

## ***Title IV-E Waiver Advisory Council Minutes 6-11-15***

### *Attendees:*

Linda Carter  
David Ayer  
Angela Cabellon  
Paul DiLorenzo  
Tracey Paliath  
Rochon Steward  
Margaret Williams  
Audrey McLendon  
Stephanie Cooke  
Anita Wilkins  
Rena Mohamed  
Andrea Thompson  
Dawn Musgrave

### *By Phone:*

Rosemary Malone	Patricia Flanigan
Nicholette Smith-Bligen	Jennifer Mettrick
Kevin Keegan	Erwin (Mac) McEwen
Melissa Rock	Patricia Arriaza
Bethany Lee	
Stafford Chipungu	
Karen Powell	
Sandra Pinkney	
David Chen	

- I. *Minutes from last meeting - approved*
- II. *Steering Committee/Director Updates*
  - a. *Staff Updates* – Sandra Pinkney and David Chen have joined the IV-E Waiver project, which is now fully staffed.
  - b. *Communication Strategy* – DHR is working with a consultant from Annie E. Casey to develop a name in place of the Title IV-E Waiver.
  - c. *IDIR and Evaluation Plan submissions to Children’s Bureau* – The Initial Design and Implementation Report (IDIR) has been submitted on a quarterly basis, with the most recent version submitted for the third quarter. Feedback will be provided from the Children’s Bureau and a phone call with the federal government is scheduled for next week. This should be finished by the July 1<sup>st</sup> implementation deadline. The report will be made public and shared with the advisory council.
- III. *Workgroup Updates*
  - a. *Evaluation/CQI* – David Ayer is currently waiting for feedback from the Children’s Bureau.
  - b. *Trauma/Workforce Development* – So far, 11 CANS-F/trauma informed trainings have been conducted by Mark Lardner and Neil Mallon among 186 in-home services staff. There has been positive feedback about the trainings and attendees have shared stories of stress or secondary stress that they have experienced firsthand or vicariously through their clients. Focusing on self-care is of paramount importance when dealing with difficult cases. Karen Powell commented that she is meeting with Stephanie Cooke and Mark Lardner on 6/25 to discuss how to approach trauma, how to assess behavioral manifestations of trauma and case workers’ own personal feelings, as well as plan for with specific trainings for trauma/secondary trauma.
  - c. *Comments on these ideas* –
    - i. Rena Mohamed wondered when the CANS-F policy would roll out. While the hope is by July 1<sup>st</sup>, this might not be a realistic expectation for a quick turnaround because the CANS might look different in Baltimore City compared to a more rural county.

1. Stephanie Cooke responded that the policy is currently being drafted now.

IV. *Focus Groups and Worker Survey Reports*

- a. *Focus Groups* - Paul DiLorenzo walked everyone through the Focus Group Presentation (Handout). The objectives were to see what was going on with first hand practitioners; how ready certain counties were for implementation; and potential barriers to implementation. With the goal of reducing entries and re-entries to foster care, 4 sites were assessed to determine current and potential practices. Of particular note, a trauma-informed practice/training was identified across all sites. An additional issue was the issue of transportation, especially in rural populations.
- b. Comments on these ideas –
  - i. With regards to the issue of transportation, Kevin Keegan suggested the use of telecommunication for medicinal and psychological needs.
  - ii. Nicholette Smith-Bligen questioned how you approach the issue of telecommunication as a state. Her colleagues preferred face-to-face meetings for relationship building, as opposed to calling in remotely.
  - iii. Erwin McEwen stated that the use of innovative technology is an important means to helping facilitate dialogue, but overusing this technology will result in a less effective practice.
  - iv. Rena Mohamed added that the interventions are the same, but implementation may be different across jurisdictions.
- c. *Worker Survey Reports* – Rochon Steward presented results from the caseworker survey (Handout). The purpose of the survey was to gauge workers’ perspectives on factors driving new entries and re-entries; to determine what initiatives are occurring across the state to address trauma, new entries, and re-entries; and to assess jurisdictional engagement with trauma informed care. The top three characteristics driving new entry were: 1) parent/caregiver drug abuse, 2) caregiver inability, and 3) child neglect. Similar characteristics were observed as factors driving re-entry: 1) child’s behavior, 2) caregiver inability, and 3) caregiver drug abuse. A majority of responders indicated that their jurisdiction has pursued specific practices, policies, or interventions specifically to address: trauma, new entries, or re-entries. Most workers also reported receiving training/education in the prevalence and effects of childhood trauma.
- d. Questions and answers
  - i. How is caregiver inability defined?... The inability physically or psychologically to care for the child.
  - ii. Have the characteristics driving entries and re-entries been compared to CHESSE?... The data does correlate with CHESSE and more in-depth analysis are being explored

V. *Roll-out Plan/LDSS Concept Papers*

- a. Linda Carter walked everyone through the Evidence-Based Practice and Promising Practice Roll-Out Plan (Handout). In reducing new entries, LDSSs will be asked to submit Concept Papers to describe how they would like to reduce entries, the types of interventions they would like to implement, and where each jurisdiction is in terms of readiness. In order to reduce re-entries, Linda will be working with SSA Contracts to start a procurement process with private providers – the goal would be to implement this within the next year.
- b. Questions and answers

- i. Is there an iterative process in place, where the state can relay the idea that one jurisdiction is using this intervention and another is using a different intervention?...There is a feedback loop with technical assistance so there will be ongoing collaboration; to be provided primarily by DHR and the Institute. Technical Assistance Day is also being held on July 9, from 10 am – 4 pm. This will give LDSSs a chance to learn more/ ask questions relating to 1) fiscal components, 2) installation and readiness strategies, 3) EBPs/PPs, and 4) using data to choose EBPs/PPs.
- ii. Does private provider involvement kick in at re-entry or discharge from new entry?...Discharge from new entry.
- iii. Could locals get involved in the re-entry process?... Yes. One idea – from locals – is that youth may do better if they continue with their (private placement) therapist after return home, which would provide more stability for youth.
- iv. Have other funding streams been sought out for sustainability after the waiver ends?...This is something that DHR is/will be working on, and will further engage other state departments and LDSSs on, but the local departments do not need to worry about sustainability when writing their concept papers.
- c. Comments
  - i. There was some concern about the concept paper idea, particularly around who is most ready for implementation, and whether the selection process would choose one jurisdiction that submitted their paper because it was mandatory, as opposed to a jurisdiction that genuinely showed an interest in improving outcomes.
- d. Suggestions
  - i. Concept papers should only be read/considered if the submitters attend TA day.

VI. *Next Steps*

- a. The CANS-F will be rolling out starting July 1.
- b. Submission of concept papers will begin after TA Day on July 9.