Allegheny County
Department of Human Services
Request for Information (RFI) Q&A
Creating a Community of Practice for Behavioral Health Providers Serving Families Involved with the Child Welfare System

Questions from the April 7, 2015 Information Session- posted on April 14, 2015

Changes in Service Delivery

1.) Will we be expected or required to make changes in the way we deliver services?
2.) What ways will this Community change the delivery or content of behavioral health services?
3.) What specific outcomes (impacts) do you seek to achieve with this Community?

Involvement in the Community will change the way BH providers deliver services. We want CYF-involved families to be a priority for providers in the Community and as such get into services in a timely way. We also want to work with members of the Community to think of ways to improve the overall experience of families who need BH services.

4.) Other than the expectations for providers of 1) training, 2) increasing expertise would there be an expectation to "fast track" these clients into services for example if there is a waiting list?

Yes**.**

Conferencing & Teaming

5.) Will there be parallel meetings that occur outside of Conferencing & Teaming for supervision/update purposes for service/service plan update?

Yes. There will need to be other meetings or communication around updates that happen when services begin. DHS also recognizes that some communications or meetings will have to occur, as per DDAP or OMHSAS regulations, outside of the Conferencing & Teaming timeframe.

6.) Do you have ideas about what staff position would be the best to attend the conference and teaming meeting?

Ideally, this is someone who is serving that family, e.g., the outpatient therapist, a service coordinator, an administrative case manager, a mobile therapist, a BSC or a TSS.

7.) What role would the person from the BH organization play at the meetings?
8.) Are you envisioning an intake therapist or therapist position and the meeting would be a warm hand off or is it a representative from the organization that can educate the family on all of the options available and then help them with the referral process? We could envision someone coming that could represent more than one BH service since we may not know what LOC would best meet the needs of the family

In some cases, if they are already serving the person, the therapist could speak to what is being done, what is helpful/not helpful, and help advise the process of getting to someplace better for the family. In other instances, where a family is not yet engaged, it could be a representative who speaks to what options are available within the organization and someone who might help with the walk through to services if needed. (If there is a service coordinator already involved, that service coordinator might also help with the walk through). We expect that the staff person from BH would educate the family on all of the options available and then help them with the referral process. They are expected to serve on teams and to engage in an honest conversation about the strengths and needs of the family, help develop a Family Plan, as well as BH plan(s), advocate for the family's behavioral health needs and ensure integration of services.

9.) Do you have any estimates of the time commitment? How long do the conferences usually last? How many are scheduled in a week?

Meetings typically last about an hour and a half. A teaming meeting must occur 90 days after the conference and at least every 90 days after that. It is up to the family to decide if they need teaming meetings before the 90 day mark. On average, teaming meetings occur about every 2 months (60 days).

Courts

10.) Any thoughts about streamlining reports for the Court instead of going to Court? (for therapists?

This is something we want to discuss with the Community when it's formed. We anticipate that streamlining reports for court is something that can and will happen in the future.

11.) Any thoughts about limited court reporting expectations to preserve the therapeutic relationship between therapist and family?

This is something we want to discuss with the Community when it's formed. The court is a member of the Community and will be at the table to discuss issues around reporting.

Funding/Payment

12.) How would the funding work for clients that weren't currently open to your agency for services?

We will ask you to join us in discussion around this before we get the Community off the ground.

13.) Is there funding to support the cost of the staff attending Conferencing & Teaming meetings?

Yes. CCBH has agreed to pay for this service for families who are enrolled. We will assess DHS's ability to provide payment for families who are not HealthChoices-enrolled.

14.) Has CCBH already begun to pay for therapists to attend Teaming meetings? If not, when does this start? Is the fee schedule specific to Community of Practice providers or open to any providers contracted with CCBH?

No. We are still working on developing a code and business process around this. The fee schedule is open to members of the Community; however, we would consider allowing providers who are not members of the Community to access it under special circumstances.

15.) Does CCBH agreement to pay for attendance at Conferencing & Teaming include service coordination units?

Right now, payment would be patterned upon payment for staff to attend BHRSCA meetings. We still need to work out specifics and will have further discussions with CCBH.

16.) Would there be funding provided for court reports or court testimony provided by the BH therapists, case manager etc.?

We have not committed to providing funding for these services yet, but recognize it is a valid concern and is something that we would need to discuss further with the Community.

17.) Do you already have to be a member of CCBH for payment to be received? (For example, our organization does not have a contract with them)

Yes. Only CCBH providers can receive payment from CCBH.

<u>Information Sharing/Data Collection</u>

18.) Will there be the ability to have a "shared information" agreement between providers to assist the family in ease of access and not having to repeat their story?

DHS supports information sharing across systems and it is our goal to limit the number of times a family must repeat their story. This is a topic that we hope to discuss and work on together with the Community when it is formed. If providers feel we need a formal agreement to facilitate this, then we would work to accomplish this. BH providers do currently have access to that CANS and FAST.

19.) Is there a plan to capture data of consumers using BH services such as demographics and outcomes? At the DHS level will this be a requirement for BH providers to submit data?

