Meeting Minutes Form

To be completed within one week of any meeting of the ACCESS Initiative and shared with the evaluation team for tracking of effort. Add and remove rows as necessary and type directly into tables.

Meeting Information

Date	12-8-10
Location	FAP
Committee/workgroup name	Pilot Workgroup
Meeting type (e.g., regular, as needed, training, workshop)	Regular
Time starting	4:25
Time ending	6:10

Date of next meeting	12/15/10
Time of next meeting	
Location of next meeting	FACC

Name of person recording	Emily Dworkin
minutes	
Organization/group represented by person recording minutes	Evaluation Team

Attendance (or include list of regular/standing members with spaces for new/visiting members)

Name	Organization/Group Representing
Connie Kaiser	JDC
Leon Bryson	PLL
Teresa Zebe	Probation
Siobhan Reynolds	Probation
Lisa Massa	DCFS
Jonte Rollins	ACCESS
Regina Parnell	ROE
Ladine Shelby	Parent
Robin McClain	Unit 4

Melissa Neely	Parent/Evaluation team
Juli Kartel	Community Elements
Troy Burks	Family Advocacy
lmani Bazzel	Family Advocacy
Patricia Avery	CUAP
Claire Cape	CUAP
Shawn Lampkins	ACCESS- Youth Engagement
Brother Al Jamal	Community/Coordinating Council
Adrienne Spires	ACCESS
Shondra Summerville	ACCESS
Tracy Parsons	ACCESS

Announcements Made

Please list any announcements made at the beginning of this meeting.

Announcements
SOFT is having open house Dec 14 4-5:30
Troy Burks elected regional president of NAACP

Notes on Discussion

At the beginning of the meeting, record all listed agenda items in the left column. If the agenda item is not discussed, leave the corresponding "discussion" section blank. If discussion occurs on a topic not covered in the agenda, please list the overarching topic under "non-agenda discussion points" and take notes as you would for agenda items.

Notes should be sufficiently detailed so that someone not present at the meeting can follow the basic elements of the discussion. These notes are also intended to serve as a record of meeting content. Add space and lines as needed.

Agenda Items	Discussion
Introductions, reviewing meeting agenda, announcements	-Summary of where we are, where we're going -Many people trying to figure out pilot for service delivery to get things off the ground. Lots of brainstorming, lots of different models. Trying to figure out how to fine tune, who should be involved. -We have a full month to work out lots of details. -Thought about using this space as breakout space. Been meeting collectively, doesn't move us far enough. -3 things for this meeting to focus on. Just coming up with

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Review trauma informed	ideas- not prescriptive, just idea generating. Will process together. 1) Job description. Have a rough draft that needs work. Need to figure out what we're calling the position. This position involves community, parents, and youth connecting people and serving as facilitators. Peer support specialists. What are their qualities and qualifications? Want a separate youth job description with many of same components as for adults. 2) Need to figure out what assessment tools and enrollment processes we want to use. How are people going to be assessed to be connected to services? What tools do we want to use? Provided a brief that compares the assessment tools used on girls. The brief contains a list of questions you should look at when evaluating an assessment tool. Question- Should enrollment/assessment be together? Answer- Maybe, because tool will impact what you can do. 3) Community youth and peer and family partners would all be in a shared space/home. What we haven't defined are qualities and qualifications of that home. Are we comfortable with the "home" language? Ohio has assessment houses that are essentially community centers. This will be a home base where folks can keep files/data, use information system, touch base, contact and collect. Since we want to use contractual pools, we will have to keep track of shifts of people. Could be nighttime shift and morning shift. Should there be one space or multiple? -There will be 25-40 youth (connected to families) in the pilot. Will be youth from Champaign Schools with SEDs and attendance issues, youth from Urbana 5th grade and middle schools (they are already implementing PBIS, so we want to see how ACCESS complements this work), and youth brought to justice center and released without detention. These groups will have overlapping and intersecting issues. Will have to think strategically.
and justice touchstones	
Break out groups	[Notes for Assessment and Enrollment Group] -Child Severity of Psychiatric Illness (CSPI)- SAS uses this to see whether clients need hospitalization. Training goes along with this. Quick tool. Pretty standard. Used cross state with SAS. JDC uses it with mental health screening. If trained in CANS, can do CSPI. -Pro: Fast.

-Con: Requires well-trained interviewer.

