

PCCYFS CHILDREN'S SERVICES POLICY DAY

December 8, 2011

Radisson Harrisburg Hotel, Camp Hill

NOTES

Discussion with Office of Mental Health and Substance Abuse Services Staff

- Stan Mrozowski, Director, Bureau of Children's Behavioral Health Services
- Scott Talley, Chief, Children's Bureau, Division of Operations and Service Delivery,

Items for Discussion

- New Deputy Secretary, Blaine Smith, in budget discussions and is rapidly learning the system's complexity
- Priorities echo the new Administration focus on quality
 - DPW goals include cost containment and self reliance – both can happen together
 - OMHSAS Children's Bureau goals include youth and family empowerment, High Fidelity Wraparound, and Systems of Care expansion – focus on family-based issues and FASD paper
 - Additional goals include suicide prevention and expansion of evidence based practices
- BHRS
 - Shared chart on BHRS data for FY 06-07 to FY 09-10
 - About 45% of Children's budget is for BHRS - Data shows more children served
 - Working with BH-MCOs on evidence-based practices and outcomes
 - Noted BHRS includes an array of services, including school-based services
 - Goals
 - Realign BHRS to become a more clinical, high quality service
 - Promote use of evidence based practices and the full array of clinical and community-based services for children
 - Assure more cost effective delivery of BHRS
 - Streamline the paperwork process - reduce the need for packets
 - Looking at administrative costs
 - How can providers help? Suggested OMHSAS solicit input from providers and/or direct care workers
 - Question – any update on new regulations for behavior specialists for autism services?
 - Background: Act 62 of 2008, which addresses insurance coverage for autism services, includes a requirement that *"The State Board of Medicine, in consultation with the Department of Public Welfare, shall promulgate regulations providing for the licensure or certification of behavior specialists."*
 - Discussions but no decisions or timeframe yet, although they were to be done by July 1, 2011
 - The State Board of Licensing is working on it; Bureau of Autism Services indicated that the regulations may be out soon, when they are it will require action by OMHSAS to mirror regulations for the same services for Medicaid recipients
 - Suggestion that OMHSAS look at modifying the "supervision" language in current guidance, as it implies that Behavior Specialist Consultants (BSCs), who are independent contractors, are employees
- Residential Treatment Facilities (RTFs)
 - There has been a dramatic change in the RTF system over the past 4 years - reduced use due to development of evidence based practices and alternatives to placement efforts in Child Welfare and Juvenile Justice
 - Average occupancy rate increased from 76% to 84%

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- Results showed increase in specialization of programs (i.e. trauma-informed services and programs for blind and visually impaired individuals)
- Question: Will OMHSAS be involved in Sanctuary Model recertification process? Yes, would be working with OCYF and ODP (Office of Developmental Programs), contact Scott Talley at (717) 772-6427 or stalley@pa.gov
- Data
 - As of 7/13/09, 2,807 Accredited and 1,281 non-accredited beds, for a total of 4,088
 - As of 3/1/11, 1,960 Accredited and 501 non-accredited beds, for a total of 2,461 beds
 - Realized a decrease of 1,627 beds in two years; some decrease is due to movement back to child welfare residential facilities, some facilities closing, and some is by design to increase community based services
 - Chart on dollars/use for Accredited and Non-Accredited RTFs for FY 06-07 to FY 09-10
 - Some savings from the decreased costs have been reinvested into community-based services
 - OMHSAS has made changes to support and maintain this level of service, recognizing the continued need for this level of service
 - Noted PA has the most number of beds, the highest costs and the longest length of stay when compared to other states, although other jurisdictions express the need to expand RTF bed numbers
 - PA is the only state that has non-accredited RTFs; OMHSAS is providing opportunities for accreditation and other transitions in proposed new regulations
- Update on PRTF regulations
 - Received many comments to draft as published
 - Have talked with some providers about the costs that would be incurred – came up with a calculation, tried to figure out how to make the changes cost-neutral, shared with the budget office, but they are focused on the 2012-13 budget so regs are currently on hold
 - Asked participants, “what’s it like out there?”; responses:
 - Kids are more complex and challenging, hard to get kids into the program
 - Would be nice to get some sense of desired outcome measures
 - Wondering if the occupancy percent referenced earlier could be used for calculating budget and rate calculations
 - Youth coming into RTF have D&A issues – need to overlay D&A services, vast majority coming in for behavioral health services also need D&A treatment; good issue to discuss with Robin Rothermel (Director of the Department of Health (DOH) Bureau of Drug and Alcohol Programs)
 - Would be good to get a sense of how many youth also are involved with juvenile justice services – need to be able to identify who those kids are and how they are getting into the system: OMHSAS planning to add that to the survey next year, with input from the Council of Chief Juvenile Probation Officers
- Family Based Mental Health Services (FB)
 - Shared chart of dollars/use for FB for FY 06-07 to FY 09-10; noted increase coincides with expansion of HealthChoices. BH-MCOs looking at FB although it is not an evidence-based practice as it has many of the same components
 - Ongoing reassessment of FBMHS program with the goal of consistency, effectiveness, and quality improvement
 - Collaboration between the Children’s Bureau, representatives from the regional offices, BH-MCOs, consumer families, FBMHS program directors/supervisors, and the three training centers
 - Collaboration between the three training centers to create greater uniformity in the practice model and training

