

PCCYFS Children's Services Policy Day

Penn Harris Radisson Conference Center

December 2, 2009

Note: Please see related PowerPoint and other pertinent information posted to PCCYFS website

Alex Rahn, Government Relations Consultant, Wanner Associates

Legislative updates

- Table games legislation was part of the deal for non-preferred budget items; have not reached a deal so legislative action held up
- Legislature will come back in February in force
- Budget address Feb 2, then another budget season
- Budget update - Drained rainy day fund – could be a concern for next year without that reserve – could be taxes or more likely more cuts
- Was some talk of paying interest incurred by providers due to delayed budget; worth getting data to the state, but unsure if will go anywhere
- Thanks to advocacy, child welfare funding was not hit that hard; recognize that other categories were impacted
- "Elections in 2010"
 - Specter facing a tough opponent, Sestak, in the primary, then Toomey in the general election; since Sestak is running for the Senate and Gerlack for the Governor's office, there will be some openings in the House
 - Governor's race –PA has 50 year history of 8 years Republican leadership, then 8 years Democratic. Front runner is Tom Corbett on the republican side, facing opposition in the primary from Gerlack; 8 or 9 democrats running, front runner is Dan Onorato

Discussion with DPW Office of Children, Youth and Families Staff – Richard Gold, Deputy Secretary, Cathy Utz, Director, Bureau of Policy and Program Development, Cindy Horshaw, Tom Diehl, Director, Bureau of Budget and Program Support *PowerPoint*

- Title IV-E and Act 148 maximum allowable rate process – ACF Guidance, Program Descriptions and Job Descriptions
- Impact of ARRA funds
- Fostering Connections to Success Act implementation
 - PA pursued Permanent Legal Custodian/SPLC option – provides funds to relatives to the 5th degree, not retroactive, only new arrangements moving forward, did get ACF approval
 - Optional requirements – youth to age 21 – looking at practice and funding
 - Also looking at the delinking of AFDC to support adoption services, but option is not in effect until Oct 1, 2010
 - Non-5th degree placement will continue as is, with 80-20 funding split; all that changes is the accessibility of federal funds as partial payment
- Safety Assessments – implications for providers
 - Focus on it being a process, not a tool
 - Emily Hutchinson is the Action for Child Protection consultant developing a review tool
 - Private providers are impacted by the services required in the plan in working with the child and families
 - Now called Out-of-Home Care Tool – also to be used for informal arrangements
 - Would welcome additional participation by providers in developing the tool, especially the ones for older youth and youth in congregate care settings
 - Emily Hutchinson has also developed the curriculum tool for Out-of-Home Care Tool

- Innovation Zone counties to test it – those testing it already did so with no training – Elk wants to be part of testing along with Montgomery, Bucks, Berks, Cumberland, Cambria, Dauphin, Crawford, & Philadelphia
- Have included private providers in roll-out plan, also want to have a discussion with providers of what the training should look like, what information do providers need
- Plan to have a full year of implementation just like with the in-home tool
- There has not been a tool developed to assess safety in congregate care settings, so will look to develop one based on experiences in PA
- Also need tool for older youth on board extension, away at college, etc.
- Want to work on congregate care and older youth simultaneously by Out-of-Home workgroup once that tool is done
- Regional support sessions focus on safety; supervisory support is broader
- Trying to ensure case-specific questions are addressed at the county level not through FAQs
- Will provide information on safety calls and sessions so providers can participate
- Moving away from compliance-driven to quality-driven practice across the board
- Counties have found that implementing the in-home tool is very helpful in supporting services
- Budget Projections for 2010-2011 – Needs Based Plan and Budget Priorities/Outcomes
 - “Dismal” – PA will probably be coming out of the recession by 2013-14, as we tend to be 18 months behind the rest of the country due to most of income coming from employment revenue which is behind
 - “Divine” miracle that funding for child welfare was not really impacted, “praying” that this will be the case for next year
 - Are reviewing the regional offices’ recommendations for NBP&B for 2010-11, hopes to have them certified by late December
 - Looking at the beginnings of outcomes and stabilization
 - Hoping to maintain what is currently in place
- Contract Documentation
 - Is a problem for which PA does not yet have the best solution
 - Trying to battle 25 years of a process that was no process
 - Have forces on both sides that OCYF is trying to deal with – the feds want to go from no process to perfect process in one year. In accuracy, went from 0 to 70/75% in one year; but instead of only affecting deferment for 25% of IV-E costs billed, ACF limited all payments. PA still not being given clear direction as to the nature of ACF’s concerns.
 - Will continue in the process - counties were to send DPW anything that was outstanding so DPW could take the month of December to finish
 - Deputy Secretary will make himself available by email to assist providers in resolving any problems especially in terms of sensing unfairness or time constraints – rgold@state.pa.us
 - Not sure what a better solution is given the system in PA as state supervised, county run, and trying to set maximum allowable state and federal reimbursement levels
 - New group trying to come up with ideas on how to make this process better, addressing cost allocation plans and staff job descriptions, which concerns the feds because of the language and functions which are not IV-E reimbursable – do we have a problem with words and what staff do or are the activities just not federal and/or state reimbursable?
 - Lack of leadership in Washington – ACF has cancelled conference calls with OCYF
 - Will look at the histories of what is being submitted by the counties and why submissions are so delayed to identify where the problems are