Initially, we wouldn't ask for any additional data, other than what is already provided to DHS and CCBH. If we decide, as a Community, to do an evaluation specific to this work, we would then request data.

20.) Any plans to open up OBH access to CYF plans/assessments? Could really help them in efforts to support family while involved in CYF.

If a BH provider is also a CYF provider and has access to KIDS, we could explore opening up their access to these plans in KIDS. If they are not already using KIDS, we want to work with the

Community to figure out a way to give the provider quick access to these plans, outside of mailing and faxing.

21.) If the BH treatment plan should support or build upon the DHS plan for the child, how will the DHS plan be shared with BH providers in a timely fashion so that this can happen?

BH providers should be at teaming meetings and would have access to the child welfare plan there. CYF caseworkers mail the plan to the provider within 7-14 days or will fax it, if the provider requests access to it sooner.

Membership in the Community

22.) Is there a limit to the number of BH providers that will be in the Community of Practice?
23.) How many organizations will be chosen to be part of the Community?
24.) Is there a limit on the number of providers who can participate if selected? (meet criteria)

We do not have a limit on the number of providers that we will invite into the Community. We realize that we may need any variety of services and want to make sure that all of those services will be available to our families through the Community of Practice. We could place a limit on the number of BH providers in the Community of Practice in the future, after the Community is more fully developed.

25.) Are you expecting BH providers to have well-rounded expertise or specific expertise in a certain area or both?

Ideally, BH providers would have both specific and well-rounded expertise. Please respond to the RFI even if you do not have a lot of experience with CYF-involved families but are interested and willing to develop expertise.

26.) How will there be interest or buy-in created for CYF/Court System when there is already a strain between CYF and service providers and families?

Providers, CYF and the courts will all be a part of the Community of Practice. This will give us a forum to discuss these issues in an objective manner and come up with solutions together.

27.) As a provider, predominately to youth involved with probation, should we respond to this RFI or are we considered an entity that serves a subpopulation and not part of this "Community of practice"?

Yes, you are able to respond. DHS is working on improving linkages between CYF and JPO for dually adjudicated youth. It would only benefit the Community to have organizations knowledge about this population and interested in coming up with solutions around issues faced by this population involved.

28.) When will providers know if their RFP is accepted?

We contact respondents to the RFI with an update within 6 weeks. It is important to note that this solicitation is a Request for Interest (RFI) as opposed to a Request for Proposals (RFP). We

are not asking respondents to provide us with a proposal on how they will provide the service, rather we are inviting them to express their interest in joining us to improve practice around serving child welfare-involved families with behavioral health needs.

29.) What exactly are the licensure requirements?

We expect agencies that provide a service that requires a license to have an active and valid license (i.e. a provider that is providing outpatient services must have an outpatient license).

<u>Population</u>

30.) Do you have an estimate on how many families at any given time may need to access BH Services?

We know that 1900 families are active with CYF at any point in time, and 3600 families are served over the course of a year (8000 caregivers and 8000 children).

- 24% of CYF-involved caregivers were active with BH over a course of a year
- 30% of children involved with CYF were also receiving MH treatment (est. 2400 children)
- 11% of children involved with CYF aged 12 and older participated in SUD treatment in 2013.

We believe this population may be underserved and would expect to see these numbers increase with stronger collaboration between systems.

Note: These numbers represent families who access care through Community Care and DHS.

31.) How often is Substance abuse a factor as well? Is there a need for Co Occurring treatment?

According to the FAST, 21% of CYF involved caregivers had an "actionable need" around substance abuse and 26% had an "actionable need" around mental health. The FAST is only administered to subset of all CYF families; it's not an entirely representative figure, but the best number we have.

32.) Could the identified consumers be the adult members of the family, not just a child or adolescent?