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- Noted questions about quality and effectiveness; meeting frequently with training centers to clearly identify the model and ensure testing focuses on that
- Concerns
 - Inconsistency in implementation of the FBMHS clinical model both within and across programs
 - Wide variations in how programs define the role of clinical supervisor and what is focus in supervision
 - Need for cost effective approach to training and program implementation
 - Recognition that adult education theory emphasizes coaching and supervision as well as training. Want to see how supervisors help clinically and look at increasing support for supervisors to help their staff acquire the skills, learn and apply skills in the context of different situations and families
- The Solution Involves...
 - Adoption of a uniform Family Based Treatment Adherence measure that can be used by the training centers and FBMHS programs across the state – piloting
 - Expansion and clarification of the role of clinical supervisors in FBMHS
 - Establishment of best practice standards for FBMHS supervision
 - Implementation of a formal curriculum for FBMHS supervisors by the training centers – and how to cut costs related to training - use of web-based training
 - Deb Hardy (Children's Bureau) working with the training centers and BH MCOs
- Rolling Implementation
 - Gradual reallocation of resources and expectations
 - New training for supervisors and new FB staff, some training on-line and reduction in the standard of hours of staff training
 - Use of FB fidelity instruments to maintain accountability to the model
 - Use of a range of outcome measurements, with baseline established at initiation of service, to maintain clinical accountability
 - Gradual implementation of changes, with modification based on mutual learning
 - Overall goal: for changes to be efficient and cost-neutral – looking at ways to measure outcomes and see what can be utilized that is low cost and easy to measure
- Comments/questions
 - Have youth in residential programs waiting for family based services, while other parts of the state have openings; Magellan is working on the second year of pilot project linking family-based with youth in residential and more intensive services; shows fairly significant reduction of length of stay, no increased recidivism and better satisfaction
 - Reimbursement for travel time? Centers for Medicare and Medicaid Services (CMS) rule that travel time is not reimbursable, but it is acceptable to build this into the rates, as part of the cost of providing the service, just like insurance and training; noted this is also a problem for other in-home services such as MST and other services that are billed hourly
 - Update on issue with DOH on their inspectors citing infractions based on draft guidelines
 - Met with DOH, they agreed to stop using the draft regulations
 - Concern remains that reviewed agencies have citations and plans of corrections pending; PCCYFS position - entire review should be vacated, without requiring going through an appeals process
 - PCCYFS' next step will be a quick survey to ascertain where affected providers are with this issue and then raise with the DOH and DPW
 - Noted the amount of time and resources that have been expended in this process
- Outpatient Services Experiences – task force to addressing experiences, especially specific challenges around finances and changes in children's services
 - Task force has been meeting for about 8 months, still have some more work to do
 - Asked for input for the task force, participants responded:

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- Challenge of the Child and Adolescent Psychiatrist requirements
 - Hard to engage one; nearly impossible for them to have the time to fulfill the required supervision hours
 - Options – OMHSAS will look at waivers, other options such as telepsychiatry
 - ◆ Certified Registered Nurse Practitioners – considering allowing them to count for some of those hours, but they still have to work under the direction of the psychiatrist
 - ◆ OMHSAS Bulletin on telepsychiatry almost ready for release; BH-MCOs very interested
 - ◆ Services for children who are deaf and hard of hearing – challenge of finding psychiatrists who are fluent in sign language
- Fetal Alcohol Spectrum Disorder (FASD)
 - Report has been released
 - The Department of Health task force issued a report several years ago, focused on education and prevention
 - OMHSAS report is focused on how to identify the spectrum and effective treatment options, calls for more education/expertise; findings also relate to treatment for those with Traumatic Brain Injury
 - Report is available online at www.parecovery.org/advisory_materials/november_2011_handouts/Children_FASD_C_all.pdf
- Evidence-Based Practices
 - Report from the EPISCenter
 - Working with individual agencies to identify challenges and provide technical assistance
 - Working with OMHSAS/OCYF
 - Multi-Systemic Therapy (MST) Outcomes
 - 13 providers reporting
 - 2,397 youth served in 2010
 - 43% referred by CYS, 46% by JPO
 - 67% would have been placed out-of-home otherwise
 - 1,822 youth discharged in 2010
 - Average length of stay for successful discharges = 3.6 months
 - 11% were placed out-of-home
 - Discharges:
 - Successful: 76%
 - Unsuccessful: 18%
 - Administrative: 6%
 - “Success” was defined as discharge by mutual agreement of caregivers and MST team, and youth was living at home, attending school, new arrests at discharge
 - Is the EPISCenter looking at tracking MST youth over time? Will check
 - Functional Family Therapy (FFT) Outcomes
 - 12 providers reporting
 - 1,661 youth served in 2010
 - 28% referred by CYS, 53% by JPO
 - 11% would have been placed out of home otherwise
 - Of 1,175 youth discharged in 2010
 - Average length of stay for successful discharges = 3.7 months
 - 5% were placed out-of-home
 - Discharges:
 - Successful: 68%
 - Unsuccessful: 27%
 - Administrative: 3%