◦ Questions?

- It seems that one of the problems is the volume of work to be done at the county level – could DPW consider a bi-annual intense review? Yes, would love to do that, once things more stable with ACF
- Cost allocation submission – can the state develop some sort of tracking mechanism to identify where information went? Started about 6 weeks ago, counties were telling providers it was a backlog at OCYF, but was not the case; encouraged regional leads to have the same sort of tracking; yes, there will be a tracking system available to all providers and counties so it shows up somewhere; hoping that creating checks and balances will address these concerns
- Has offered the counties and providers to work together now in anticipation of another budget delay – no one has called OCYF to work together. There is no hidden money at DPW to provide to the counties; revenue numbers are going to create a very difficult budget process, so would like to work together now to have a plan ready to get cash to providers and some counties, including working with lending institutions and foundations to support. Has to be a statewide effort with the counties, providers and the state
- Clarifications – OCYF staff reviewing pre-audit (contract documentation) forms - process for feedback to providers? OCYF received 70 submissions yesterday; also hired and trained consultants to review packets. Will contact providers with anything identified as missing, will keep track of what getting and what happened, OCYF's goal is one set of questions and done – will put in a letter of what was reduced and why; will send out draft letters with the forms when finalize the rate, include appeal rights; based upon response to questions will make determination; will readdress it after January 2; will be retroactive to July 1, 2009
- Were told by lead county that packet was sent to OCYF 6 weeks ago but haven't heard anything – is that the norm or is there a problem? Generally does not take that long; have finalized 31 rates thus far; providers should use resource e-mail to address questions; Deputy Secretary signed 19 letters yesterday
- Will the tracking device be made available to providers? Are working on that, DPW website doesn't allow Excel spreadsheets, trying to work with Bureau of Info Systems for a dummy password to allow access to the one folder
- Sense that ACF will ever give a final resolution and seal of approval? Believe that will happen when new leadership is in place, or a more reasonable hold-back of IV-E
- Anything more that providers can do? Make HHS Secretary Sebelius and Deputy Secretary, Carmen Nazario, aware of what has been happening in PA; do not know that there is anything else that the governor, secretary or deputy secretary can do
- PA is the only state that does what we do; in every other state the state sets both the rate and what is the maximum allowable under IV-E; PA does not want to do that, as it does not reflect the variations in providers' expenses in providing the services; this is what makes PA unique
- County-administered, state supervised being addressed? In the next administration; Deputy Secretary's opinion is that this is the best, as local level knows what is needed
- Disconnect in some parts of the state that even though counties have gotten their funds, providers have not been paid even back to July – anything the state can do? No, cannot hold back payments or otherwise control, as payment process is retrospective, not proactive; hypothetical – could be a state supervised/county administered and state still pay all the bills, as with YDCs, which is very different than payments to counties for services purchased from providers. Would require providers to invoice through state's PROMISE system, which would continue payment in the event of a budget impasse. OCYF still waiting for 4th quarter invoices from 11 counties; have sent advance for 1st

and second quarters; are trying to close out 08-09 and are trying to make counties having overmatch whole, but cannot do this redistribution until all counties submit their invoices

