CCAP/DHS Webinar
County Human Services Planning Guidelines
05/02/2016

I. Facilitators:

a. Brinda Penyak and Lucy Kitner, CCAP

II. Introductions of departmental staff:

Office of the Secretary – Heather Hallman
OA/BFO – Kelly Leighty, Tammi Carter, Daniel Trego
OMHSAS – Benny Varghese, Nicole Yesser, Jill Stemple
ODP – Sheila Theodorou, Angela Fortney
OIM – Blake Bowers, Lisa St. Ledger, Ingrid Santiago
OCYF- Amy Grippi, Lorrie Deck, Desiree Weisser

III. Indicators:

- Department has been working with CCAP to increase data available online, in line with focus of Secretary's Office.
- Currently discussing what data is to be collected. Initially, indicators will be tracked -> later, data on outcomes will be compiled.
- Indicators will be used to advance five focus areas – increasing access, increasing clients served, employment, customer service, program integrity.
- More information regarding indicators will be finalized in the near future and shared with counties soon.

Q: For the performance indicators from the Secretary's Office, does the evidence-based programs client count include funding outside of the HSBG?
A: Further information regarding performance indicators will be provided shortly.

IV. Plan documents:

- Two weeks ago, the template draft was sent to counties to review changes and begin gathering information. The template will be issued as final in approximately two weeks. A Word document will be sent, which should be used as the template. If template is not used, the plan will be returned to the county. Using template makes for ease of review and more expedient approvals.

Part I, County Planning Process should include:

- Comprehensive explanation how planning team worked together to develop plan
- Listing of stakeholders including clients, families, providers, partners, etc.
- *How* stakeholders participated
- How clients were served in the least restrictive setting – can be addressed directly **or** can be identified throughout the narratives in the plan; either is fine as long it is addressed
- Substantial changes – New programs to receive more resources or vice versa. Whether new programs are successful. With budget impasse, many services may not have been able to be expanded – this will be taken into account in review process
- All counties represented in the planning process, if part of an LCA

Part II, Public Hearing Notice:

- Summary and proof of publication; even if public does not attend, include summary or other proof that meeting occurred.

Q: Does each joinder county require a separate public hearing?
A: No, but counties may have their own hearings if they wish.

Part III, Minimum Expenditure Level (Block Grant Counties Only):

- While there is no minimum expenditure requirement for 16-17, no program area may be completely eliminated.

V. Narrative Sections:

MH

- Program highlights have not changed; these should include program highlights from prior year. Strengths/needs section has not changed; list services provided for/targeted to each age group.
  Special populations – if not serving any of the listed special populations, note any plans to develop programs to provide services to them.
- Recovery Oriented Systems – Now ***five*** priorities should be listed; these should relate back to needs listed above in plan.
- ***Two new charts*** – Evidence based and Recovery – were included. Information to be included here is required for federal CMHSBG reporting.

Q: For promising practice and recovery oriented, programs cross services (e.g. Children and Youth). Since clients are served by several programs, how should they be reported on the budget?
A: Estimates of client counts and duplication is allowed; provide clarification in the plan narrative if needed.

Q: Given the lack of funding during the current fiscal year due to the budget impasse, how should planning be addressed considering there were limited opportunities to grow or change programs due to funding?
A: Circumstances can be noted in the plan narrative; the department will take the impasse into consideration when reviewing plans.

Q: For surveys, looking for projection for current year or compile data from previous years?
A: Estimate for current year based on prior years.

Q: Should only those served through MH service be included?
A: Include numbers from any funding stream, even if duplicated; note in plan if counts are duplicated.

Q: On the Evidenced Based Practices and Promising/Recovery Oriented Practices Chart how should "Number Served" be counted?
A: Number served should be reported as an estimate for FY 16-17 based on the current point in time count.

Q: Define Therapeutic Foster Care
A: Therapeutic Foster Care is included in the SAMSHA "Interventions for Disruptive Behavior Disorders Evidence-Based Practices KIT." The relevant pages from the kit are attached. The full kit is available at: http://store.samhsa.gov/product/Interventions-for-Disruptive-Behavior-Disorders-Evidence-Based-Practices-EBP-KIT/SMA11-4634CD-DVD

Q: Define Medication Management
A: The SAMHSA MedTeam tool kit link is below and should be used as the guide for the Medication Management/Med Team Evidence Based Practice. http://store.samhsa.gov/product/MedTEAM-Medication-Treatment-Evaluation-and-Management-Evidence-Based-Practices-EBP-KIT/SMA10-4549

Q: Define Mobile Services/In Home Medication
A: Mobile Services/In Home Medication is an evidence based practice that arranges for a pharmacist or geriatric nurse practitioner to review and respond to medication problems identified at an in-home screening. This includes a computerized risk assessment, alert process, and recommendations for improvement. The service helps to facilitate medication reconciliation after hospitalization, monitor adherence to medications for chronic illness, and decreasing adverse drug events.

