

MINUTES  
Provider Advisory Council Meeting

<b>Date: July 20, 2011</b>	<b>Meeting Time: 1:00 p.m.</b>
<b>Location: 7164 Columbia Gateway Drive, Suite 210, Columbia, MD 21046</b>	<b>Meeting Adjourned: 3:00 p.m.</b>

**Participants:**

Member	Present	Absent	Member	Present	Absent
Mary Rode	X				
Carnitra White	X				
Stanley E. Weinstein	X				
Zachery Dingle	X				
Carrie Knebel	X				
Paul Brylske	X				
Walter McNeil	X				
David Ayer	X				
Carol Fenderson	X				
Shelley Tinney	X				
Trina Payne	X				
Andre Cooper	X				
Darlene Ham	X				
Mark Greenberg	X				
Roland Rivier	X				
Donnell Phillips	X				
Corey Pierce	X				

**AGENDA**

**Agenda Item:**

**Decision Summary:**

<ol style="list-style-type: none"> <li>1. Welcome/Introductions</li> <li>2. Restructuring the Provider Advisory Council</li> <li>3. Recommendations of the RFP Subcommittee</li> <li>4. CANS (Comprehensive Needs Assessment)</li> <li>5. Placement Stability Update</li> <li>6. Open Discussions</li> </ol>	<p>Welcome/Introductions</p> <p>Carnitra White welcomed the group and each council member introduced themselves.</p> <p><b><u>Restructuring the Provider Advisory Council</u></b></p> <p>Mary Rode indicated that there have been discussions around the restructuring of the Advisory Council and giving it a punch. A sub-group met 7/19/11 to develop recommendations for the structure of the PAC. A proposed structure Shelly Tinney sent to the Secretary was used as backdrop in the development of the document presented to the PAC.</p> <p>1. Composition:</p>
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**Discussion:**

- Should provider Organizations be members?
- If one provider organization is included on the PAC shouldn't other also be included?
- Should provider organizations have voting rights?
- Should DHR have voting right?

**Decision:**

The PAC will be comprised of:

1. Composition:
  - a. DHR Secretary
  - b. Executive Director of SSA
  - c. Executive Director of OLM
  - d. Other DHR staff as designated by the Secretary
  - e. Two representatives from the following service categories, chosen by the PAC and approved by DHR, taking into consideration geographical location, size of organization, membership organization and minority representation:
    1. Group care programs other than TGH
    2. Therapeutic group homes
    3. Treatment foster care
    4. Independent living
    5. Residential treatment centers
    6. Home and community based services
    7. Two at large representatives (note: 1-4 must have a contract with DHR)
  - f. MARFY and MOSHA  
CEO/President will be non-voting members of the PAC.
  - g. Multi-service agencies will have no more than 1 representative. They will be counted as representing 1 service type. Because of the size and complexity of some provider organizations, it is not always feasible or appropriate for the

representative to be the CEO. The PAC would suggest that the representative be the person who holds the highest ranking position in Maryland that oversees the services to children and families, or their designee who has the authority to speak and make decisions on behalf of their organization.

2. Structure:

a. Term Limits

**Discussion:**

To allow flexibility in the terms so that the PAC membership composition can be met

**Decision:**

Providers should not serve more than three years on the PAC. The committee needs to move off some folks. Three members will move off next July. It will be a three-year term. No provider agency can serve back to back subsequent terms.

b. Meeting Schedule

**Decision:**

The PAC should meet as often as necessary to ensure timely sharing of information, but not less than bi-monthly. Sub groups will be developed around specific topics and will report back to the PAC for discussion. The decision for final recommendation to DHR will be made by the PAC, based on the work of the subgroups.

c. Work of the Council

**Decision:**

The PAC will focus on systemic issues rather than day to day operational issues of individual providers. Issues may be identified by either the Department or providers. A work plan that identifies the purpose for the work, the expected outcome, a timeline, specific action items and individuals responsible for completion of the work should be developed for all

projects. Representation on Workgroups should include topic experts. This could include other State agencies (DHMH, DJS) and local Departments of Social Services. Workgroups that meet between regular PAC meetings may also include other individuals from organizations not represented on the PAC.

d. Posting of minutes and Agenda's

**Decision:**

Approved and/or finalized meeting minutes and work products should be on the DHR website as soon as they are finalized. Shelley indicated that the information will be on MARFY's website, regardless of whether the information is on DHR's.

e. Leadership

**Discussion:**

Should the PAC only have provider co-chairs?