- Counties are trying to end the calendar year in the black, as it affects their audits and bond ratings; one hypothesis is that counties may be holding payments in order to show a cash reserve; common practice in state and local government

- Program Improvement Plan (PIP) Status

- Focus on sustaining change – many items identified in the 2002 CFSR remain the same issues and challenges; need to drill down to the direct service level to sustain change
- Enhancing Assessment process – were not getting to the underlying issues to get the right services to improve outcomes
- Looking to shift from compliance focus to a quality focus
- Ensuring direct staff have the tools needed in working with families, which are very different than they were 25 years ago
- Looking to support a quality services review that works at the local level, not state driven
- Looking at using data, quantitative and qualitative, in moving forward
- Chose Indiana review tool to pilot as it focuses on family engagement and other areas
- York, Washington and Allegheny will pilot the Indiana tool in January, review results and experiences by the workgroup, use consultants through grant to refine tool
- After January pilot, Allegheny County will test the PA tool that is developed; some providers may be tapped as reviewers; encouraged providers to volunteer to be part of local review teams
- Question of inclusion/dovetailing of standards included in accreditation? Not specifically, invited participation by those familiar with accreditation standards to be part of workgroup
- CQI is not a tool, it's a process, so is it designed to offer flexibility? The tool is the evaluation tool, that is where we are in the evaluation piece, but is part of the larger process as want it to not be compliance-driven but quality

Practice Priorities

- NGA/Casey Initiative to Safely Reduce Number of Children in Foster Care
 - As an initiative - exceeding percentages; as a state - showing the same kind of decrease (looking at any out-of-home placements, including delinquent youth in YDCs; OCYF believes youth can be better served in private sector than through the state YDC
 - 16 counties, talked about case review process and provider attendance
 - Have already reduced number by 2,000, state goal is to reduce by 4,000
 - Promise to the counties is a reinvestment of funds into other services (to be provided by the private provider system), not a reduction of NBP&B funds
 - 60 counties have reduced the number of youth in Out-of-Home care
 - Percentage of teenagers? More than expected; for the younger child, counties and state have done a good job in reaching permanency earlier; most of the case reviews are for older youth
 - Re-entries are less than 3%
- Evidence-Based and Promising Practices
 - Looking for a decrease in Out-of-Home care
 - MFT, FFT and other evidence based practices have been tested in other places and shown to decrease the number of youth in Out-of-Home care
 - Importance of staying true to the model
- Independent Living/Transition Services
 - Will be funding High-fidelity wraparound as well as truancy reduction for 2010-11
 - Very concerned with the budget coming up and not having a false budget

In closing, the Deputy Secretary noted that he recognized OCYF has made mistakes, but not ashamed, as helped move the process forward in the partnership in systems; promised a continuation of efforts, although may be more mistakes

Cathy Utz/Cindi Horshaw

- CAPTA Citizen Review Panels
 - Will eventually have 8 panels including one each for Philadelphia and Allegheny County
 - Having some challenges – not getting as many applications as hoped
 - Process/focus will be led by stakeholders, not the state
- Frequency and Tracking of Visitation of Youth in Care
 - Counties are required to submit information by December 15
 - Providers will be contacted regarding their information, as visits by providers do count
 - 8 of 16 county submissions have been verified to match AFCARS information
 - Final submission due to ACF by 12/31
 - Since youth are seen multiple times, OCYF asking that providers/counties pick visit that most closely fits what is required for submission
 - Submitted an improvement plan, put in a 1% improvement over baseline each year,

