

Title IV Waiver Advisory Council Minutes 5-14-15

Attendees:

Angela Cabellon
Rena Mohamed
Anne Geddes
Debbie Ramelmeier
Melissa Rock
Elizabeth Thompson
Carnitra White
Greg James
Tracey Paliath
Shane Spencer
Michelle Zabel

April Edwards
Bethany Lee
Jennifer Mettrick
Rochon Steward
Dawn Musgrave
David Ayer
Erwin McEwen
Linda Carter
Stafford Chipungu
Stephanie Cook

By Phone:
Lisa Hartman
Kevin Keegan
Jill Svrjcek

- I. *Minutes from last meeting* – Minutes were approved unanimously
- II. *Workgroup Updates*
 - a. *Readiness Workgroup* – a report will be created that pulls together all the information collected as part of this process. Includes the LDSS readiness assessments, focus group data and front line worker survey. It should give us a clear picture of our goals, target populations and areas of need to be addressed through the waiver.
 - i. Focus Groups – Clarus Consulting conducted the focus groups which were utilized to get more information on local initiatives that could be improved upon with the Waiver and to dive deeper into the needs of their communities.
 - b. *Trauma workgroup* – gathering information regarding what other states have done in terms of building trauma informed systems. Will use that information in the strategic planning process. Also started the roll-out of the CANS-F trainings which has tied nicely to the work they are doing on the plan. They will have more information on how the trainings have gone across the state and more on the strategic plan at the next meeting.
 - c. *Evaluation* – DHR/University partners as well as other stakeholders, providers and LDSS departments are part of the evaluation workgroup. They are reviewing and discussing the evaluation plan, and the cost analysis. They have worked on better understanding the cost and funding allocations for the waiver and discussed themes for the fiscal study. Understanding the data sources that are available to be able to track and analyze those for the fiscal study. They will be doing a cost-benefit analysis. They are also doing some prep work with MD-CHESSIE to flag services that will be provided through the waiver.
 - d. *EBP/Promising Practices Workgroup* – As discussed at the last meeting, the Steering Committee is recommending that the group be disbanded for now. Rena commented that the workgroup could provide assistance to support local implementation. Linda indicated that The Institute and Casey Family Programs will be playing that role to help locals with implementation and technical assistance with the support of DHR and the steering committee. We will update the group next month on how that TA will be provided to the groups. The Advisory Council agreed to disband the EBP/PP workgroup for now.
- III. *Communications Plan*
 - a. Casey Family Programs brought in a communications expert to work with DHR on branding and messaging the Waiver project.
 - i. Talking points/elevator speech
 - 1. Strong, safe and secure families, children and communities
 - 2. Developing individualized services to meet the strengths and needs of families
 - 3. Partnering in new ways

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- ii. Want to move away from the wording of “Waiver” and funding streams but about the outcomes we want for children and families and the ways we want to use to accomplish those goals.
- b. Comments on these ideas -
 - i. Elizabeth Thompson – how is this different than what has been done before; how is this initiative different?; need something bolder
 - ii. Melissa Rock – suggested including language around trauma informed care
 - iii. Debbie Ramelmeier – this is the next evolution of family centered practice
 - iv. Rena Mohamed indicated that we need to make sure that it doesn’t sound like the flavor of the month/not one more new thing . . . it is how you bring this lens to the work you are doing (trauma informed).
- c. Names for the Waiver Project – (top five)
 - i. Strong Families, Safe Children
 - ii. Safe Homes, Strong Families
 - iii. Safe and Secure @ Home
 - iv. Thrive @ Home
 - v. Safe & Supported @ Home
 - vi. Comments –
 - 1. Also need something to the effect that all the entities around the child are in place, not just about home (schools, pediatricians, etc.)
 - 2. Least like ones with Secure in it
 - 3. Will also send it out to the local departments after this group selects the top four. Will also send it out to youth committee
 - 4. Several votes for #1, #4
 - 5. Other suggestions:
 - a. Strong and Supported Families
 - b. Safe Families Strong Families
 - c. Safe Families Strong Families Supported Communities
 - d. Thriving Families Supported Communities
 - e. Safe&Supported @ Home