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- “Success” was defined as completing all phases of the FFT treatment model and positive ratings on Therapist and Client Outcome Measures, indicating a reduction in risk factors and increase in protective factors
- Are there still 12 FFT providers?
 - May be fewer due to lack of utilization - a challenge for all evidence based programs
 - Noted challenge of the rate not covering the costs with additional travel
 - EPISCenter is working with programs that closed to see if there was anything that could have been done to avoid closing
 - Is information available as to why FFT programs are closing as issues would be similar for MST? OMHSAS suggested having EPISCenter staff do a presentation
- Cost Savings
 - 2010 Pennsylvania savings related to reduced placement costs = \$4.5 Million (from survey of 25 FFT & MST providers)
 - Conservative estimate of savings, based on 3,031 youth discharged from EBPs in 2010
- Comments
 - Families and consumers want these services, but programs may be in a county without recognizing the viability, sustainability and utilization of services
 - Concerning that in the discussion last October the EPISCenter staff were not aware of the issues, instead of leading the discussion
 - OMHSAS position - Want to see that programs not only survive but also expand
- Youth Suicide Prevention
 - Youth Suicide Prevention plan being updated
 - Special (Garrett Lee Smith) grant which began in 3 counties (Lackawanna, Luzerne & Schuylkill) has been renewed and will expand to additional counties
 - The need in PA: Over half the counties in Pennsylvania have suicide rates higher than the national average; map with breakdown by county of the number of suicides of youth age 15-24 from 1990-2005
 - The initial 3 counties (Lackawanna, Luzerne & Schuylkill) had the highest percentages
 - The expansion will include Philadelphia, Bucks, Montgomery, Chester, Delaware, Berks, Allegheny and Westmoreland counties
 - The central aims of the GLS Grant
 - Objective 1: Create a task force of a broad range of stakeholders
 - Objective 2: Provide a youth suicide “gatekeeper” training program
 - Objective 3: Provide medical practitioners in the 3 counties free access to a web-based self report suicide screening tool
 - Objective 4: Increase the integration of behavioral health services with medical services
 - Objective 5: Enhancing clinical services for suicidal youth – including expanding training for mental health clinicians
 - More information on the PA Youth Suicide Prevention Initiative website, www.paspi.org/Home.php
 - If interested in training, contact Shaye Erhard at OMHSAS at (717) 705-9709 or eerhard@pa.gov
- High Fidelity Wraparound (HFW)
 - Provided an overview of what HFW is - involvement of natural supports
 - 10 counties involved in HFW, the System of Care Counties (Erie, Chester, Montgomery and Lehigh) and 6 others (Allegheny, Bucks, Delaware, Fayette, and Northumberland)
 - Over 500 youth and their families have been served since the initiation of HFW in 2008 – OMHSAS is working on outcomes measures for both families and the system, and are also monitoring fidelity to the model
 - Working with counties/BH-MCOs to expand availability of HFW; Philadelphia will be next

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- Noted utilization is still somewhat limited because of targeting the most difficult youth, who have complex needs and for whom other interventions have not been successful
- PA is implementing HFW with above average fidelity to the model
- There is solid research on its effectiveness when done in a system; there has also been an overall cost savings of 4.3%
- Systems of Care Update
 - Continue work with building the infrastructure in the first 5 counties: Erie, Chester, Lehigh, Montgomery, and York
 - Received funding for a planning grant from SAMHSA to expand Systems of Care throughout the Commonwealth
 - State leadership team works together in equal partnership
 - Includes OMHSAS, OCYF, DOH, PDE, JCJC and consumers and families
 - Tri-chaired by professionals, consumers and families
 - Based on CASSP model, CASSP movement evolved into Systems of Care
 - PA's System of Care Expansion Proposal
 - Identified that there are 18,000 children and youth being served by OMHSAS and OCYF
 - Reviewed organizational chart of how this issue will be addressed:
 - Contracted with planning consultants, Tri-West
 - Ellen DiDomenico new project director
 - Youth and families to develop Leadership Support Teams to advise the project director
 - Facilitators are being hired for six Regional Planning Groups, configured around the BH-MCOs
 - University of Pittsburgh is the fiscal agent for one-year grant that ends October 2012
- Money Follows the Person
 - Background: CMS concept that funds used for nursing home care could be used to maintain in the community; PA has had and been successful with a small number; CMS said that this could also apply to children, including those in residential facilities
 - A position was recently filled to coordinate this for youth in RTFs
 - Envisioning using High Fidelity Wraparound to transition youth who have been in care for at least 90 days to the community using Money Follows the Person
 - Looking for counties and facilities to start piloting this program
- Question – MA co-payments?
 - On July 5, OMHSAS convened a workgroup on co-payment issue
 - Budget included savings from co-payment for families who are 200% and higher of poverty, up to 25% of the cost of the service and 5% of income
 - Weekly meetings from July to October, financial analysis and number crunching, how to implement efficiently and effectively; Report was developed and submitted to the Secretary, along with a recommendations by stakeholders on how it would best be done
 - Is challenging as includes both physical and behavioral health
 - Decision has not yet been made; savings have been included in current budget, but unsure how or when it would take place; would need some lead time to implement