-Youth/parent self-report- PLL uses this at the beginning of the intervention and again at the 6th week. Teens no longer do self-report.

-Pro: Pretty exhaustive. Good basis for where family's at. Can be administered wherever.

Con: Very long (100+ questions), hard to get teen to fill out. 30 min. Cautious about allowing people to take home. People see it as test. Look is intimidating. Need someone to sit there with you. Some parents are lower functioning, may need assistance. Not sure if get same info if someone is filling out (maybe more accurate) for you vs. parent/youth is filling out.

-Clicker system- Suggestion that we use a clicker system so youth/parent can look at computer screen and remotely put in the answer. Don't know how effective that would be. Could use audio rather than having them read.

-Response: Ideally, assessment tools give information while building relationship. Would clicker do that?

-Question- What do we have to have for evaluation? How do we identify who meets our eligibility criteria?

-Answer- Have to have SED criteria, but might be more nuanced about this. Might have elements we want to see beyond that. Maybe indicators for future problems.

-Question- Do we want a screening or an assessment tool? Those are different.

-What do we want out of an assessment or screening tool?

- -Need something short and to the point.
- -Specifically hit SEDs.
- -Want something under 10 minutes.
- -Maybe pre-assessment to get into tier of service, then assessment depending on tier.
- -Maybe a flowchart of what assessment tools will be used depending on outcome of screening
- -Want a screening tool that doesn't come up with diagnosis. Meet broad criteria, start funneling. Want kids with all different levels.
- -Youth Assessment Screening Instrument (YASI)- Input answers, tells you level of risk. Pre-screen takes about 15 minutes. Not hard to get information and plug it in. If it's working, it's ideal. Use motivational interviewing. Can do it on paper, have someone else input it. 2 day training. Has a prescreen and full assessment. Full assessment takes 35-45 minutes.

-Pros: Like that broken into different categories. Preassessment is simple. Strengths-based. If it was working, it would be excellent. One-on-one interview. Lots of people could do it. Is it culturally competent. Domains cover everything.

-Cons: Switched to web based, have had problems. Costs \$10,000 (annually?)Suggestion: Maybe a 2-day intake process? -Response: Might lose themQuestion: How could we identify and use preexisting diagnosis? -Answer: General release? -Question- What do you say to parents to get release? Answer- Relationship building. Make sure parents know rightsAction steps -Will look over materials -Try to narrow down to two instruments Reconvene- report back Dob Description -Connie will take lead on putting draft together -Imani will edit the rough draft -Sean will work on the youth description Home -Potential name: "The Village Center" -What group wants out of the home -Central to target community if one location -Possibly multiple sites? -Near public transportation -Internet accessible -Fiscally sound -Have some resources already, like HR/admin -ADA compiliant -Culturally competent, both in established relationship with target community, and in policies and practices -Flexible funds- access to money -Collaborative, willing to work with multiple levels of supervision. Clinical director will have lots of responsibities, willing to share space, wiling to operate under ACCESS service deliveryWilling to be flexible with time Mon-Sun? 24/7? -Agency buy-in -Willing to be flexible with time Mon-Sun? 24/7? -Agency buy-in -Willing to be listed on universal release formsSafety. Trauma/justice informed. Physically and emotionally safe place. Well-Illt, side walks. Couches in waiting room? High-risk groups meeting at same time? -Build new buildings? Help people remodel? -Juvenile justice. Restorative, not punitive practicesFamily-directed. Including families in building of village-design and developmentMaybe find an interim spot, develop a long-term strategy		
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-Looked at few tools, reviewed questions for reviewing tools, screening vs. assessment, family engagement -Tasks- look at document that outlines a lot of tools, educate ourselves, what are strengths/weaknesses. Suggestions and recommendations. What things cost, whether they're culturally competent, how long they take. Generally liked the YASI.

Non-Agenda Discussion Points	Discussion
None	

Decisions Made

Please list any key decisions made during this meeting.

Decisions	
None	

Follow-Up Responsibilities

Please list any tasks delegated during this meeting, the person to whom the task is assigned, and the deadline for task completion.

Task	Point Person	Deadline	Date Complete (or ongoing)
Develop adult job description	Connie	Within next week	
Edit job description	Imani	Within next week	
Develop youth job description	Sean	Within next week	
Read through assessment instruments	Assessment/screening/enrollmen t team	Within next week	