Angela Logan, Executive Policy Specialist, DPW Office of Policy Development

- Integrated Children's Services Plan (ICSP) Initiative
 - Success as providers are at the table as part of county ICSP teams
 - Encouraged provider participation in review teams for the plans
- Restraint Issues
 - ACT rolled out in 2/06
 - Sanctuary Model training – 29 agencies selected to participate in 3-year model, collect and submit data; outcomes are positive
 - DPW drafted no-prone bulletin - plans are to release within the next month
 - Question of looking at teens vs. pre-teens – have collected in the data
 - Support for doing Sanctuary Model statewide? Encouraged, wanted to do quickly, are other models
 - Other models? Are 30-40 trauma-models, this was the only one that had the intensive technical support and an ongoing compliance component

John Cookus, Director, Center for Juvenile Justice Training and Research *PowerPoint*

- Questions
 - Looking at who provided the services? Not there yet, but looking in that direction
- Family involvement is crossing over systems

Drew Schuckman, State Coordinator, Alternative Education for Disruptive Youth (AEDY), PA Department of Education *PowerPoint*

- Gave historical context of alternative education – have served 10K youth since inception; 341 Local Education Agencies (LEAs) have applied for funding and/or to provide services; line item for Safe & Alternative Schools was eliminated in state budget for 2009-10 (was over \$20M last year)
- Contracting for Educational Services
 - Statutory Requirements and the AEDY Program - Title XIX-C and XIX-E
 - Private Provider Application/Renewal Process
 - Authorizes private providers to enter into a contractual agreement with LEA to provide services into which schools place youth

- it is not a license or accreditation, but allows a provider to enter into a contractual arrangement – the LEA is always the one responsible for the child’s education
- e-grants must still be completed because the statute requires program approval – it is more than only a funding piece; E-grants are open April – June
- Question – do the LEAs have to apply for approval? Yes, any time they are modifying the program or requirements of the school code
- BEF – basic education funding
- Penn Link - Can add an additional program application – relatively simple to do; harder if LEA did not submit an application, but can be done
 - LEA has the ultimate responsibility for the program; PDE looks at their capacity to do, not their performance; when monitor, PDE notifies the LEA, not the provider, and also holds the LEA responsible in the case of penalties
 - Anecdotally know that programs have closed, expulsions and drop-outs have increased, anticipate decreased graduation rates; trying to get funding restored
 - Importance of good working relationship between the LEA and the private provider – it’s the LEA’s responsibility to submit the data
- Act 48 Program Placement Agreements (Sample Contracts) - LEA must submit Act 48 placement contract agreement to PDE
- Specific requirements for an LEA to refer a youth to an AEDY? Yes, are 7 criteria to determine eligibility for placement, has to be a specific set of offenses, need to look at how to bring youth back into regular educational setting
- Can an LEA place a youth directly into AEDY? Support due process
- LEA/Private Provider Obligations/Relationships in the AEDY Program

Maura McInerney, Staff Attorney, Education Law Center *PowerPoint*

- Fostering Connections to Success Act Requirements
- Other Educational Challenges
 - Intake line at ELC for when kids are placed directly into alt ed
 - If a child is coming out of a placement, they cannot be automatically placed directly into alt ed unless a weapons offense
 - 2 new fed laws proposed on 11/19 – fostering success in education & homeless – bills on ELC website
 - determine where the child should go to school, then whether or not they fall under McKinney-Vento Act

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December 3, 2009

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Discussion with DPW Office of Mental Health and Substance Abuse Services (OMHSAS) – Joan Erney, Deputy Secretary, Stan Mrozowski, Director, Bureau of Children's Behavioral Health Services, and Sherry Peters & Harriet Bicksler, Bureau of Children's Behavioral Health Services *PowerPoint*