Discussion with Office of Children, Youth and Families Staff

- Beverly Mackereth, Deputy Secretary
- Cathy Utz, Director, Bureau of Policy and Program Development
- Cindy Horshaw, Program Policy Unit

Items for Discussion

- Deputy Secretary Mackereth shared her background and perspective
 - Started as a York County caseworker in 1980, did investigations and interviewing, became a local expert in sexual abuse
 - Did training for the Child Welfare Training Program (CWTP) on physical and sexual abuse
 - Worked for York County District Attorney on victims' services and developed a child abuse unit within the DA's office, was a very successful unit (the second in PA), also worked in the Stop Violence Against Women unit and a juvenile justice unit;
 - Worked on legislation so that abuse was treated as a crime, did advocacy and lobbying up at the Capitol;
 - Did work with the state Attorney General's office
 - Was Deputy Director of the Child Safety in the governor's office to set up multi-disciplinary units; had opportunities to address child abuse and community violence;
 - Was in York County as executive director of Healthy York County Coalition
 - Then recruited to run for state representative, serving from 2000 to 2008
 - Left the House to be the director of York County Human Services until this fall
- Environmental Overview – Vision for OCYF, top priorities, projections for the future
 - Not coming in to shift focus; heading in the direction set over the past 10 years
 - Focus on safety, permanency & well-being
 - Referenced the Administrative Office of Pennsylvania Courts (AOPC) Dependency Guiding Principles (www.ocfcpacourts.us/about-ocfc/guiding-principles)
 - Noted that it is about empowering and strengthening families – having every child in care that needs to be, but not one child more – the number of children in out-of-home care is very high (per Casey Family Services data), but only a small percentage of children really need to be in that environment
 - Having every child connected to a loving, caring adult, not paid
 - Right sizing of the public sector – what role should government play in people's lives, and for how long? What are we accomplishing? What are the outcomes? If we are involved three generations later, the dollars were not spent well
 - Priorities
 - Fostering Connections, especially for 18-21 year olds – hope to put in governor's budget moving forward, is a cost-saving measure and is the right thing to do
 - IV-E Waiver – will go after the federal waiver to look at shifting dollars to in-home care, Secretary of Welfare and his staff understand it is critical to get that waiver
 - Information Technology system – PA currently does not have a great way to look at data, are about 2.5 years into the process, looking at way to get it done quicker without compromising the effort
 - Developing benchmarks/outcomes – will be working on coming up with a list, needs to be manageable and simple so everyone understands what we are doing and why
 - Will try to tie funding to performance, once have the benchmarks in place, using what works, what makes a difference
 - Has been movement with what has happened in State College – hearing that new definitions are needed – do not need to redo everything
 - The biggest item that needs to be addressed is to clearly define dependency – need to develop a real differential response, of what CPS and GPS are – GPS is more about

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- family supports and accessing community services, not having the county in their lives; look at creative ways of doing it differently, as long as the child's safety is not a concern
- Partnerships – partnerships are critical
 - It is about helping families find those natural supports, using the community
 - Everyone needs to be talking the same thing
 - “I welcome our partnership, with the providers’ association, and the county administrators, also with the PA Commission on Crime and Delinquency (PCCD), AOPC, Juvenile Justice, Mental health and Substance Abuse; and we need to be there to remove barriers to safety and permanency and make it work for kids and families.”
 - Questions
 - Q: Privatization – where is the state with Philadelphia IOC?
A: Cannot answer because have not seen a thorough, comprehensive work plan; when they do, OCYF will go through and help make it as successful as they can
 - Q: Concern when hear “stranger care” and the failings of congregate care, makes seem very negative
A: There will always be a need for foster and residential care, have national research showing poor outcomes for children in substitute care; want to give every child a chance for success; distinguishing if it is a safety issue, but is placement truly in the best interest of the child? Has seen the research and the data, and believes it's the best thing to do; parents have the right to parent their children, families have the right to step in when they cannot, government has the right to step in when there is no one else; believe that family engagement is the most important thing we can do, to give parents the chance; the Juvenile Court Judges’ Commission (JCJC) is trying to figure it out too
 - Q: Is the state willing to do what it takes to support families?
A: Yes, looking to see what OCYF can do
 - Q: Sometimes it is the courts, that they are not apprised on the case, and judges are not as aware as they should be
A: important to get all the players, including guardians ad litem (GALs), to the table as early as possible and start educating them; need to carry a common message of goals and vision
 - Cross-Systems Activities
 - AOPC: Family Finding, Family Group Decision Making (FGDM), Family Credentialing
 - Cannot do this work if we are treating families as something different, and not listening and understanding where they are
 - JCJC: started looking at what children are being serving, what are the common children and what we need to do differently
 - There is a psychotropic medicine workgroup focused on the overmedication of youth
 - Education: OCYF will be developing a relationship and partnership with Education
 - Title IV-E
 - Title IV-E Waiver Status (§3170.84) & Considerations
 - (Requires same rate for same service, is imposed upon counties and shifted to providers, creates a lot of challenges to rate negotiations)
 - At this time, OCYF has a regulation that does not allow granting a waiver, so today's answer is no, won't do a blanket waiver of a regulation, aren't in a position today to grant that
 - Federal lawsuit – are working diligently to get it settled
 - Have a meeting with ACF on 1/5, moving toward getting more funds flowing to the state from the partial deferral; will do a random sample of providers
 - Want to develop next steps to make it work and move forward