Providers taking ownership in helping to set the agenda?

Should DHR be a co-chair?

**Decision:**

The PAC will be Chaired by a Provider and a DHR representative. Each will also have a co-chair.

Other Items discussed on PAC Structure:

- The sub-group will come together regarding the matrix and do recommendations which will go to DHR.
- New Provider co-chairs will be elected in August of each year
- The committee is looking for a list of the original PAC members. Walter McNeil said he had a copy and offered to send to the committee.
- Meetings would take place August, October and December. At the August meeting it was suggested to have a process for selecting co-chairs. Mary and Corey will put

names out.

**Recommendations of the RFP**

**Subcommittee** — will be ready for August meeting.

**CANS (Comprehensive Needs**

**Assessment)** – hold for August meeting.

**Placement Stability Update**

David Ayer indicated that there have been ongoing discussions on placement and stability updates and focus and feedback over the past year. David presented placement stability data on the youth who were in foster care throughout 2010 (January 1 to throughout the entire year) for a full year.

Question - What does it mean when you say they had two or fewer moves? Do you mean from a psychiatric hospital to a RTC. David's presentation is based on information requested in AFCARS.

David was asked to check on if a child moves from a foster home to a hospital and back home, if this is considered a placement setting?

Shelly Tinney asked for a copy of David's presentation. Presentation will be sent to all committee members.

Question was asked if a child was in an RTC center for a year would they still be counted in foster care. Yes.

The committee was asked not to draw conclusions based on data and it was agreed that further analysis be done. There was comment that placement change does not always suggest something wrong but could be for positive reasons.

**Action Items:**

Action / Next Steps	Timeline	Persons Responsible
Check on if a child moves from a foster home to a hospital and back home, if this is considered a placement setting?	Not determined	David Ayer
Send Ann Walker a copy of the Placement Stability Update information.	Not determined	David Ayer
Send notes from the PAC meeting to Mary Rode and, when minutes are finalized, send the minutes and a copy of the Placement Stability Update to committee members.	ASAP	Ann Walker
Send the PAC a copy of the original membership list	Not determined	Walter McNeil
At the next PAC meeting suggest process for selecting committee Co-chairs.	August meeting	Mary Rode and Corey Pierce
Get with Carol Fenderson regarding Recommendations of the RFP Subcommittee.	Not determined	Committee Members

**Agenda for Next Meeting:**

- 1. Recommendations of the RFP Subcommittee –**
- 2. CANS (Comprehensive Needs Assessment) – Paul Brylske**

**Next Meeting: August 17, 2011 at Villa Maria (12:30 p.m.-3:00 p.m.)**

The Provider Advisory Council (PAC) originated on September 20, 2007. The PAC formed on the request of the DHR Secretary to facilitate dialogue, to provide advice and feedback from the Provider Community into DHR initiatives, and to create positive, collaborative relationships to serve the best interest of children and families in the Child Welfare System. The PAC operates as an advisory council and is based on the commitment of all participants to honest and respectful communication and consensus building.

1. Composition:

- a. The Secretary
- b. Executive Director of SSA
- c. Executive Director of OLM
- d. Other DHR staff as designated by the Secretary
- e. Two representatives from the following service categories, chosen by the PAC and approved by DHR, taking into consideration geographical location, size of organization, and minority representation:
  - i. Group care programs other than TGH
  - ii. Therapeutic group homes
  - iii. Treatment foster care
  - iv. Independent living
  - v. Residential treatment centers
  - vi. Home and community based services
  - vii. Two at large representatives
- f. Multi-service agencies will have no more than 1 representative. They will be counted as representing 1 service type. Because of the size and complexity of some provider organizations, it is not always feasible or appropriate for the representative to be the CEO. The PAC would suggest that the representative be the person who holds the highest ranking position in Maryland that oversees the services to children and families, or their designee who has the authority to speak and make decisions on behalf of their organization.
- g. The Directors of Provider Member Organizations, or their designee, will participate as non-voting members.

