

Creating a *Community of Practice* for Behavioral Health Providers Serving Families Involved with the Child Welfare System: A Request for Interest (RFI)

REQUEST FOR INTEREST

The Allegheny County Department of Human Services (DHS) seeks to improve the delivery of behavioral health services to child welfare-involved families by engaging existing behavioral health treatment providers in a *Community of Practice*.

DHS defines a *Community of Practice* as a group of specialized providers that share a concern, capacity and passion about an issue or a population. They are focused on a domain of knowledge and expertise that deepens by interacting on an ongoing basis. They develop a shared practice by working together on problems, solutions and insights, and building a common store of knowledge (Wenger, 2002).

By responding to this RFI, behavioral health providers affirm their interest in joining child welfare providers, DHS and Community Care Behavioral Health (Community Care)¹ staff, and Court of Common Pleas of Allegheny County, Family Division personnel to create a child welfare *Community of Practice*. Behavioral health providers opting into this *Community* should be those most interested and prepared to serve families who are at-risk of losing custody of their children to the child welfare system as well as families who have already lost temporary custody and are working to reunify with their children. In expressing interest, behavioral health providers will be signaling to DHS, Community Care and others that they are willing to partner to adapt service delivery to meet the needs of child welfare-involved children, parents, and families; that they are willing to make their clinicians and other staff available for specialized training, meetings and other events related to the *Community of Practice*; and that they are willing to partner in evaluation related to this work.

The selected behavioral health providers will receive priority referrals for child welfare involved parents and children. Creating a child welfare *Community of Practice* is not intended to limit client choice, which would still be a critical component of care, but it will provide preference to those behavioral health providers most interested and prepared to meet the client's needs. DHS envisions a *Community of Practice* that incorporates the full continuum of behavioral health services, including community-based and in-patient services, for children, adolescents and their caregivers. Behavioral health providers within this *Community of Practice* will also reflect recovery-oriented values and principles and integration with non-treatment family and community supports to promote long-term recovery from behavioral health challenges.

DHS invites behavioral health providers to express interest in participating in the child welfare *Community of Practice* by responding to this RFI.

In the future, DHS may opt to create other *Communities of Practice* for subpopulations such as homeless adults, transition aged youth and criminal justice involved clients.

¹ Community Care is a managed care organization for medical assistance recipients seeking mental health and/or drug and alcohol services. Managed care organizations provide for the delivery of Medicaid health benefits through contracted arrangements with state Medicaid agencies.

ELIGIBLE RESPONDENTS

Entities eligible to respond to this RFI include non-profit organizations and for-profit organizations, businesses or individuals. In order to be considered under this RFI, Respondents do not need to have an existing contract with Allegheny County but must be willing and able to meet all of Allegheny County's contract requirements. These contract requirements are available at: <http://www.alleghenycounty.us/dhs/contracting.aspx>.

Entities eligible to respond to this RFI must have the programmatic, financial and staffing capability to participate in the *Community of Practice* as a behavioral health service provider- a provider of services for persons with mental illness, Substance Use Disorders (SUDs) or co-occurring disorders. If an entity intends to provide a service that requires licensing, they must have the proper licensure.

Please respond even if your organization already has a strong presence in the child welfare system.

ABOUT DHS

DHS was created in 1997 to consolidate the provision of human services across Allegheny County. It is the largest department within Allegheny County government. In addition to its Executive Office, DHS encompasses five program offices (Behavioral Health; Children, Youth and Families; Community Services; Intellectual Disability; and the Area Agency on Aging) and three support offices (Administrative and Information Management Services; Community Relations; and Data Analysis, Research and Evaluation). Last year, DHS served more than 210,000 individuals (approximately one in six County residents) through an array of 1,700 distinct services.

DHS is responsible for providing and administering publicly-funded human services to Allegheny County residents and is dedicated to meeting these human service needs, particularly for the County's most vulnerable populations, through information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including services for older adults; mental health and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual and/or developmental disabilities.