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- Partnership DAPIM discussions and activities – looking at what can do differently, continue to have conversation, sometimes agreeing to disagree
 - Partners remain committed to meeting with ultimate goal of streamlining process
 - ◻ FY 10-11 and FY 11-12
 - ◻ Use of FY 11-12 as baseline - Focus on revised process for FY 13-14
 - Time-limited workgroup to define foster family care service categories (general, intensive, therapeutic, parameters, skills and training needed by foster parents, roles of staff, characteristics of children); reviewed work done by the subgroup, provided a great basis for moving forward, will look at replicating that process with congregate care
 - Facilitation of submission of FY 11-12 (and 10-11)
 - ◻ Outreach with specific plans to facilitate approval with weekly contact
 - ◻ Concurrent review of FY 10-11 and FY 11-12
 - ◻ OCYF continues to meet 5 day turnaround – is either approved or goes back to the county and/or provider for additional clarification
 - Matrix workgroup continues to meet
 - ◻ Identify allowable and non-allowable activities to support consistency
 - ◻ Practical examples – anticipate it being a fluid document
 - User-friendly web-accessible tracking log
 - ◻ Each provider will have own unique identifier for their agency and will be able to track the status of packet in moving through the system; housed on CWTP website
 - ◻ Will be a weekly status update, even if nothing happened
 - Next Steps:
 - ◻ Continued partnership and workgroup meetings
 - ◻ Weekly calls to monitor progress of review completion
 - ◻ Commitment to chartering a congregate care workgroup
- Status of Reviews
 - FY 10-11
 - ◻ Initial Submission – 203
 - ◻ Finalized – 179
 - ◻ Remaining – 24
 - ◆ Not Sent to OCYF for QA Yet: 10
 - ◆ Sent to OCYF, being reviewed: 14
 - ◆ Of these, OCYF is awaiting a response: 12
 - ◆ Of these, with OCYF for review: 2
 - FY 11-12
 - ◻ Initial Submission – 174
 - ◆ Expected to submit but have not yet: 30
 - ◆ Hearing that some are in time study process or waiting for 10-11 packets to be finalized
 - ◻ Finalized – 59
 - ◻ Remaining – 115
 - ◆ Sent to OCYF, being reviewed: 16
 - ◆ Of these, OCYF is awaiting a response: 10
 - ◆ Of these, with OCYF for review: 6
- Contract Documentation FY 12-13
 - Discussion topics:
 - ◻ Bulletin 3170-10-02
 - ◻ Special Transmittal Forms and Instructions – Edits, Additions
 - ◻ Archiving Protocol
 - ◻ Continual Process Improvements