ID

- Everyday lives and communities of practice continue to be a focus, similar to last year. Changes – now includes individuals served by ***all funding streams***. The planning process reflects a dialogue between ODP and the counties regarding challenges and potential solutions in the ID programs.
- Supported Employment/Employment First will also be an emphasis.
- Supports Coordination – ODP is seeking ways to reduce burden on program, involve more with Employment.
- LifeSharing – continuation from last year, looking for challenges and what resources the county needs from the department.
- Emergency Supports/Administrative Funding – no changes.
- ODP will hold regional meetings with counties this fiscal year to increase dialogue and improve the planning process.

Q: Will ODP provide technical assistance for Supported Employment?
A: Yes.

Q: Regarding communities of practice, can this be implemented on a case-by-case basis? What is the best way to implement supports coordination?
A: ODP is currently exploring ways to streamline these processes.

Q: For LifeSharing, what is ODP looking for regarding this program?
A: ODP recently met with stakeholders and is currently compiling and assessing feedback; counties will receive information shortly.

Q: The guidelines indicate that ODP has provided the counties with data for "Community for All". Where is this located?
A: The data is available on Docushare at: https://www.dpwds.state.pa.us/docushare/dsweb/HomePage. Each county should have one or two representative with access to the data; it is not accessible by every county employee. If the county is having issues accessing the data, please reach out to the regional office for assistance.

HAP

- The client count chart was removed since client count is already requested as part of budget

Child Welfare Special Grants

- For non-block grant counties - include the statement in the plan regarding needs-based plan. No other information is needed for NBG counties.
- For block grant counties, processes remain the same as last year. Provide a brief description of challenges and successes and how funds were allocated to address needs. Counties should provide a minimum of three service outcomes. Counties should also be sure to address the checkbox at the end of each program narrative, addressing whether there have been changes in funding/allocations.

D&A

- Very minimal changes to D&A section; the current plan should build upon the previous year's plan. The plan should look at specific services and unmet needs for target populations.
- Target populations were updated for the current year; provide same information as years past for these populations.
- Recovery Oriented Systems– OMHSAS is looking specifically for services and resources being developed in the county system, excluding the traditional resources such as NA, AA, etc. (see also notes above).

Q: Should prevention programs be included in the plan (specifically, adolescent prevention)?
A: Yes

Q: Are Certified Recovery Specialists allowed with D&A-BHSI funds?
A: Yes

HSDF

- There are few changes this year; utilizing the template is important to make for more efficient review process. Be sure to include program name, if applicable, and a detailed description of the services offered under each program.
- Service categories come directly from Appendix D, but included on plan for convenience.
- Generic services population is not a new requirement, but has been often missed in prior years; counties should include the populations to be served to ensure the service meets the definition of generic services.
- Interagency Coordination was updated to emphasize the detail on *how* funds will be spent; do not include direct services in this section. If Interagency Coordination is used for salaries, include job description along with plan.
- (non-Block Grant counties) Use the Other Expenditures chart for moving funds to other program categoricals. Cost center field was added this year to ensure allowability per Fiscal Year Update.
- BFO will be sending out service definitions, Fiscal Year Update, and updated Instructions and Requirements documents.

Q: If a service is provided to clients of multiple life stages (i.e. to Adult clients and Aging clients), should these be listed separately in the narrative?
A: No, one Generic Services narrative may be provided encompassing all clients of the service.

Q: Will the HSDF I&R have any updates?
A: Yes, as they relate to BG. The block grant was instituted after the last I&R was issued. Income eligibility guidelines are established in the PA Code and therefore will not change.

