

# SIP Outcome Area - P4 Reentry into Foster Care Workgroup Meeting Minutes

<b>Date:</b> April 22, 2019		OB3, Conference Rm 1 3701 Branch Center Rd Sacramento CA 95827		Charlene Duffy – Co-Chair, <i>CPS-PA</i>		Emily Kaiser, Co-chair (P4) – Koinonia Family Services	
Attendees							
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X	Leslie Olson- CPS- Program Support		Jennifer Shebesta – Stanford Home Solutions				
Discussion/ Action Items							
Agenda Item/Discussion				Minutes:			
Welcome and Introductions (Charlene)				Charlene welcomed participants and introductions were facilitated			
Review and approve January 28, 2019 meeting minutes (Emily)				Last meeting minutes were reviewed and accepted with minor corrections to page 4 – changing WRAP to Wrap Around in reference to the Wellness Recovery Action Program, and inserting, “once CFT meeting training has occurred” in reference to Short Term Residential Treatment Programs (STRTP) and other mental health providers (besides Wellness Recovery Action Program and Flexible Integrated Treatment)			
Pending SIP P4 action plan items: (Charlene) <ul style="list-style-type: none"><li>• CFT P&amp;P – New finalization date is December 2019</li><li>• Train to CFT P&amp;P – New time frame is to implement February 2020 and train 50% of staff by June 2020 and 100% by September 2020 and then ongoing</li><li>• Develop CQI mechanism/model to determine effectiveness of CFT strategy – Completion date is June 2019</li></ul>				Bulleted action plan items were communicated with emphasis placed on third bullet (developing a CQI mechanism/model) whose completion date is approaching.  Sarah provided relevant updates and stated the CFT meeting implementation team is working toward utilizing continuous quality improvement (CQI) in a more structure way: <ul style="list-style-type: none"><li>• Permanency CFT meetings are using Self Satisfaction surveys that contain 16 questions with a Likert scale of 1-5 and include a comments section.</li><li>• Uplift Family Services uses a Data Dashboard to:<ul style="list-style-type: none"><li>○ Gather monthly data</li><li>○ Complete quantitative analysis</li><li>○ Look for themes in comments section</li></ul></li><li>• CFT meeting implementation team will be enacting a fidelity checklist based on the Northern Training Academy’s SOP infused version adopted by CDSS, but broadened to</li></ul>			

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SIP P4 action plan items <i>continued</i>				<p>include the Core Practice Model (CPM). It will be tailored to CPS’ CFT meeting process.</p> <p>Sarah shared that Preventative CFT meetings (PCFT) are also using a satisfaction survey.</p> <p>Katherine reported Emergency Response (ER) and Informal Supervision (IS) started a six month pilot on April 1, 2019 of having a PCFT meeting for a “warm hand off” between ER and IS with the family, and to develop/review the IS case plan.</p> <p>Katherine explained the types of PCFT meetings in ER/IS consist of:</p> <ul style="list-style-type: none"><li>• Initial</li><li>• Warm hand off between ER and IS for IS case plan development/review</li><li>• Return home</li></ul> <p>There was discussion regarding differences between ER and IS PCFT meeting versus Permanency CFT meeting structures. Permanency uses a SOP facilitated dialogue framework, which includes discussion in the meeting of the Harm, Danger, and Safety Goal Statements.</p> <p>More information is needed about the PCFT meeting structure and whether it utilizes the previous Team Decision Making (TDM) model or is nearer or the same as Permanency CFT meeting</p>			

