Evaluation Update

The Evaluation Team continues to support the EBP data collection process in each county by reaching out and connecting with providers and county liaisons on a regular basis. For Cohort One counties, keep in mind that the first EBP Basics spreadsheet submission is due in January 2016. If you have any questions regarding the EBP data collection, please contact our EBP Evaluation Coordinator, Jenna Meister (jem275@pitt.edu).

The Evaluation Team will continue to conduct the SPANS as an ongoing evaluation activity in the Cohort One counties. Additionally, the Evaluation Team has begun coordinating a second round of document reviews and family engagement observations in Cohort One, starting this month; look for our email or phone call to arrange these observations and reviews. Lastly, we will begin coordinating EBP focus groups with county staff beginning in January 2016.

With regard to Cohort Two (Crawford County), the first round of family engagement conference observations and the document review have been completed. The Evaluation Team has begun coordinating and conducting SPANS for the coming weeks. If you have any questions regarding these evaluation activities, please contact Evaluation Coordinator, Justin Donofrio (jdd63@pitt.edu).

Chapin Hall (Kristen, Britany and Laura) have been in contact with your Information Technology staff in order to obtain administrative data about child maltreatment and foster care for the period from July 1, 2014 to June 30, 2015. We are working with very tight deadlines on the Interim report which is due January 2016, and we appreciate your quick response when we ask for additional data, corrections or for clarification.

We thank you in advance for your timely attention to matters and your assistance in this process. If anyone has questions about this, please contact the Evaluation Coordinator, Justin Donofrio (jdd63@pitt.edu).

Casey Families-2015 IV-E Waiver Implementation Convening

Casey Family Programs is inviting all PA counties involved in the CWDP to the conference they are hosting with the focus being on County-Administered States. The convening will be held on November 19-20, 2015 in Seattle, Washington. The discussions will be focused around well-being, communication, fiscal issues, evaluation, CQI and other items related to the waiver. Attendees can look forward to a variety of plenaries and breakout sessions with topics targeted to support implementation efforts. There will be information available to share and access from experts around critical waiver demonstration topics.

It was noted during the last Steering Committee meeting that not all counties will be able to attend. Counties that are able to attend are encouraged to share their thoughts on the conference with others. Please plan to share your thoughts and insights gleaned from the convening at the next Executive Committee meeting.

There is another Casey-hosted convening being planned for late January 27-28, 2016 for all Waiver jurisdictions.

Please send PCG representative Erin Palmer any county updates or changes in position/title and contact information for the various workgroups via e-mail: epalmer@pcgus.com
The convention was attended by professionals from across the country and around the world. Not only did participants travel from near and very far to attend, but a broad range of attendees were present including therapists, agency administrators, researchers, implementation experts and Dr. Sheila Eyberg, the developer of PCIT. Although the hundreds of participants were very diverse, one characteristic tied the group together: their commitment to PCIT.

As the convention commenced, keynote speaker, Dr. Cheryl McNeil, talked about the abundance of research and data that exists on the positive outcomes for children and families who complete PCIT, like decreased recurrence of physical child abuse. Dr. McNeil shared the cost effectiveness of using PCIT. Among small samples of Pennsylvania families, recent studies have shown 12 hours of PCIT has yielded the results of 338 hours of Behavioral Health Rehabilitation Services (BHRS) services. Finally, Dr. McNeil shared family testimonials of parents who have completed PCIT and can now control their child’s behavior without causing physical harm or fear.

Despite evidence of its effectiveness, Dr. McNeil and convention attendees acknowledged that challenges exist with implementing and sustaining PCIT. Challenges include referring families to PCIT, and retaining families in treatment once referred. Barriers to PCIT referrals include educating families and referral sources, like child welfare caseworkers, on PCIT and the benefits of the treatment. Once a family is referred to PCIT, concrete barriers such as transportation and child care may make it difficult for families to attend sessions. PCIT also requires parents/caregivers to be motivated, buy-in to treatment and be active participants in weekly sessions and special play time between sessions. Motivation, buy-in and time commitment may be challenging for a family experiencing other stressors while participating in PCIT.