2. Structure:

- a. Provider agencies should not serve more than three consecutive years on the PAC. Terms should be staggered so that both representatives of any service category are not rotated off at the same time in order to preserve continuity. One-third of the current provider agencies should rotate off on July 1, 2012, one-third on July 1, 2013 and one-third on July 1, 2014. No provider agency can serve two subsequent terms unless there is no other provider available to represent a identified service type or geographical location. One full year must pass before a provider agency can be reinstated to the PAC.
- b. The PAC should meet as often as necessary to ensure timely sharing of information, but not less than bi-monthly. Sub groups will be developed around specific topics and will report back to the PAC for discussion. The decision for final recommendation to DHR will be made by the PAC, based on the work of the subgroups.
- c. The PAC should focus on systemic issues rather than day to day operational issues of individual providers. Issues may be identified by either the Department or

providers. A work plan that identifies the purpose for the work, the expected outcome, a timeline, specific action items and individuals responsible for completion of the work should be developed for all projects. Representation on Workgroups should include topic experts. This could include other State agencies (DHMH, DJS) and local Departments of Social Services. Workgroups that meet between regular PAC meetings may also include other individuals from organizations not represented on the PAC.

- d. Approved and/or finalized meeting minutes and work products should be posted on the DHR websites.
  - e. The PAC will be co-led by a Provider Chairperson and DHR Chairperson. There will also be a Provider and a DHR Co-Chairperson. The meeting schedule, agenda and minutes will be the responsibility of the Provider Chair. The Provider Chair and Co-Chair will be elected annually, at the August meeting, by the PAC membership.
  - f. Membership on the PAC is agency based, not person based. If the agency representative on the PAC leaves their employment the provider agency must notify the PAC and identify an appropriate replacement. The PAC Chairperson is responsible for ensuring that the PAC membership remains consistent and the provider agency and representative meets these guidelines. Only PAC members have voting rights.
  - g. PAC meetings are open to the public. Agendas will be published prior to the meeting and posted on the website. There will be a structured time for public discussion and comment based on the topics established.
3. Suggested Agenda Items:
- a. Articulating a shared vision for child welfare in Maryland
  - b. Building a system of care for children and families in Maryland
  - c. Comprehensive needs assessment (CANS)
  - d. Realistic goals for the Department and providers
  - e. Performance based contracting
  - f. Clear and equitable criteria for contract awards
  - g. Adequate and equitable funding
  - h. Outcomes/Research on the Maryland Child Welfare System
  - i. Resource needs for children, youth and families in Maryland
  - j. Child Family Service Reviews, PIP and Title IVE Plan

**Children in Foster Care for the full period: 1/1/2010 to 12/31/2010**

**How many moves were experienced during the year?**

Source: MD CHESSIE Extract--March 2011

<b>Jurisdiction</b>	<b>Number of Moves</b>	<b>Count</b>	<b>Percent</b>
Maryland	Total Children	5,819	100.0%
	0 Moves	3,619	62.2%
	1 Move	1,273	21.9%
	2 Moves	508	8.7%
	3 Moves	223	3.8%
	4 Moves	97	1.7%
	5 Moves	45	0.8%
	6+ Moves	54	0.9%

CHESSIE March, 2011  
Extract

**Children in Foster Care for the full period: 1/1/2010 to 12/31/2010**  
**Placement patterns for children with 6 or more moves during year**  
Source: MD CHESSIE Extract--March 2011

