

Title IV-E Waiver Advisory Council Notes

March 12th, 2015

311 W. Saratoga St., Room 1044, Baltimore, MD 21201,

Call in option: (862) 902-0240, PIN: 7688715

i. Introductions

- **Introductions** by Secretary Sam Malhotra and Debbie Ramelmeier
 - Going from great to extraordinary!

ii. Potential IV-E Interventions & Strategies

- Reviewed Summary of Discussion from the February 19th convening (*Facilitated by Rebecca Jones-Gaston from Casey Family Programs*)
 - Summarize what's working
 - Interagency collaboration
 - Flexibility in services
 - Home and community Based Services
 - Ability to leverage Funding
 - Strong Local innovative Practices
 - Narrowed down strategies
 1. Address the needs and strengths from a family perspective ecological framework/whole family perspective
 2. Comprehensive, universal approach to children and families with regard to entry point, insurance, or other limiting criteria

3. “Move our cheese” – Agencies/systems should move toward proactive assessment/planning vs. reactive crisis management and toward improving critical thinking abilities of staff – there needs to be a peeling back of the layers of need so the right things are being targeted (e.g., trauma may be driving substance abuse).
 4. Collaborative, innovative interventions and opportunities for prevention and early intervention
 5. Early interventions (0-5) should be given primary importance.
 6. One-stop shop for services (whether it be real or theoretical)
 7. Develop or better connect existing systems to track and report out availability of services by jurisdiction
 8. Purchasing for outcomes
 - Listing outcomes specific strategies separate from values
 - Indicate which are state level
- Expert review of best practices related to Parental Substance Abuse for Child Welfare involved families (*Michelle Tuten, University of Maryland School of Social Work*)
 - Michelle has a background in substance abuse treatment for 17 years
 - Reinforcement-Based Treatment in Child Welfare Context
 - Substance abuse effects the ability to parent directly and indirectly
 - Very low numbers of substance abuse treatments; disjointed systems of care, and lack of knowledge are large contributors to these issues

- Two most promising treatments:
 1. Family treatment Drug Court (FTDC) and
 2. Home based substance abuse treatments
 - Building Stronger Families (BSF)
 - Combines RBT with MST adapted for child abuse and neglect for children 6-17
 - BSF clinicians work in collaboration with CPS
 - Clinicians are trauma trained
 - Caseload is low; 3 families per therapist or 12 per team of 3 therapists
 - Psychiatrist hired at about 10%
- Reinforcement Based Treatment(RBT), used in both FTDC and BSF
 1. Essential elements; functional assessment (FA), Goal graphing (common goals), reinforcement (incentives, peer, atmosphere of treatment is positive), vocational/education goals, Recreational activities, Motivational Interviewing. Outreach/re-engagement techniques, Identification of “safer” housing
 2. Substance abuse treatment *should* be tailored to the individual unique needs
 3. Treatment includes intensive goals: educational or employment goals, recreational activities, peer involvement, other individualized goals
 4. Behaviors are monitored, graphed, and reinforced
 - Graphs are to be created by clinician by hand

- Are able to predict relapse through graphing
- **Summary** Parental Substance Abuse for Child Welfare involved families
 - Home-based services combined with RBT are promising for child welfare context
 - Parental functioning
 - Incidents of abuse and neglect
 - RBT can be adapted for use with other models such as MST or attachment-based models (FBR)
 - Coordinated models better address the multiple and complex needs of population and the systems that serve them
 - Larger scale study of BSF is underway with funding from NIDA (PI: Cindy Schaeffer, Ph.D.)
 - Designed to treat all issues as a team
 - Are there groups not at the table?

iii. Mapping Identified Needs/Service Gaps/Organizational Readiness

- Review jurisdictional level mapping of:
 - the top three identified needs (Readiness Data)
 1. parental substance abuse
 2. child behavior
 3. trauma
 - need indicators (MD CHESSIE Data)
 - consider factors vs determining factors
 - identified EBPs (Readiness Assessment Data)

- organizational readiness benchmarks (Readiness Assessment Data)
- Who shows the greatest need?
- Who shows the greatest potential?
- Who is the most ready?

IV. **Selection of Focus Group Jurisdictions/Regions**

- Based on the data presented, discuss which jurisdictions/regions show:
- Casey Family Programs will be managing the focus groups
- Focus groups
 - Focus is on how to start implementation
 - Deeper dive into the data and needs
 - look beyond the numbers
- 3rd week in April, all four workgroups, over 3 consecutive days
 - Maximum of 12 people per focus group
 - Representation for each group should be focused on specific areas
- Areas determined to be part of the focus groups
 - Baltimore City
 - Mid Shore
 - Eastern Shore; Harford, Cecil
 - Southern Maryland; Calvert, Charles, and St Mary's

v. **Workgroup updates**

- **Trauma**

- Outline of strategic plan started
- **Readiness - shift to EBP workgroup**
 - Should be initiated in next few weeks

vi. Next Steps

- Refinement of 7 strategies and circle back to the group with those
- Take another slice of data analysis according to age
- Next Advisory Board Meeting 2nd Thursday of April
- Focus groups 3rd week in April

| IV-E Waiver Council Meeting, March 12, 2015, attendees | | | | | |
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| LAST NAME | FIRST NAME | Member, staff, Guest | | | |
| Ayer | David | Staff | | | |
| Catlow | Jodi | Staff | | | |
| Chipungu | Stafford | Staff | | | |
| Flanigan | Patricia | Council Member | | | |
| Hiers | Thomasina | Council Member | | | |
| Keegan | Kevin | Council Member | | | |
| Lee | Bethany | Staff | | | |
| Malhotra | Sam | Council Member | | | |
| Malone | Rosemary | Council Member | | | |
| McLendon | Audrey | Staff | | | |
| Mettrick | Jennifer | Staff | | | |
| Mohamed | Rena | Council Member | | | |
| Ramelmeier | Debbie | Council Member | | | |
| Rock | Melissa | Council Member | | | |

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| LAST NAME | FIRST NAME | Member, staff, Guest | | | |
| Smith-Bligen | Nicholette | Council Member | | | |
| Spencer | Shane | Council Member | | | |
| Steward | Rochon | Staff | | | |
| Svrjcek | Jill | Council Member | | | |
| Thompson | Elizabeth | Council Member | | | |
| Geddes | Ann | for Jane Plapinger | | | |
| Bellamy | Cyntrice | for Al Zachik | | | |
| Mueller | Laura | Guest | | | |
| Hancock | Tiffany | Guest | | | |
| Fesperman | Emma | Guest | | | |
| Wilkins | Anita | Guest | | | |
| Powell | Karen | Guest | | | |

IV-E Waiver Council Meeting, March 12, 2015, attendees

| LAST NAME | FIRST NAME | Member, staff, Guest | | | |
|-----------|------------|-------------------------|--|--|--|
| Taylor | Jill | Guest | | | |
| Gaston | Rebecca | Guest | | | |
| Edwards | April | Guest | | | |
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