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- Next Steps
 - Revise Bulletin and Forms
- Q&A
 - Q: With the foster family care category discussions, is there a possibility of using common language to support standardization?
A: The state can't set rates, but will support maximum allowable; will look at any legislative changes that might be needed through this process;
 - Q: Any time for timeline for finalization of FY 11-12?
A: Outreach made to speed up the process; looking at how to increase communication so distractions do not result in not getting back to review a packet for 3-4 weeks; seems like the packets get caught up at the county level; know some counties are not paying without maximum rates being finalized, did some outreach and found out that often is because of a policy of the county commissioners; important to identify what the issues are so OCYF can do outreach
- Safety Assessment Update
 - Safety Assessment and Management Process (SAMP) Workgroup
 - Initial Meeting held October 20, looked at both in-home and out-of-home
 - Approximately 48 participants attended, including staff from 25 different county agencies, private providers, OCYF headquarters, OCYF regional offices and CWTP; Expect number to grow as want to include direct service/line staff
 - Discussed Safety and Risk Evaluation, Focus Groups and OCYF expectations/non-negotiables:
 - Targeted time frame for implementation of Out-of-Home Care (OOHC) – pending approval from ACF are looking to further delay it to July 1, 2012
 - Training and Tools
 - ◆ Looking at safety training; had required to be done by county and provider safety leads, but found that knowing the information is one thing and being able to train on it is something else; so committed to looking at what they can do to support safety leads in the roll-out for training so the safety leads are prepared to do the training, even co-training with them if needed
 - ◆ Tools – 14 safety threats for in-home to meet threshold, but should never get to that level for OOHC
 - Prioritization of in-home vs. OOHC – two processes that need to be addressed simultaneously
 - Discussion re: strengths and challenges associated with SAMP
 - Began review of in-home intervals - Identifying what intervals are redundant or repetitive
 - Need to assess safety at every contact, but do not have to complete the full formal tool – can be documented in case notes
 - Meeting on December 19 to continue review of in-home and out-of-home care intervals, as well as definitions (i.e. home of origin), present danger assessment and alert document (for OOHC, are they truly necessary or is/can the information captured in other ways); can participate via WebEx or conference call, open to additional provider participation – contact Cindi Horshaw at (717) 783-7287 or chorshaw@pa.gov
 - Safety Evaluation (being collected by CWTP)
 - Looking at the risk assessment and safety assessment processes to see if the two can be combined for cases where there is not imminent danger but still risk concerns
 - Focusing on three main evaluation questions:
 - How are risk assessment and in-home safety assessment related; can the assessments be combined?
 - How engaged do families feel in the safety assessment process?
 - How has the SAMP affected decision-making; specifically removal and return home?

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- Dual-Rating Project by workers from two counties, one shadowing the other in assessing a case
 - Project Overview
 - Needed 80 cases to have sufficient statistical power; 22 counties participated in the project and 72 cases were rated
 - Final data collection completed in October
 - Data Highlights
 - All regions represented; Cases included GPS & CPS; intake & ongoing
 - 43% intake cases; 33% ongoing
 - 75% of shadow workers indicated that they were comfortable with the process
 - 86% of shadow workers confident in their observations
 - Dual-Rating Next Steps
 - Finish data entry; Data auditing and cleaning
 - Qualitative Analysis of cases submitted
 - Inter-rater Reliability & Rater Analysis
 - Predictiveness of the measurements
 - Preliminary results expected in January 2012
- Safety Focus Groups (CWTP)
 - 15 groups offered; 14 groups held; Approximately 7 attendees per group
 - Separate groups for supervisors & caseworkers
 - Group discussions focused on the supports & challenges during SAMP implementation
 - Preliminary Results
 - Key Messages:
 - ◆ Practice shifts are challenging, increases in paperwork; new ways to think for seasoned staff – change seems harder for them
 - ◆ Duplication within safety documentation & risk assessment
 - ◆ Groups consistently identified County Safety Leads, peer support, training, tools & SAMP as a guideline for decision making as strengths; a lot of counties made cheat sheets for workers to have handy/on their desks to support informed decisions
 - Recommendations:
 - ◆ Time study that accurately reflects face-to-face contact & what is happening day-to-day – some counties are doing on their own
 - ◆ Re-examine the interval policy
 - ◆ Reduce duplication in documentation between safety assessment work sheet and structured case notes
- Next Steps
 - Final Report Focus Group Report
 - SAMP Workgroup will continue to review and pursue/address issues raised so implementation is ready for July 1, 2012
- Education Bulletin and Screen Update
 - Delayed implementation of the screen, does not impact the bulletin
 - Much of the information in the screen was not understood clearly or was specific to the schools; when used was not helpful
 - Workgroup looking at what the concerns are, how to streamline, make it strength-based, support good relationships with schools
 - Initial meeting held October 7 with approximately 31 participants from 20 different county agencies, Education Law Center (ELC), OCYF, CWTP and the Education Support Center
 - Discussed the history, strengths and challenges associated with the bulletin, screen and other education matters

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- Subcommittee convened to streamline the screen and work on making it strength-based (November 9 and December 12)
- Next steps – will look at bulletin to identify what has to happen, including if a formal tool needs to be completed if there are no issues; supporting education liaisons
 - Intervals
 - Documentation
 - Revisions to the curriculum
 - Training roll-out
 - Implementation date
- Question on the authority of the child welfare agency on educational placement decisions, and who has the ultimate authority and who trumps who – may need to be a separate discussion involving education, perhaps a summit/forum on these issues
- Bulletins recently released and under development
 - Act 119 – Children in Foster Care Act – includes a model grievance procedure, are 7-8 elements that identified as being part of a good grievance procedure
 - Act 115 – Sibling Placement and Visits
 - Act 33 – Child Fatality and Near Fatalities
 - Master Client Index
 - Every person receiving services through DPW now has a unique identifier, expanded to child welfare instead of using the child's social security number
 - Looking at using MCI to identify if child/family previously served in another county
 - Concurrent Planning
 - Received guidance from National Resource Center
 - Looking at the core components for good permanency planning, what are the pieces that need to be in place
 - Helping staff overcome the values conflict and the organizational structure needed
 - Draft bulletin will be released in January
 - Looking at a roll-out plan, counties would develop plans to implement through NBPB, with full implementation in 13-14 months
 - Looking at how to move forward in a sustaining change way
 - GPS (General Protective Services) Response Times
 - Were inconsistencies in response times, in some cases was as long as 14 days before a worker was going out to see a family
 - Looking at guidelines, so that the farthest out response time is 10 days for home studies
 - Looking to support consistency in responding to the same type of cases statewide
 - Draft has been issued to counties for their response
 - Resource Home Approval
 - Auditor General had looked at a few counties' approval of resource homes, recommended pulling all the requirements into one place;
 - Workgroup began meeting to do that
 - One meeting so far with more than 65 people participating
 - Looking at what does a new worker need to know to approve a home, what is the flow
 - Next meeting December 21 or 22, will send out notice
 - Hoping to release bulletin in draft form in the near future