DHS provides services to eligible individuals without regard to race, color, sex, gender identity or expression, sexual orientation, age, religion, national origin, political affiliation, disability, familial status, military service, or religious, community or social affiliations.

THE INTERSECTION OF CHILD WELFARE AND BEHAVIORAL HEALTH

The population of people involved with both child welfare and behavioral health services is particularly high. About 1900 families are active with DHS's Office of Children, Youth and Families (CYF) at any point in time and approximately 3600 families are served over the course of a year. These families include about 8000 caregivers and 8000 children. National research suggests that upwards of three-quarters of parents at risk of losing their children to the child welfare system are in need of mental health and/or

drug and alcohol treatment for significant behavioral health disorders. In 2012, 24% of child welfare-involved parents in Allegheny County were active with behavioral health services. Children are also crossing systems. According to DHS service data, 30% of children who were active in child welfare in the County were also receiving mental health treatment and supportive services and 11% of those aged 12 or older participated in SUD treatment and other services in 2013. The rate of involvement in behavioral health services is significantly higher for children in child welfare placement.

Parental substance use is a major component of this challenge and has been recognized as a risk factor for child maltreatment and child welfare involvement (Institute of Medicine and National Research Council, 2013). National prevalence of SUDs among child welfare involved parents is estimated at 40-80% (Milliken, 2004). Parental substance use was the documented reason for removal in almost one-third of home removals nationally and, in many states, it is the most common reason (60%) for removal (National Data Archive on Child Abuse and Neglect, 2012).

CREATING A CHILD WELFARE COMMUNITY OF PRACTICE

DHS supports service integration at the client level, meaning that where possible, clients have service and treatment providers that communicate and collaborate for the overall well-being and benefit of the client and, in the case of child welfare system, for the overall well-being and benefit of the family. DHS providers work with families to integrate services by establishing common or compatible goals, plans and service approaches. Despite this practice, we know there is unmet need, due in part, to poor linkages between service systems.

People must have timely access to services that they, individually or as part of their service team, decide are necessary. For example, a child welfare caseworker may refer a client for a level of care assessment, only to encounter wait times, transportation challenges or childcare issues. In addition, there may be times when they are turned away because of the referring source, lack of insurance or other reasons that could have been solved with a more coordinated *Community of Practice*.

DHS also recognizes that there are challenges specific to unique subpopulations. For example, some mental health treatments have timeframes that are inconsistent with child welfare timelines, or more importantly, may not be suitable for this subpopulation. In addition, because families involved with child welfare are commonly experiencing multiple stressors, traditional office-based service delivery methods are sometimes untenable. DHS also recognizes that providers have different levels of program competency, capacity and interest in working with different subpopulations and that they have naturally developed specializations, including mobile services, that DHS can build on to create a stronger *Community of Practice*.

DHS will work with behavioral health providers identified through this RFI to develop a *Community of Practice* with expectations for cross-training on best practices, development of information sharing protocols, monitoring of fidelity and outcomes, and addressing system issues such as producing court reports, providing testimony, participating in Conference and Teaming meetings and other expectations, which impact both quality and affordability.

Through this RFI, identified behavioral health providers will join child welfare providers, DHS and Community Care staff, and Court of Common Pleas of Allegheny County, Family Division personnel as part of this child welfare *Community of Practice*. Individuals/families served by any provider in the

Community of Practice will have access to any of the other providers in this *Community of Practice*. Plans/goals/approaches to serving those families will be coordinated among those providers in the *Community of Practice*. Behavioral health providers opting into this *Community of Practice* should be those most interested and prepared to serve families who are at-risk of losing custody of their children to the child welfare system as well as those who have already lost temporary custody and are working to reunify with their children.

It is expected that behavioral health providers in this *Community of Practice* will have a working knowledge of the child welfare and behavioral health systems. Individual behavioral health providers should be committed to knowing the cadre of other behavioral health and child welfare providers in Allegheny County; understand and know how to work with the Court of Common Pleas of Allegheny County, Family Division; deliver (or be willing to adopt) evidence-based practices for this population; and share knowledge, lessons and challenges with DHS and the *Community of Practice* once established.