- General Updates
 - Furloughs at OMHSAS – have not had the ability to fill vacancies, so are behind in licensing visits, partnering with OCYF and family members to be on time with reviews, but have had some slippage, some delays in responding; doing self assessment as to what they can and cannot perform
- Budget Status Update
 - Positive news is that counties and MH were creative in borrowing so did not stop payments, appreciated providers' support during budget impasse
 - Were successful in getting funds out the first week after budget passed; allocations were based on 4th quarter, which included cuts made; 2nd quarter payments will be a bit more
 - Were able to limit impacts of funding cuts - personnel rather than in services
 - Had cut but also annualized COLA - Budget restored all the cuts from last year
 - Were in the queue to lose \$12M due to elimination of IGT dollars which support HSDF, were able to restore those funds, a bit more to D&A, a bit less to MH
 - Cap on reinvestment for BHMCO Capitation, other strategies resulted in return of about \$35M to state
 - Act 62 – benefits for children with autism, so assuming some MA state savings
 - Risk Corridor – risk protection when expand HealthChoices to a new county, those funds are back
- Rumor control – counties may change medical necessity eligibility criteria – is not correct
 - Rates for HealthChoices contracts - Have advised counties this is not the year to do risky activities but to shore up revenue
 - Counties are not permitted to modify medical necessity criteria without approval from OMHSAS
 - No county should be reducing RTF based on funding on OMHSAS side - Are not seeing a significant dip in RTF generally
- HealthChoices – pie chart of services from 2007 of breakout
- PRTF Regulations Status
 - Will be preparing a summary document
 - Have done a lot of investigation of what is being paid for and policy and practice implications - Asked for overall profiles of counties and agencies
 - Visited out of state providers, characteristics of youth served led to belief that PA could serve these youth in-state; security issues were a red herring
 - Insights from first draft of Mercer report – what do we need for residential capacity
 - 2005, 2006, & 2007 (recognize landscape has changed for 2008, will review as available)
 - Found that although has been some decrease in providers used, utilized 65 in 2005 with 58 accredited

- total admissions – 2005 – 3,205 youth, 2007 – 3,085, a blip in 2006 with MA realignment
- length of stay for all RTF use is 204 days (median), not much variation between accredited and non-accredited; higher for out of state. Over 50% are in the 90 – 365 day range, minority over 700 days
- 15 counties represent 85% of RTF admissions - 13 counties plus consortium of 4 counties
- identified top 15 providers
- looked at diagnostic criteria and who agencies were serving
- over 50% of admissions were for external issues (behavioral)
- Autism – 2 counties (Bucks and Lehigh) – 16% and 10% of admissions for autism
- Over 60% of children are either dependent or delinquent
- Looked at what services received, what happened to youth, before and after admission, at 30 days and 1 year
 - 26% of Philadelphia admissions had no contact a whole year prior to admission – were not placed (also high in Bucks & Montgomery)
 - Fairly high percentage of youth that did not receive any services afterward
 - Question – impact of TPL so would not show up? Or could they be receiving other types of services? Research was based on claims, are also looking at re-admission
 - Disheartening to see youth in placement for years
 - Delay in getting regs out may have prevented better practice from happening
- Regs – no update, as the end of the Administration draws near the ability of getting promulgated gets less; has support from Governor's office to move forward but no direction on how to get before IRRC
- Rate setting – incorporated into current draft, distributed copies, discussed highlighted issues
 - Were drafted with assumed regulations based on all accredited providers
 - Are absolutely draft – OMHSAS interested in feedback, also asked to look at in terms of IV-E, ODP and other rate settings going on
 - Anticipated in the rate that there would be a review of each per diem on an annual basis (but consider political and economic environment)
 - Would be considered all-inclusive rates (so no separate billing for psychiatrists, etc.)
 - Does require a separate schedule in the audit for agencies that do other pieces
 - Are some penalties for not doing cost report - looking at doing a cost report on a 3 year basis
 - Contemplates tying into the service description much more
 - intent to have reviewed and build consensus from counties and MCOs
 - counties and MCOs do not have to rely on OMHSAS rate
 - 13% administration rate built into calculation process
- Requirements for County and MCO rate setting process
 - From the state's perspective, they do not intervene in contracting between counties/MCOs and providers, except where there is not a fair and reasonable rate setting process
 - Have asked counties and MCOs to submit their rate setting process and ensure that it is available to providers – has to be written and communicated
 - OMHSAS will not allow across the board decrease of rates without prior approval
 - A summary document of what is expected and the policies is in draft, anticipates will be done after the holidays, will make available to providers

