

Minutes

Present:

Joan Kinsey	Barb Nissen
Susan Henrie	Lana Temple-Plotz
Carrie Hauschild	Carol Krueger

Absent:

Dave Newell, Karen Knapp, Rosey Higgs

Agenda

Approval of September 17, 2012 Meeting Minutes
Approval of Agenda
Discussion
Approval/Discussion of Final Report format

Discussion

Group reviewed September 17, 2012 meeting minutes. Change made to time of October 11th meeting from 12:30 – 2 to 10:00 – 12:00. Approved with this change.

Group reviewed and approved today's agenda

Group reviewed future meeting dates. Final meeting is October 22, 2012

Group Discussion:

Group discussed Caregiver tool. Karen, Carol, Barb and Joan closely reviewed the tools from Vermont and Washington. They used the Vermont tool as a template and made modifications to it to include a clearer definition within each category. LOC1 – LOC6 are very similar to the Vermont tool. They added LOC7 (Placement Stability) and LOC8 (Transition to Permanency). Regarding transportation, Vermont addressed this in their tool but in discussions with them this has been difficult at times to implement and has required some modifications. So, Karen, Carol, Barb and Joan decided to take this out and utilize existing policy to address transportation (Title 479 2-002.03E1; Administrative Memo #1-3-14-2005). This policy states the foster parent is responsible for the first 100 miles per month and are then reimbursed for every 50 mile increment beyond 100 miles. Group agreed this policy should be referenced on the tool and made available to all foster parents and staff during training. Additional suggestions included adding a face sheet with instructions on how to complete the tool, and going back to Vermont to request additional information on how they "score"

their tool, the training and implementation process they used and any quality assurance processes they have in place.

Group discussed the CANS Trauma version. As a group, we made a decision to focus on caregiver responsibilities, not child needs. This decision was based on conversations with several states and Dr. Lyons, all of whom indicated the CANS should not be tied to money. Additionally, linking youth behaviors to money has a tendency to overpathologize youth's behaviors. Therefore, we need a tool to determine the child's needs that we can link to the Caregiver Responsibilities. Group agreed CANS trauma version should be used.

Group discussed Quality Assurance process and agreed on the following:

Pilot – A well thought out pilot process should be developed to ensure we “practice” using the new tools and work out any issues prior to statewide implementation. Included in the pilot process, we recommend the following:

1. Pick two regions, one urban and one rural
2. Pilot the caregiver tool and CANS for 90 days
3. Include relative caregivers
4. Based on feedback, develop implementation plan for other regions
5. If the pilot cannot be conducted within current legislative session, pilot the proposed system before it's funded and compare data to current tools
6. Pilot groups can look at overall implementation and any needs that fall outside the caregiver tool (i.e., special populations). For those youth where the caregiver tool does not fit, we can begin to build an exceptions list and an override mechanism to allow supervisors to override a LOC decision if the issue falls within the exceptions.

Training – A thorough training process should be developed and piloted prior to full implementation to include:

1. Bring John Lyons in to train the CANS
2. Tie training to adoption training and subsidy
3. Include case managers, foster parents, providers and administrators
4. Training Components –
 - a. Foster parents must be present at the assessment and given the opportunity and process for how to disagree (grievance process)
 - b. LOC payment is time limited unless it is a chronic condition – payments will go down as youth get better.
 - c. All existing foster parent policies should be included (i.e., grievance, transportation, foster parent insurance, etc)

Quality Assurance – A comprehensive quality assurance process should be developed to include overriding principles, purpose, objectives and QA membership. Included in this process we recommend the following:

1. Regional Review/Implementation Panels (RRP)

- a. Members: foster parents, DHHS representatives (direct care and administrative), child placing agency representatives (direct care and administrative), representatives from Developmental Disabilities and Behavioral Health.
 - b. Purpose: review systems issues related to the tool and its implementation; review summary of grievances to identify patterns and/or systems issues; make decisions and determine next steps
 - c. RRP reports up to Reimbursement Rate Committee
2. Foster Parent Grievance Process – utilize existing DHHS grievance process
 3. Inter-rater Reliability – have Doug from DHHS develop some mechanism to look at this
 4. Communications Plan – include a thorough communications plan to all stakeholders. Initially, the plan will focus on the pilot and then be modified as needed for the statewide rollout.
 - a. Plan should include a message to foster parents that there will be a hold harmless period and initially, rates will not go down
 5. Consider impact of implementation on adoptions/guardianships
 - a. Will an increase in rates cause adoption delays?
 - b. For those adoptions already finalized, do we open it up to families for renegotiation? We should use the new tool but how do we account for potential changes in rates?
 - c. For adoptions moving forward we may want to consider increasing the rates automatically as the child ages (see California model)

Next Steps

Lana – compile meeting minutes

Lana, Carol – connect with Vermont to find out how they score their tool and get more information on their training, implementation and quality assurance process.

Karen, Carol, Barb, Joan – add instructions, scoring and reference to transportation policy to tool; add “emotional” to LOC3;

Future Meeting Dates

- a. Monday, October 22, 10:00 am-12:00 pm, NSOB, LL-F