C-1 Budget (Block Grant Counties)

- Column 1 should include estimated individuals; individuals must be included for each cost center in which there are expenditures.
- Use the 15-16 primary allocation, and exclude MH CMHSBG housing initiative in Column 2. The amount used for budgeting the CMHSBG allocation in FY 16-17 should be the same amount as the FY 14-15 CMHSBG allocation.
- The grand totals of Column 2 and Column 3 should be equal.
- Column 4 should only include the MH/ID/D&A non-block grant funding.
- County match can be reported in any categorical, any cost center.
- Column 6 is optional, for use if counties want to include funding for the program as a whole rather than those required by the Department.
- Line 7 should be the admin costs associated with only HAP, CW Special Grants, D&A and HSDF. MH and ID admin costs should not be included in this line.

Q: Should DDAP funds be excluded from Column 4?
A: Yes, DDAP funds should be excluded. Act 148 funds for OCYF should also be excluded.

C-2 Budget, (non-Block Grant Counties)

- Column 1 should include estimated individuals; individuals must be included for each cost center in which there are expenditures.
- Use the 15-16 primary allocation, and exclude MH CMHSBG housing initiative in Column 2. For ID, exclude TSM (Medicaid Eligible State/Federal Supports Coordination) and TSM Administration (State/Federal). The instructions are included on the budget template.
- Column 3 should include state and federal expenditures for each cost center.
- Total allocation and expenditures should equal UNLESS HSDF funds are being moved to another program categorical. If HSDF funds are moved, utilize box below HSDF section to explain movement.
- In Column 4, for MH/ID, note cost centers in which match is utilized.
- Column 5 is optional, for use if counties want to include funding for the program as a whole rather than only those required by the Department.

Q: Should expenditures and match total the allocation column (Column 3 is sum of 2 and 4)?
A: No, Column 2 should equal column 3 alone.

Q: Can joinders submit as joinder programs on one budget?
A: Yes, the joinder county submitting the joinder Plan information will complete and submit the budget for the services provided by the joinder.

Q: Will there be latitude on the 45 days for the Commissioners' signatures on Assurance?
A: Yes, the Plan may be submitted for review without the signed Assurance of Compliance. The Plan will not be approved until a signed Assurance of Compliance is on file.

Q: Can joinder programs be reported on only one county's plan?
A: Yes, when all counties of the joinder are non-Block Grant counties, only one county of the joinder will submit the narratives for the shared programs. The other joinder county(ies) must include a statement in their plan that complete information can be found in the submitting county's Plan and the county is in agreement with the information.

Multidimensional Treatment Foster Care

Intervention Description

Background

Multidimensional Treatment Foster Care (MTFC) was developed in the early 1980s by Patricia Chamberlain, Ph.D., and colleagues at the Oregon Social Learning Center to address serious and violent juvenile offenders who would otherwise need to be placed in a group or residential program.

Thirteen years later, Philip Fisher, Ph.D., and colleagues developed the MTFC program for preschoolers (MTFC-P). This intervention is similar to the earlier developed MFTC but is tailored to meet the developmental needs of preschoolers who display early aggressive and acting-out behavior and can benefit from intensive treatment in the home and community.

MFTC has been disseminated in many states and countries, such as Great Britain, Sweden, and the Netherlands. Within the last 2 years, more than 65 organizations have implemented MTFC (P. Chamberlain, personal communication, June 6, 2007).

Characteristics of the intervention

MTFC is delivered by trained treatment families to provide intensive supervision and support to children and adolescents at home, in the community, and at school. MTFC and MTFC-P children considered eligible for services are those who are at risk of being placed or are currently placed outside the home in the child welfare, mental health, or juvenile justice systems. Therefore, many of the children referred to MTFC and MTFC-P come from one of these agencies.

Figure 18

Multidimensional Treatment Foster Care	
Type of EBP	Intervention
Setting	Clinic Home School
Age	3–18
Gender	Males Females
Training/Materials Available	Yes
Outcomes	Decrease in arrest rates. Decrease in violent activity involvement. Fewer runaways. Less chance of incarceration after completing program. Fewer permanent replacement failures (MTFC-P).

Treatment families are recruited and screened before youth are placed in their homes. Formal training, ongoing supervision, and weekly meetings with parents are held to help families address problems and to note youth progress. A trained case manager connects daily with the treatment family and is also available to the child's biological family.

In both MTFC and MTFC-P, the goal is for the youth to continue to sustain contact with his or her biological family and for that family to get services while the child is in placement so that they are better prepared when the child returns home. Youth participate in skill-enhancing therapy.

Treatment families maintain close contact with the schools about their child's behavior and progress in the school environment. If the youth is involved with a probation system or other youth system, the case manager helps the youth and treatment family maintain contact.