- Will be incorporated in draft regs, but may move forward as a separate policy release without regulation change
 - Time frame for MCOs to get back to providers when rate requests have been made? unsure, would be good feedback
- Reviewed reasons for delay in getting back to providers on rate adjustments
 - Governor not allowing any rate changes, regardless of what OMHSAS staff believe
 - Current environment is not allowing any approval for rate adjustments
- Sanctuary Practices – pleased with the support from agencies, did intervene in one part of the state where BHMCOs were not appreciating what Sanctuary model brings
 - Are very interested in supporting a learning collaborative and utilizing the Trauma Focused Cognitive Behavioral Therapy resources in the Pittsburgh area to take it to the next level – are working on funding options for this
- Children in Substitute Care (CISC) Out of Zone Payments
 - Implemented August 1 - Some assumptions were shown not to be true, especially with D&A
 - Had agencies providing D&A treatment in the unlicensed portions of their programs, have asked BDAP to review, MA cannot pay for unlicensed programming; CYS funds can't pay either, so need to be licensed
- Evidence Based Practices
 - working on a chart, have incorporated a number already into the Medicaid rate this year with many more for 2010
 - Counties and plans need to be committed to the fidelity of the services
 - PCCD, OCYF and OMHSAS are working together to expand and make available
 - Question of sustainability factor - the struggle of maintaining FFT; open to talking about the issues and looking at medical necessity and other concerns and challenges to sustain
- RTF Outcomes Process/Findings – quality initiative
- Transition – Promises to Keep FY 09/10
 - Excited about SAMHSA Systems of Care (SOC) grant – is a 6-year grant
 - Also very committed to PBI/PBS/School-based BH Services, model in Cambria, Elk & Venango Counties; Good experience in Chester-Upland, also in the NE
 - MA Funded Evidence Based Practices and Working with MCOs
- HealthChoices BH Utilization Data - posted to PCCYFS website
- Youth and Family Training Institute (YFTI) and High Fidelity Wraparound (HFW) Implementation
 - Distinguished between historical “wraparound” and High Fidelity Wraparound
 - Have instituted HFW in 5 counties, starting in 2 new counties, anticipate Northumberland to be ready soon, plus another county
 - Have 98% complete in documentation to permit MA funding of HFW – for staff time and costs of the facilitator, family support partner, and youth support partner (including travel time)
 - Are committed to ensuring the funding is there to support adherence to the model – are close to having CMS approval
 - Joint Planning Team – is a component of the federal MA regs as part of the MCOs, beyond MH – primary care physician must also have the opportunity to be involved, hoping for it to be part of the health care reform in the country, that physical and behavioral health are seen as one
 - Anticipate a county will start accessing MA to support this in January

- Have served 150 clients in the 5 counties thus far, moving slowly but steadily. Knew this would be a slow process of implementation and would be challenging to some counties
- Have little in the way of data yet, but have some wonderful anecdotal stories
- Part of the process is learning about the strengths, needs and culture of the family
- SAMHSA System of Care Grant
 - SOC movement is the natural progression of CASSP implementation
 - Applied for a grant a year ago; Officially heard October 2 that PA was one of 20 grant recipients - \$9M over 6 years
 - Youth advocacy/involvement; focus is serving youth in MH and CYS or JJ systems
 - Will identify 15 counties to implement – 5 counties over each of the next 3 years
 - State leadership team identified – OMHSAS, OCYF, JCJC, PCCD, DPW Policy Office and Governor’s Commission plus 3 youth and 3 family members
 - YFTI is the fiduciary entity, staff will be hired by the state leadership team
 - Questions
 - What is meant by “community”? Will look to a variety of ways to support the youth and family in the community
 - Sustainability? In addition to the federal money, there is a PA commitment to have an equal amount of local/non-federal dollars to match - comes from EBP savings, PCCD and other funding options, includes in-kind contributions; also looking at developing MA funding to provide treatment components
 - Selection of the counties? Unsure yet, it will be a collaborative decision making process involving the youth and families
 - Anticipate preparations will begin in January through the summer
- Children’s Behavioral Health System Transformation Activity
- Plan for “Call for Change” - A strategic plan for Children’s Behavioral Health System
 - Mercer is doing some evaluation and consulting to facilitate this
- Supporting Transition age youth and young adults
- Implementation of the Autism Services Insurance Bill (Act 62)
 - Heard generally going well but some concerns that rates from private insurers are insufficient to make it work
 - Any issues with rates? None identified by participants
 - Questions/concerns
 - Interactions with insurance companies, credentialing hurdles, anticipate more concerns and challenges in January; about 20% of children transitioned in July, about 80% are transitioning in January or after
- Positive Behavioral Supports (PBS)/School Based Behavioral Health Services
 - Focus is on elementary and secondary students
 - Want to develop a network of trainers and facilitators to support schools in rolling this out at all 3 tiers - besides PATTAN and IUs, Devereux and a few other providers have gotten training and provide support to school districts now; trying to develop a process to mentor providers in doing this
 - Can utilize school ARRA funds to develop and roll out this, unsure if have enough resources to support the number of schools wanting to do this
 - Any provider already working with a school, want to bring them into the network, support and ensure fidelity to the model; want to roll out more providers in the next wave, but start right now with those already involved or exploring this
 - Providers interested in pursuing this should contact PCCYFS