Behavioral health providers will also be dedicated to working with associated systems such as education, juvenile justice and family support centers. A *Community of Practice* is not intended to limit client choice, which would still be a critical component of care, but it would encourage referrals to those providers most interested and prepared to meet the client's needs.

Behavioral Health Providers associated with this *Community* will be offered:

1. Priority referrals for child welfare involved parents and children;
2. Training on key aspects of the child welfare and court systems;
3. Assistance in adopting best practices for child welfare and behavioral health involved families;
4. Opportunity to develop a sub-population specialty within its practice;
5. Support to enable participation in cooperative practices, such as Conferencing and Teaming and *Community of Practice* meetings and trainings; and
6. The opportunity to work closely with DHS to develop information sharing protocols, innovative policies and mechanisms to facilitate and to implement integrated services.

Behavioral Health Providers participating in this *Community* will be expected to:

1. Develop expertise in engaging child welfare-involved parents and children in behavioral health services;
2. Assure expedited service of child welfare-involved parents and children;
3. Adopt best practices for serving this populations including, but not limited to, the use of trauma-informed care and recovery/resiliency principles;
4. Provide a family friendly and safe environment;
5. Participate as part of a team serving the family and sharing appropriate information with the caseworker, family team and court;
6. Attend associated Conference and Teaming meetings;
7. Attend court proceedings (as necessary);
8. Attend *Community of Practice* meetings and trainings;
9. Track, document and share data on client outcomes and system fidelity; and
10. Share ideas and constructive feedback with DHS and other members of the *Community* to address barriers and challenges.
11. Work with other providers within the *Community* to accept each other's assessments, (for example, the Pennsylvania Client Placement Criteria (PCPC) assessment)

While DHS has not dedicated specific additional funds to support this *Community of Practice*, it will provide support and will work with identified behavioral health providers to ensure there are sufficient resources to meet the expectations listed above.

RESPONSE GUIDELINES

Entities wishing to participate in the Community of Practice should send written responses to DHSProposals@allegHENYcounty.us by **April 30, 2015**. Please do not exceed 5 pages.

Please direct all questions to DHSProposals@AlleghenyCounty.US. Questions will be accepted until 5 business days before the response due date.

DHS may contact you for additional information if needed. If there is additional information you wish to provide or specific recommendations for consideration by DHS, please submit that as well.

In your response, please address the following:

- Why are you interested in participating in a *Community of Practice* for families involved with the child welfare system?
- Describe your experience serving the child welfare population (including caregivers). If you currently do not serve this population, how would you propose building capacity to serve the child welfare population?
- Describe the licenses your organization has to provide services requiring licensure, if applicable.
- Describe the specific mental health and/or substance abuse services (including services with co-occurring disorders) you provide to the child welfare population, including any evidence-based practices.
- Describe any areas of specialization that would strengthen the *Community of Practice* such as: gender-specific; trauma-focused; LGBTQ; Spanish-speaking therapists, therapists with experience working with immigrant/refugee communities, deaf/deaf-blind or hard of hearing, etc.
- Describe your commitment to delivering services and supports according to the principles of a recovery oriented system of care.
- Please review the expectations described above that DHS has for members of the *Community*. Describe any potential challenges you foresee in participating in this *Community of Practice* and what you would need from DHS or others in the *Community* for it to function well.

SELECTION CRITERIA

In selecting behavioral health providers to participate in the creation and implementation of this child welfare *Community of Practice*, DHS will review the quality and completeness of all responses. DHS will also consider the following:

- The behavioral health provider demonstrates a commitment to the concept of a *Community of Practice* and an understanding of its expectations.
- The behavioral health provider has the capacity to serve the child welfare population.

- The described services and specializations contribute to a robust continuum of care including mental health, substance abuse and co-occurring services, community-based and out-of-home care for both children and their caregivers.

TIMELINE

RFI Issued by DHS: March 3, 2015

Information Session: April 7, 2015 from 2-4 p.m. at 1 Smithfield Street, Pittsburgh PA 15222, Liberty Conference Room.

Responses Due: April 30, 2015