Research Base and Outcomes

MTFC has been researched extensively since 1990. The research base includes randomized control trials examining the effect of the intervention over control groups (retrieved from **http://www.mtfc.com/program_effectiveness.html**). Across studies, evidence supports the intervention. Specifically, the research on adolescents has found that youth in MFTC have fewer runaway incidences and are arrested less often than youth in group care. Research supports that MTFC youth have significantly fewer days in locked settings (detention, training schools, hospitals, etc.) at followup. (**http://www.mtfc.com**). For preschool children, those in MTFC-P had fewer placement disruptions in followup. Further information about MFTC studies is presented in Table 18.

Table 18: Multidimensional Treatment Foster Care: Research Base and Outcomes

Reference	Research Design and Sample*	Outcomes
Chamberlain (1990)	Youth committed to state training schools (n = 32, ages 12–18), matched comparison design on age, sex, and date of commitment. Youth selected for either Treatment Foster Care (TFC) group or another community based treatment. Followup period of 2 years. Study population: - Male 62.5% - Female 37.5%	TFC participants spent fewer days incarcerated.
Chamberlain & Reid (1991)	Randomized control trial design with youth from Oregon State Hospital, (n = 20, ages 9–18) assigned to either TFC or typical community treatment. Followup period of 7 months. Study population: - Male 60% - Female 40%	TFC placed out of hospital at higher rate; more TFC were placed in family homes.
Chamberlain, Moreland & Reid (1992)	Randomized control trial design with foster care families (n = 70) assigned to assessment only group (AO), increased payment only group (IP), or enhanced training and support (ETS) with TFC methods. Followup period of 7 months. Study population: - Male 60% - Female 40% - 86% White - 6% African American - 4% Hispanic - 4% American Indian, Asian American, Mixed	ETS group had greater foster parent retention and fewer disruptions in placement than AO or IP group.
Chamberlain & Reid (1997)	Randomized control trial of male juvenile offenders (n = 79, 12–17 years, mean offenses = 13), assigned to MTFC or group care for 1-year period. Study population: - 100% male - 85% White - 6% African American - 6% Hispanic - 3% American Indian	At follow up, MTFC group had half as many arrests, fewer days incarcerated, and higher rates of program completion.

Table 18: Multidimensional Treatment Foster Care: Research Base and Outcomes		
Reference	**Research Design and Sample***	**Outcomes**
Eddy, Bridges, & Chamberlain (2004)	Randomized control trials, youth (n = 79), assigned to either MTFC group or service as usual/ group care. Data collected every 6 months for 2 years. Study population: - 100% male - 85% White - 6% African American - 6% Hispanic - 3% American Indian	MTFC youth were significantly less likely to commit violent offenses; 5% of MTFC youth had two or more criminal referrals for violent offenses at 2 years compared to 24% of the control group.
Fisher, Burraston, & Pears (2005)	Randomized control trial of children (n = 90, ages 3–6) assigned to foster care placement or MTFC-P placement. Study population: - Male 63% - Female 37% - 85% White - 11% Hispanic - 4% American Indian	Children in the MTFC-P program experienced fewer permanent placement failures.
Leve, Chamberlain, & Reid (2005)	Randomized control trial of girls with chronic delinquency (n = 81, ages z13–17) assigned to either MTFC or group care (GC). Study population: - Female 100% - 74% White - 12% American Indian - 9% Hispanic - 2% African American - 1% Asian American - 2% Other or Mixed Ethnicity	MTFC youth had a greater reduction in the number of days spent in locked settings and in caregiver-reported delinquency. MTFC group has 42% fewer criminal referrals than GC youth at 12-month followup.
Chamberlain (1990)	Youth committed to state training schools (n = 32, ages 12–18), matched comparison design on age, sex, and date of commitment. Youth selected for either Treatment Foster Care (TFC) group or another community based treatment. Followup period of 2 years. Study population: - Male 62.5% - Female 37.5%	TFC participants spent fewer days incarcerated.

* Study sample's gender and race/ethnicity data provided when available.

Infrastructure issues

Readiness:

The formal readiness process involves a conversation, a self-evaluation form, and, if needed, a site visit. A discussion is held with the site to determine whether it is advantageous to bring this program to their site.

A readiness checklist is used as a resource. Before sending the checklist, an initial conversation is held and a packet of information is sent. After receipt and completion of the readiness checklist by the site, the Oregon team reviews the checklist and further discusses the process.