- Early Childhood Mental Health Initiative
 - Implementation in the Keystone STARS program
 - 8-10 consultants across the state that consult on behavior with centers across the state
 - MH symposium in Pittsburgh 2 years ago
 - Statewide MH early childhood advisory started, 3 focal areas: Prevention & Intervention, professional workforce development, and Communication & Collaboration
 - Presented recommendations to DPW Secretary on 9/1/09 - Highlights include:
 - Development of core competencies for those working with young children
 - Use of screening instruments for early childhood – Ages & Stages Questionnaire
 - Expansion of early childhood MH consultants and clinical supervision
 - Plan to share an action plan for implementation for the 3 areas by January
 - Want to figure a way to keep the infrastructure after the end of this administration
 - Support for completion of infant & early child MH certification at Chatham University
 - Question – what can providers do? Encourage counties to provide and offer and get more training to develop expertise and be able to provide services to young children – is a real need for these services (perception is that expertise is not there)

Brenda Lawrence, Program Administrator, Family Design Resources, Inc.

- SWAN updates
- Legal Services Initiative and impacts on providers' work with children in care
 - paralegals in most counties now
 - more finalizations referred in general; provider noted fewer referrals as counties are choosing to handle them internally; affiliates may need to promote this service to counties
 - packet on website regarding diligent search; Accurint is one part
 - paralegals are supervised by the county, by the solicitor, and by SWAN – FDR
 - increase in work overall, due to impact of Fostering Connections
 - have encouraged counties to share Accurint information with affiliates
 - shorter timeframe for family profiles (and other work) to be completed
- Question – funding payment? Affiliates should have been paid through July, was a hold-up due to need for waiver, got waiver, just awaiting processing within the Treasury Department, but unsure when payment will be made, may be beneficial to contact legislators

Angelo Santore, Judicial Programs Analyst, Office of Children & Families in the Courts, Administrative Office of Pennsylvania Courts – Moved in July into Harrisburg – contact information has changed

- Permanency Roundtables – Reviewed structure and process of Roundtables; Encouraging counties as needed with involvement, but generally open to involvement of stakeholders
- Family Finding – process for finding families, hopes occurs early and often, looking to do more training with Kevin Campbell, will have data after next week, also CWTP is developing curriculum to do training at the county, county will identify who they want involved in this, piloted first part of training 2 weeks ago, hope to have done by the summer
- Update on OCFC Activities
 - First annual Children's Roundtable Summit in Pittsburgh in November, presentations by a national expert followed by panel discussion; look to have second annual in September
 - Website – www.ocfcpcourts.us - all the presentations are posted
 - still working on a benchbook
 - upcoming activities
 - developing and working on how to deliver training to GALs

- roundtables identified truancy as an area to address
- want to identify and engage fathers
- change in practice due to judicial interest and initiative