

## ***Title IV E Waiver Advisory Council Minutes 8-13-15***

### *Attendees:*

Linda Carter	Patricia Arriaza
David Ayer	Rosemary Malone
Jennifer Mettrick	Jaclin Warner Wiggins
Carnitra White	Kevin Keegan
Elizabeth Thompson	Melissa Rock
Steve Berry	Bethany Lee
Margaret Williams	Stafford Chipungu
Audrey McLendon	Karen Powell
Stephanie Cooke	Sandra Pinkney
Anita Wilkins	Caroline Jones
Rena Mohamed	Alisha Wolf
Andrea Thompson	Richard Norman
Carrie Knebel	Paul Brylskye

### *By Phone:*

Patricia Flanigan  
Rochon Steward  
Angela Cabellon  
Michelle Zabel  
Albert Zachik

- I. *Minutes from last meeting - approved*
- II. *Steering Committee/Director Updates*
  - a. Communication Strategy - Linda Carter stated the Communication Strategy got put on hold due to TA Day, Concept Papers, and the SafeCare Application. Would like to get back to the Communication Strategy for the IV-E Waiver. Form an ad hoc committee, through signup sheet.
    - i. *Questions/Comments regarding Communication Strategy*
      1. Stafford Chipungu – recommended working with DHR’s Communication Director.
  - b. *Official Implementation* – State received approval from ACF for the CANS-F roll out and official implementation which was July 1<sup>st</sup>; this marked the beginning of the capped allocation. There are ongoing reports that will be submitted to ACF.
  - c. *Concept Paper* – Linda Carter stated that the concept paper submissions began after TA Day. Concept Papers were due 8/7/15. A total of 17 submissions were received, with 1 regional submission (Caroline, Dorchester, Kent, Queen Anne’s, and Talbot). Three counties did not submit a concept paper (Carroll, Garrett, Somerset).
    - i. *Questions/Comments from Concept Paper*
      1. Kevin Keegan questioned why the three counties did not submit a concept paper? Linda Carter responded that Somerset had notified DHR that they would not be submitting due to capacity issues, but the other two counties did not give a reason for not submitting a concept paper. Concept papers were not required; LDSSs could choose whether to submit or not. Carnitra White also provided a response stating that every LDSS may not get funded, which may have discouraged some from submitting.
      2. Linda Carter stated that there would be a summary of the concept papers for the next Advisory Council meeting.
      3. Richard Norman questioned how many LDSS will be funded? Linda Carter responded that there may be a mix of EBPs throughout the state, that there may be some overlapping of EBPs, with a plan to initially fund 4-6 EBPs in the first year and then scale up in the subsequent years.

- d. *TA Day* – Linda Carter gave a brief overview of TA Day. TA Day was held on 7/9/15 and sponsored by Casey Family Programs. There were 60 participants from 23 LDSS which attended. There were speakers from Casey Family Programs and Florida. The participants were asked to complete evaluations at the end of TA day, and the average rating of the day was 4.3 (out of 5).
- i. *Comments from TA Day:*
1. Carnitra White stated that the TA day presented more of a global perspective rather than a local perspective.
  2. Rena Mohamed stated that the TA was helpful in crafting the concept paper. She also stated that the messaging shifted in how to handle paper; new messages changed overall design of paper.
- e. *SafeCare* – Linda Carter provided an update on the Safe Care model. SafeCare is an evidence-based behavioral parenting program shown to reduce child neglect and physical abuse. It is an in home service model for children ages 0-5. An application was submitted to Georgia State University for no/low cost training. The pilot sites would be Howard & Prince George’s counties with the cohort of September 2015 or September 2016.
- i. *Questions/Comments regarding SafeCare:*
1. Elizabeth Thompson asked why SafeCare had been selected. Linda Carter responded that it was due to the interest at the local/state level and the no/low cost training; also, the state had applied before but not been accepted, and the opportunity was available again this year.
  2. Richard Norman questioned how would it impact reentry? Linda Carter responded that data shows that the program reduces risk of maltreatment, which should reduce risk of reentry (although there may not be specific reentry data available).
  3. Stafford Chipungu questioned what are we getting from SafeCare and also expressed doubts about releasing information and who would monitor Georgia State University? Linda Carter responded that the state is getting support, technical assistance, training, and evaluation. Carnitra White also provided a response that it is an opportunity for a free intervention to meet the needs to Maryland children and families. Jennifer Mettrick also provided a response that the state would not enter into a research study without a written agreement (MOU/MOA or contract).
- f. *Trauma Strategic Plan* – Karen Powell and Elizabeth Thompson presented a Power Point presentation based upon findings from the Trauma Informed Workgroup. The Advisory Council members were provided an electronic copy of the Trauma Strategic Plan (TSP) which was completed by the Trauma Strategic Workgroup.
- i. *Questions/Comments regarding the Trauma Strategic Plan:*
1. Carnitra White suggested that the LDSS or service affiliates have an opportunity to add to the TSP before finalization.
  2. Carnitra White also suggested that we look at engaging the courts in trauma-informed care, as decisions made by the courts can re-traumatize children and the families.
  3. Rosemary Malone suggested that we consider engaging FIA staff, as their clients also experience trauma.

4. Richard Norman suggested including the school system since that is where the children spend most of their time.
  5. Kevin Keegan recommended that child welfare may benefit from a stronger peer and family support community, and pointed out that there is an active peer/family support community in mental health, but not really in child welfare.
  6. Stafford Chipungu asked about the timeframe for strategies. Linda Carter responded that the next step is to put time frames into the plan.
- g. Advisory council members were asked if they were interested in working on any of the 7 trauma strategies and/or communication ad hoc workgroup. Council Members could sign up for any of the trauma strategies on the signup sheet. Two members signed up for the trauma strategies; four members signed up for the communication ad hoc workgroup.
- h. The council members had a 15 minute group breakout session to discuss (1) What trauma informed work is currently being done [or planned] in your agencies/departments? (2) What trauma informed care resources or contacts should we consult? (See attachment.)
- III. *Focus Groups* – Linda Carter provided an update regarding the focus groups project and that the state would be utilizing resources at Casey Family Programs and The Institute/MD Coalition of Families for Children’s Mental Health to get additional information from families and youth on parental substance abuse and trauma.