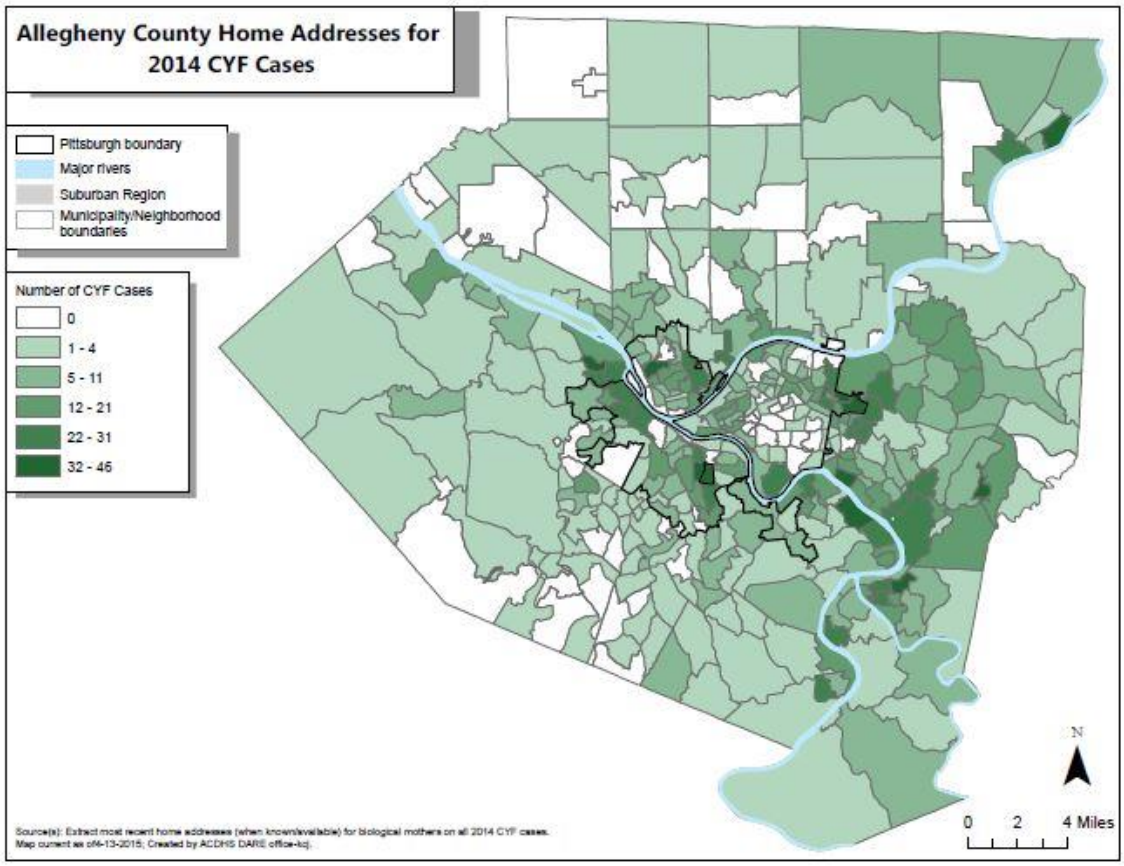
Yes – the identified consumer could be a child, adolescent or adult caregiver. Family is broadly defined –could include foster parents, biological parents, and/or adoptive parents (for purposes of distinction) – depending upon the needs and goals for treatment.

33.) Do you have any data on the location of those families? Is there a higher concentration in any part of the county?

The Allegheny County census tracts with 30 or more CYF cases in 2014 are (starting with the most cases):

1. Pittsburgh (East Hills)
1. Pittsburgh (Homewood North)

3. Knoxville
4. Mount Oliver Borough
5. Harrison
6. West Mifflin
7. Rankin
8. Pitcairn
8. Stowe
8. Pittsburgh (Marshall-Shadeland)
11. McKeesport
12. Turtle Creek
12. Tarentum
14. Pittsburgh (Hazelwood/Glen Hazel)
14. North Versailles
14. Northview Heights
14. Pittsburgh (Elliott/West End)



Referrals

34.) What is the current referral model for CYF involved families?
35.) What would the referral process look like?

When CYF becomes involved with a family, the caseworker assesses the family's function through a combination of interviews with family members and others with knowledge of the family, use of formal assessment tools, and examination of the family's prior involvement with County services, if applicable. The caseworker convenes a family Conference during which the family goes through a process of creating goals for change and engaging their natural supports in their efforts. Often, one result of these Conferences is a recognition on the part of the family that they need deeper assistance from a professional in order to help an individual or the family system to change. If the case is before the Court, a judge may also court order a family to connect with services.

When a caseworker or judge makes a referral, there are currently few standard procedures to follow and the caseworker and family must navigate the complexities of the behavioral health care system alone. Through this Community, DHS hopes to improve the referral process so that it is fast, allows for the CYF caseworker and behavioral health care provider to partner effectively at the referral stage, and results in successfully engaging struggling families in treatment.

Training

36.) How much/what extra training would be required?
37.) Are the training requirements already created? If so, what is the estimated time that staff would be required to attend these trainings?
38.) What trainings are expected? Who will provide them?

DHS has not yet created requirements around training. This is something we want to discuss with the Community when it is formed. We want to hear from the Community about where there are needs for training and what to prioritize.

Treatment Plans

39.) Who will be the point agency on comprehensive service plans?

Because our ultimate goal is to keep families together, where possible, the child welfare plan, formed through Conferencing & Teaming will be the central plan and all other plans will be cooperative with it.

40.) How might we coordinate the ending of one service or system of involvement with the continuation of another service or system from a planning perspective? How can we ensure the continuation of a plan between systems/service providers?

This is something that we have been working on at DHS, especially through DHS's system-wide practice model, Conference and Teaming. We would want to discuss further with the Community when it is formed.

41.) Ideas to collaboratively design a therapeutic and CYF-goal oriented treatment plan? While incorporating family's own goals.

If you are interested in designing this type of treatment plan, we would be interested in hearing more about it and discussing it with you and other members of the Community.

42.) How would foster parents become engaged in the process of participating in family therapy? As this has been an issue in the past.

This is something we want to discuss with the Community when it is formed. Family therapy would not be appropriate for every family, depending on a family's desires and on clinical judgement.