Staffing:

Criteria are available for MTFC and MTFC-P sites that outline the staff best suited to implement the program.

Possible barriers:

Challenges for both MTFC and MTFC-P include funding, the need for solid organizational structure with key champions helping to drive and sustain implementation efforts, and the need for practitioner commitment to the model.

Training/coaching and materials

TFC Consultants, Inc. disseminates MTFC (http://www.mtfc.com).

- Four trainings are offered per year in Eugene, Oregon. Each site sends a team of key professionals, including a supervisor, to attend the training. The training for program supervisors lasts approximately 5 days. The remaining key professionals attend 4 days of training. The training uses didactic and role- playing instruction methods. In addition, the attendees also observe a foster parent meeting with a supervisor.
- Upon completion of the staff training, the MTFC or MTFC-P program is ready for implementation. Members of the Oregon team come to the site to conduct the first foster parent meeting with site staff observing. After this meeting, telephone calls with the site consultant and review of videotaped foster parent and clinical meetings are conducted.
- Up to 6 days of onsite consultation are available to sites throughout the startup and implementation.
- Typically, sites will be fully operational after a full year.
- Sites can become MTFC or MTFC-P certified after successfully graduating seven youth. The criterion-based certification requirements are available on the MTFC Web site. A self-evaluation tool is available, but the certification review is conducted by a research group not connected with the program's disseminating group, TFC Consultants. Initial certification lasts 1 year; recertification can last up to 2 years. TFC Consultants are available to offer support to those sites that are not ready for certification.

For information on training and materials, contact:

TFC Consultants, Inc.
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Center for Research to Practice
Rebecca Fetrow
Program Evaluation
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Cost of training/consulting

- There is no cost for the readiness process, unless a site visit is required.
- The cost to implement either MTFC or MTFC-P is $40,000 to $50,000.

Developer involvement

- **MTFC:** The developer, Dr. Patricia Chamberlain, is still involved in disseminating the program.
- **MTFC-P:** The developer, Philip Fisher, PhD, is currently involved in disseminating the preschool program.

Monitoring fidelity and outcomes

- Fidelity measures exist for both MTFC and MTFC-P. TFC Consultants collect fidelity data from sites.
- The reporting of outcomes is required when implementing MTFC and MTFC-P to obtain certification.

Financing the intervention

Many sites apply for grant dollars and use funds from child welfare, early childhood special education funds, and county mental health funds to finance the MTFC or MTFC-P intervention. Sites with an older youth population have used juvenile justice funding.

The treatment foster care element of the intervention may be covered by Medicaid.

Resources/Links

http://www.mtfc.com

References

Chamberlain, P. (personal communication, June 6, 2007).

Chamberlain, P. (1990). Comparative evaluation of specialized foster care for seriously delinquent youths: A first step. *Community Alternatives: International Journal of Family Care*, 2(2), 21–36.

Chamberlain, P. (2002). Treatment foster care. In Burns, B., & Hoagwood, K. (Eds.) *Community Treatment for Youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp. 117–138). Oxford University Press: New York.

Chamberlain, P., & Mihalic, S. F. (1998). *Multidimensional Treatment Foster Care: Blueprints for Violence Prevention, Book Eight.* Blueprints for Violence Prevention Series (D.S. Elliott, Series Editor). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.

Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare, 71*(5), 387–401.

Chamberlain, P., & Reid, J. B. (1991). Using a specialized foster care community treatment model for children and adolescents leaving the state mental health hospital. *Journal of Community Psychology, 19,* 266–276.

Chamberlain, P., & Reid, J. B.(1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting & Clinical Psychology, 66*(4), 624–634.

Eddy, J., Whaley, B., & Chamberlin. P. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow up of a randomized clinical trial. *Journal of Emotional and Behavioral Disorders, 12*(1), 2–8.

Leve, L., & Chamberlain, P. (2005). Intervention outcomes for girls referred from juvenile justice: Effects on delinquency. *Journal of Consulting and Clinical Psychology, 73* (6), 1181–1185.

Fisher, P., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment, 10*(1), 61–71.

Smith, D.K. (2004). Risk, reinforcement, retention in treatment, and reoffending for boys and girls in Multidimensional Treatment Foster Care. *Journal of Emotional and Behavioral Disorders, 12*(1), 38–48.

*Extensive reference list is available from **http://www.mtfc.com.**