<b>Jurisdiction</b>	<b>Placement Pattern</b>
Maryland	Total Instances: 54
	KIN(2)-LANCB-GH-KIN-LANCB-KIN-LANCB
	KIN-FC(4)-TFC(2)-GH-TFC-GH
	KIN-FC-KIN-FC-KIN-GH-KIN
	KIN-GH-FC-KIN-GH(2)-KIN(2)
	KIN-GH-KIN-GH-KIN-IL-GH(2)
	FC(2)-GH(8)-FC-TFC
	FC(2)-LAFH(2)-TFC-KIN-TFC
	FC(3)-GH-FC-TFC(2)
	FC-AC-FC(2)-TFC-FC-TFC(2)
	FC-KIN-GH(3)-FC-KIN-GH(3)-FC(2)
	FC-TFC-GH-FC(3)-TFC
	TFC(2)-FC-GH(3)-FC-GH-FC-TFC
	TFC(2)-FC-TFC(3)-FC-TFC
	TFC(2)-FC-TFC-FC(3)-TFC-GH
	TFC(2)-GH(2)-FC-GH(2)-TFC
	TFC(2)-GH-FC-KIN-FC-TFC(2)-KIN-TFC(
	TFC-FC(2)-GH-IL-GH-KIN
	TFC-FC(3)-TFC-GH(2)-TFC
	TFC-GH(2)-KIN-GH-IL-GH(2)
	TFC-GH(5)-RTC
	TFC-GH(6)
	TFC-GH-IL-TFC(2)-KIN(2)-GH
	TFC-GH-KIN-GH(4)-TFC-FC-KIN-TFC-FC-
	TFC-GH-KIN-TFC-LANCB-GH-TFC-FC
	TFC-KIN-TFC(3)-KIN-GH
	TFC-KIN-TFC-KIN-TFC-LAFH-TFC
	TFC-KIN-TFC-LAFH-TFC-LAFH-TFC
	IL(2)-GH-FC-TFC-IL-LAFH
	GH(2)-FC(2)-GH(3)
	GH(2)-TFC-GH-FC-TFC-KIN-TFC
	GH(2)-TFC-GH-TFC-KIN-GH-RTC
	GH(2)-UNK-GH(4)-TFC
	GH(3)-FC-GH-FC-GH(6)
	GH(3)-IL-LANCB-IL-TFC
	GH(3)-TFC(2)-GH(2)
	GH(4)-TFC-GH-TFC(2)
	GH(4)-TFC-KIN-FC-GH-FC-GH(2)-TFC
	GH(6)-TFC
	GH(7)
	GH-FC-GH(2)-FC-GH(2)-LANCB

	GH-FC-TFC-FC-GH-FC-TFC
	GH-IL-FC-GH-FC(3)-TFC
	GH-KIN-GH-KIN-GH(3)
	GH-KIN-TFC-KIN-TFC-GH-TFC-KIN
	GH-RTC-FC-GH-RTC-UNK-FC
	GH-RTC-TFC(2)-GH(2)-RTC
	GH-TFC-GH(2)-LANCB-RTC-LANCB
	GH-TFC-GH(3)-TFC(3)-FC-TFC-FC
	GH-TFC-GH-TFC-GH-TFC(2)
	LANCB-GH-KIN-GH-KIN-GH(4)
	LANCB-TFC-GH-FC-GH-TFC-LAFH-FC-TFC-
	RTC-GH(7)-RTC

CHESIE March,  
2011 Extract

## **Update on Placement Stability (July 2011):**

**Children in Foster Care for the full period: 1/1/2010 to 12/31/2010**

**How many moves were experienced during the year?**

N=5819

- 93% of our foster children in care during 2010 (who were in foster care throughout the whole year), experienced 2 or fewer placement settings (62% experienced no moves during the year)

- there is, however, a segment of children who experience 3 or more moves – 7% (little over 400)

- and, among those 7%, there are just under 1% (54 children) who have experienced 6 or more moves during the year

What we're planning to do next:

1. ask LDSS to take a closer look at these youth to see if stability can be achieved
2. ask ourselves to dive a little deeper into the data to see if we can find some predictive factors for placement instability