Despite the barriers and challenges, communities across the country have implemented PCIT and are working to sustain PCIT. These efforts speak to the effectiveness and value of PCIT to the safety of children and the well-being of families in our communities. Like these communities, each Demonstration Project county has enthusiastically adopted PCIT, a total of 19 providers are ready to accept PCIT referrals, no waiting lists exist, and managed care organizations support PCIT. However, referrals are slow and competing priorities in child welfare may threaten the time and efforts able to be devoted to reinforcing the use of PCIT.

The Evidence-Based Practice Questionnaire (EBPQ) was deployed to Demonstration Project counties in early 2015 and yielded information that may be useful to overcoming the barriers to making PCIT referrals, and referrals to other EBPs. In each county, caseworkers identified co-workers and supervisors as the most utilized source of information on services for families. Identifying caseworkers and supervisors that others go to for information on services may be a first step in increasing referrals to PCIT and other EBPs. Identified staff could be the “champions” of utilizing EBPs, getting information to co-workers and helping co-workers understand and buy-in to the use of EBPs for families. The EBPQ also identified department lists to be a frequently used source of information to identify services for families. Updating lists to include EBPs may be a quick win to assuring all caseworkers have access to information on EBPs.

The EBPQ pointed out other barriers in the referral-making process, such as families not meeting service requirements, caseworkers having concerns about referring families to EBPs versus other services, and caseworkers not having proper knowledge or forms to make referrals to EBPs. These barriers may be overcome by incorporating an inter-organizational team into pre-existing meetings, such as case review meetings. In each county, some form of a case review meeting is already being utilized to support caseworker decision-making on cases. These forums could also be used for information sharing on EBPs, identifying families appropriate for EBPs and determining steps to refer families to EBPs. Inter-organizational teams to bolster EBPs may include individuals from child welfare, managed care and provider agencies.

We would like to hear participant counties’ thoughts on EBP implementation and share any responses in future newsletters. As the Demonstration Project progresses,

- **What is happening in your county to move EBP implementation forward?**
- **What barriers are you experiencing, and what efforts are underway to overcome barriers?**
- **Are there EBP “champions” in your county?**
- **What opportunities for teaming with managed care and providers exist in your county?**
- **What ideas and plans are taking shape as next steps?**

Please e-mail any comments on your experiences, plans, opportunities, successes, and barriers to epalmer@pcgus.com.
Steering Committee Update

The latest Steering Committee meeting was held via phone on November 4th. The following topics were addressed:

- The Casey Convening (see notes on the Convening and the Executive Committee Update)
- The Semiannual report templates will be sent out to counties in December. Following the templates when responding has improved the process.
- Marybeth Rauktis (Pitt) requested that counties keep on top of follow-up with Avanco when items are needed. Counties were advised of specific items that were still needed for the interim report, but also that, even though the cutoff for the interim data is November 17th, this information will still be needed in future.

Executive Committee Update

The next meeting of the Executive Committee is slated for Wednesday, December 2nd, at 2:00PM.

If your agency was able to attend the Casey Convening and you are participating in the Executive Committee, please plan on a discussion of that event at the upcoming committee meeting.

Fiscal Update

The ITG template is being finalized and revisions should be done by the end of this week. Counties should expect to hear more on this soon from OCYF.

Refresher: Hierarchy of Claiming

When claiming, counties should follow the hierarchy outlined at right, claiming traditional IV-E costs first, then CWDP intervention costs, and – lastly – other child welfare expenses.

Program Monitoring

The July through September Program monitoring report is being finalized this week and will be sent out to the implementation workgroup for review. If you have not already submitted your report, please do so by close of business 11/20. Preliminary results show consistent numbers with last quarter’s report.

Upcoming Project Due Dates

- December 31, 2015
  - Annual Accounting of Investments
- January 31, 2016
  - Next Semi-Annual Progress Report
  - Templates will be sent to counties for each

Upcoming Meeting Dates

- Executive Committee: Wednesday, December 2nd, 2:00PM