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- Experiences and guidance around implementation of the new Juvenile Court Rules (7/1/11)
 - Education Decision-Makers
 - Intent was that appointment would be a rare occasion, only in the case of the absence of a guardian or someone in that child's life; but finding that courts are doing "stranger appointments" of education decision makers
 - Those who developed the rules will be doing training for judges so hopefully these experiences will decline
 - Provider Experiences
 - Ex-parte communication – affects foster parents' report to the court, as reports should be seen by all parties
 - Placement moves – court has to be notified of that move, if an emergency can move but have to notify the judge and county must file a motion by the next business day
- Fostering Connections Act (FCA) implementation update
 - Extension of Care to 21
 - Foster Care
 - Adoption and SPLC Subsidies
 - Education Summit held November 3 and 4
 - Every state and 2 territories was represented
 - All understood and supported the priorities of educational stability for kids
 - Each state was to come up with 2 short-term (3-6 month) and 2 long-term (6-12 months) goals and action steps, are to come up with plans with other state departments
 - Referenced work with PDE on coming up with common definitions for "awaiting foster care"
 - PDE Basic Education Circular (BEC):
[www.portal.state.pa.us/portal/http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_123089_1199344_0_0_18/Education%20for%20Homeless%20Youth%20\(42%20USCA%2011431\).pdf](http://www.portal.state.pa.us/portal/http://www.portal.state.pa.us:80/portal/server.pt/gateway/PTARGS_0_123089_1199344_0_0_18/Education%20for%20Homeless%20Youth%20(42%20USCA%2011431).pdf)
 - Includes youth in shelter, emergency foster care, transitional foster care, or respite
 - Transitional included for short-term placements (up to 30 days or so)
 - Once identified, are eligible for the remainder of the school year, although may not pay for transportation
 - Proposed legislation in the U.S. Senate to include reciprocal mandate on education for compliance with FCA, perhaps to take McKinney Vento out of awaiting foster care
 - OCYF will include in their revised Educational Stability bulletin
 - Working through transportation and tuition issues
 - Training opportunities – how to share a common message between the courts, child welfare and education and who that message needs to go to, need to pair together to share a common voice and message
 - Let Cindi know if having any issues with FCA or McKinney-Vento
 - Transportation Clarification
 - FCA includes a provision for IV-E to cover
 - Distributed handout on what the costs are and how they can be claimed – have to work with county worker to get funds approved, paid for and claimed; funds can be used creatively, can be over and above per diem (or can be included in per diem)
- Child & Family Services Improvement & Innovation Act (P.L. 112-34) implementation
 - Effective October 1, 2011
 - Waiting for more official guidance regarding implementation
 - Internal review on changes needed to come into compliance
 - Amendments to Part B of Title IV of the Social Security Act
 - Extension of Child and Family Services Programs funded under IV-B through FY 2016

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- Authorizes new Child Welfare Demonstration Projects through 2014
- Amendments to Subpart One
 - Child and Family Services Plan must include:
 - The health care coordination plan must include:
 - How the agency will monitor and treat emotional trauma associated with the child's maltreatment and removal from home
 - Protocols for appropriate use and monitoring of psychotropic medications – an important piece
 - Activities to reduce the length of time that children under age five are without a permanent home
 - Need to look at services for youth under the age of five
 - New emphasis on supporting parents of young children
 - Activities to address the developmental needs of very young children
 - Sources of information of child maltreatment death reporting and a plan for inclusion of sources of information not included
- Promoting Safe and Stable Families (PSSF)
 - Provides funding for research, training and technical assistance, the court improvement program, caseworker visitation and regional partnership grants
 - Authorizes \$345 Million in mandatory funds and up to \$200,000 in discretionary funds
 - Child and Family Services Plan must describe how populations at greatest risk of maltreatment are identified and how services are targeted to those populations
 - Amends Several Definitions
 - Family Support Services, including mentoring in child development
 - Time-Limited Family Reunification
 - Peer-to-peer mentoring and support groups
 - Services and activities to facilitate visitation with parents and siblings
- Monthly Case Worker Visits
 - Establishes new standards for monthly case worker visits by fiscal year
 - FFY 2012-2014 – the total number of monthly caseworker visits to children in foster care must be at least 90%
 - FFY 2015 and thereafter – the total number of monthly visits to children in foster care must be at least 95%
 - FFY 2012 and each year thereafter – at least 50% of the visits must occur in the child's primary place of residence – do a good job with that, but if don't meet either the 95% or the 50%+, will be penalized; is for each and every year
 - Reduction in federal funding if these standards are not met
 - Monthly caseworker visits funding must be used to improve the quality of caseworker visits with children, including improved decision making regarding safety, permanency and well-being for children in foster care
- Regional Partnership Grants
 - Targeted grants to increase the well-being of, and to improve the permanency outcomes for, children of children affected by substance abuse
 - HHS must evaluate and report on the effectiveness of current grants, including the success of grantees in meeting certain performance indicators