IV. Roll Out Plan

- a. Practice Philosophy pyramid – this is not new but building on what we have done to get to this point. Place Matters and Family Centered Practice are the foundation. The IV-E Waiver can build trauma-informed care and services/interventions with the goal of reducing children in care and reducing maltreatment
- b. We have been in the Readiness Assessment Phase for the last several months which has included the LDSS Readiness Assessment, Focus Groups, Worker Survey and Family focus groups in the summer.
- c. The next phase is training on the CANS-F, for in-home services that will begin being implemented July 1st
- d. 2nd Phase is to have LDSSs to submit concept papers to describe how they would like to reduce entries and the types of interventions they would like to implement to do this/where they think they are in terms of readiness and where they would like to go. Not requesting details in the concept paper but to get a sense of what the local ideas are.
 - i. Can do this as an individual LDSS or regionally
 - ii. It is not an “application” process; it draws out the best ideas and which LDSS seems to be predisposed to move forward in the first group
 - iii. It will also ask the areas in which locals think they will need help from DHR
 - iv. A handful of projects will be funded so there can be transfer of knowledge, then scale up.
 - v. The idea is for locals to start where they are, look at the data they have access to but to use that data to have a good self assessment of Place Matters, Alternative Response, and Family Centered Practice

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- vi. Parental Substance Abuse – DHR/SSA will be working on that at a state level in partnership with DHMH. It does not mean that locals cannot propose suggestions around substance abuse but want to make sure it is aligned with DHMH.
- vii. Want the team concept to continue on (local implementation team) and want a designated IV-E project manager at the local level.
- viii. What will be in the concept paper
 - 1. Self Assessment
 - 2. What goals and outcomes are being sought
 - 3. Innovations – EBPs, PPs (what strategies do you want to implement)
 - 4. Partners
 - 5. Evidence of Outcomes/Transfer Of Knowledge (include sustainability and scalability)
 - 6. How will you demonstrate improved outcomes
- ix. Questions and answers
 - 1. Will there be a template for the concept paper? . . . Yes
 - 2. Will the concept paper include funding parameters? . . .No, locals do not need to think about cost yet
 - 3. Timeframe? . . . That has not been determined but it needs to happen quickly. It will get out to LDSS soon.
 - a. By the end of the year we hope to be implementing a few of these EBPs (Dec 2015) so there is impact in this next fiscal year.
 - 4. Will you clearly indicate the goals and objectives of the waiver in the concept paper? . . Yes.
 - a. Add question - How do you see this intervention linking to reducing entries (goals of the waiver).
 - 5. What is allowed for the Waiver – does it have to be an EBP? . . . No, just have to show demonstrated outcomes and a clear model.
- x. Suggestions
 - 1. It would be good to have guidance on cost parameters.
- xi. Feedback –
 - 1. How is private agencies' feedback fitting into this? (partner with a local department)
 - 2. FFTA is thinking about putting a white paper together on how they can fit in to this work. Can we try to encourage this from other providers to provide to locals so they know who they can partner with?
 - 3. Introduce this idea at the PAC so it is shared to all providers and they have the opportunity to share what they are doing and where that is aligned with the goals of the waiver.
 - 4. Casey Family Programs: – in their assessment of trauma informed services they did a full assessment of providers to see what trauma informed services they offered and if they were doing them well and if they were actually certified in those models. Need to know this information as you get started in selection. Need to consider where you are going to locate this function (internally to DSS or externally) – if externally, how will you procure these services? Also look at what you already have in Maryland.
 - 5. Have to be very focused on the Waiver goals
 - 6. Understand this is a journey not a destination, shift in practice, and it takes time.

V. *Next Steps*

- a. Concept Paper request will be going to locals in the next month