie, Louise Hamilton, Sherle Heathers, Brenda Bennett, Stephanie Crystal Wolfstone-Francis.

Item:

Discussion:

Time:

1. Introductions/Check In	Kathy Tisdale conducted introductions.	
2. Review of Last Meeting	Doug Patrick reviewed our last meeting (9/18) and tonight's agenda.	
3. Today's business	<p>Kathy presented her history of struggles obtaining Case Management services for her son. With a poster that gave us a visual understanding of her struggles, she helped us get a feeling for what the current system puts parents through.(Poster attached.)</p> <p>Doug called attention to a handout from the Council of State Governments defining the Single Point of Entry and No Wrong Door approaches, displayed related graphics and asked "What do we need to make the system work from the start, without depending on luck or having to badger the system like Kathy did?"</p> <p>Responses included: "We already have single point of entry but it isn't working." "The pieces are there but we aren't talking to each other." "We have to start talking and agree to talk the same language." "This initiative should be the collaborative that holds agencies accountable."</p> <p>Brianne reviewed and explained the current Service Delivery Plan for the Thrive Initiative and copies were available for everyone.</p> <p>Some suggestions that emerged from the discussion include: MOU's that enable the best aspects of both No Wrong Door and Single Point of Entry; a Single point of Referral, available 24/7 and regionalized,</p>	

	perhaps thru a neutral family advocacy organization; a universal application. The question of how the implementation of managed care will affect any plans we make was raised and Doug’s opinion that “We have to propose what we want and fight for it” was generally accepted.	
<p>4. Wrap up</p> <ul style="list-style-type: none"> <li>➤ Review of meeting and assigned tasks,</li> <li>➤ Set next meeting agenda</li> </ul>	<p>It was agreed that more discussion is needed and that the Nov. 6 agenda will be a continuation.</p> <p>On Nov 6 we will identify the steps we want to take to improve access; outline the process for “getting there”; and discuss the funding needed to achieve those steps.</p>	
<p>5. How was today’s meeting?</p> <ul style="list-style-type: none"> <li>➤ Was it family driven</li> <li>➤ Youth Directed</li> <li>➤ Culturally Competent</li> <li>➤ Trauma Informed</li> </ul>		

Parking Lot Items: Issues to be addressed at a later time if not at the next meeting. Still pending for future meetings are the definition of trauma we want to use; identifying providers’ needs; engaging Education in system improvement.

Each committee may want to start with a brief review of System of Care Committee principles:

- Each voice is valid and respected
- Each person’s reality is unique and valuable
- Expertise comes from many sources
- Process is the foundation for decision-making: To identify where authority is and why, and how power is defined and shared.
- Information flows in and out
- Meetings are focused and productive with a shared vision
- Transparency builds trust
- Trust builds relationships
- Leadership encourages collaborative strategies
- Participation is meaningful