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- Court Improvement Program
 - Single grant application from each state court that applicant that specifies purpose of the grant
 - Purpose of the grant is amended to include:
 - Concurrent planning and increasing and improving family engagement
 - Increasing and improving family engagement in the court process
- Data Standardization for Improved Data Matching
 - Standard data elements
 - Data standards for reporting
 - Effective October 1, 2012
- Provisions Relating to Foster Care or Adoption
 - Educational stability to be addressed at each placement, not only at the time of initial placement
 - Each youth age 16 and older in foster care requires a credit report each year until discharged from care and is provided assistance (by worker, or GAL) in interpreting the report and resolving and inconsistencies – NEW, will be doing training including GAL's role in this, will be looking at where to get reports, how to interpret them, how to prepare staff to assist youth in resolving issues
 - Any saving that resulted from changes to the IV-E adoption assistance eligibility must be reinvested to provide any Title IV-B and IV-E service and must document how savings were spent
- Child Welfare Demonstration Projects
 - Up to 10 new demonstration projects approved in each FFY 2012-2014
 - New projects maybe conducted up to five years and extended with HHS approval
 - All current projects and new projects must end by September 30, 2019
 - Application Requirements
 - Provide a description of changes or planned changes in the policies, procedures or other program elements that will enable the agency to successfully achieve project goals
 - Demonstrate that the proposed project is designed to accomplish one or more of the three goals described law
 - Implement at least two child welfare improvement of policies within three years of the application – at least one must be new
 - Account in the application for federal, state, local and private investments used in the past two fiscal years for services that will be provided under the waiver and pledge to submit an annual accounting of funds
 - Outline the rigorous evaluation method that will be used
 - HHS must consider the applicant's ability to implement a CFSR program improvement plan in approving the application
 - Goals of Demonstration Projects
 - Applicants must demonstrate that the proposed project is designed to accomplish one or more of the following goals:
 - ◆ To increase permanency by reducing time in foster care and promote successful transition to adulthood for older youth;
 - ◆ To increase positive outcomes for infants, children and families in their homes and communities, including Tribal communities, and improve the safety and well-being of infants, children and youth; or
 - ◆ To prevent child abuse and neglect and re-entry into care
 - Have to focus on two practice improvement pieces, one of which has to be new

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- Practice Improvement Areas
 - Foster Child Bill of Rights
 - Kinship Guardianship Program
 - Extension of Care to 21
 - Appropriate use of congregate care and utilization reduction
 - Increase placement of siblings together
 - Transition of youth from care
 - Engagement of youth over 16 in discussions related to reconnecting with biological family
 - One or more programs to improve permanency and decrease entry – family finding, family counseling, family based substance abuse, domestic violence and mentoring
 - Explained about family based substance abuse, beyond the parent's substance abuse
 - Has come out in child death review teams increased incidence of the parents giving kids substances, including the case of an infant with blood alcohol level of .2!
- Project Reports and Effective Date
 - Submission of periodic reports to HHS on activities
 - HHS must periodically report to Congress on the status of waivers and the results of the evaluations with recommendations for administrative/legislative change
- Miscellaneous Provisions
 - GAO report to Congress within 12 months on alternative sources of federal funds used by states or other entities for the same purposes
 - Report requirements include:
 - Assessing the needs of families eligible for services under Title IV-B which must include identifying underserved communities
 - Information on caseworker workloads and wait times for families to receive services
- PIP Update
 - Annual PIP meeting with statewide stakeholders and ACF was held on 09/15/11
 - Panel presentations that focused on progress and challenges over the past year
 - Facilitated discussion with stakeholders that focused on impact
 - Quarter 5 ended 09/29/11
 - Quarter 6 ends 12/30/11
- CQI Phase I and II Update
 - Phase I CQI Counties are working on the development of or implementation of their County Improvement Plans. Their second round of QSRs will follow same schedule as first round.
 - Phase II CQI Counties are beginning to plan for their first round of QSRs
 - QSRs are starting in December and total of 157 cases will be reviewed
- Status of practice priorities
 - NGA/Casey Initiative to Safely Reduce Number of Children in Foster Care
 - Evidence-Based and Promising Practices