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Agenda Item/Discussion				Minutes:			
SIP P4 action plan items <i>continued</i>				<p>structure. Additionally, if PCFT and CFT meetings are utilizing the same CQI evaluation process, the assumption would be both are run with the same structure. Also, it would make sense for families to have the same CFT meeting experience starting in ER/IS and into Permanency.</p> <p>Edward pointed out that satisfaction surveys gives us customer satisfaction but not necessarily effectiveness toward improving our P4 (reentry into foster care) measure. Discussion shifted to case reviews, being conducted after the fact (after CFT meetings implementation), as a better mechanism for determining effectiveness for CFT meeting strategy for P4. Due to CFT meetings having officially started on January 1, 2019 and P4 requiring a period of time that includes entry, exit within 12 months, and then re-entry within 12 months, significant time would need to pass to capture a cohort for this measure.</p> <p>Jade raised the question of how it would be determined the CFT meeting structure was facilitated/completed to fidelity.</p> <p>Sarah reported there are 7 components to the Permanency CFT meeting structure:</p> <ol style="list-style-type: none"><li>1. Safety rules</li><li>2. Group agreements</li><li>3. Purpose – start with family’s voice, then social worker’s voice</li><li>4. Network – who is at meeting and who else should be at</li></ol>			

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SIP P4 action plan items <i>continued</i>				<div>meeting</div> <div>5. Content – 3 column map (what’s working well, what are the worries, and next steps)</div> <div>6. Action steps – who does what and by when</div> <div>7. Feedback (plus/delta) – helps level authority; gives ownership, empowers, and engages family</div> <div>Two noted differences were discussed between PCFT and CFT meeting structure: PCFT meeting model starts with social worker instead of family, and feedback (plus/delta) is not part of PCFT meeting structure.</div> <div>Charlene inquired about progress of Harm, Danger, and Goal statements being developed with the family, brought in and discussed at CFT meetings with family input. Sarah reported Harm, Danger, and Goal statements are requested in the referral for a CFT meeting; however, Uplift CFT facilitators are not consistently incorporating them because they need more SOP training to feel competent in this area. The good news is SOP coaching hours are being extended to Uplift CFT facilitators to assist them in growing their capacity and confidence with SOP.</div> <div>Charlene stated she and Barbara (SIP lead for S2 – reoccurrence of maltreatment) would like to arrange a meeting with small group of leads to discuss PCFT and CFT meeting structures and plan, if appropriate, to align PCFT to the CFT meeting model for continuity of service delivery to families.</div>			

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SIP P4 action plan items <i>continued</i>				Sarah reported another reason to align PCFT and CFT meetings is CANS – having the two aligned will make the CANS process more efficient; they will build on each other, and not be so different they may compete with each other.  The group discussed it would be good to look for ways in which community partners can be more involved in the meetings so we can share the lift together. It was noted it would be good to have Birth and Beyond representation in the P4 workgroup to better understand the differences between PCFT and CFT meetings in relation to their roles. The idea was raised of having the last CFT meeting at a Birth and Beyond (B&B) site to engage the family with a warm handoff and allow B&B representative a few minutes time to pitch the array of their services. It was agreed that any way to start the warm hand off earlier with B&B and the family would be beneficial. Sarah stated she was still planning to meet with B&B to discuss their involvement at CFT meetings.			
CFT meeting updates (Sarah)				Sarah provided updates most of which were captured in previous section  Charlene shared handout that shows completed CFT meetings have steadily increased since implementation on January 1, 2019: <ul style="list-style-type: none"><li>Month of January 2019: <b>41</b></li><li>Month of February 2019: <b>65</b></li><li>Month of March 2019: <b>83</b></li></ul>			

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P4 quantitative study of 2015 cohort review used for case review (Edward)				<p>The P4 quantitative study completed for the 2015 cohort was reviewed with the workgroup. Edward noted that overall we are improving in this measure but continue to be below state performance and the national standard.</p> <p>Findings included:</p> <ul style="list-style-type: none"><li>Children less than 1 year had the most reentries (27.5%) followed by teens age 16-17 (13.6%), children age 1-5 (12.9%), and children age 6-10 (11.4%). The least reentries were children age 11-15 (9.6%)</li><li>Over-representation of black children (22.1%) when compared to other ethnicities (White - 12.2% and Latino - 9.1%)</li><li>No significant differences with gender</li><li>There were fewer reentries in Permanency Central (8.3%) when compared to East (16.85%), North (16%), and South (14.5%)</li></ul> <p>Group discussed it may be good to look at why children under 1 reenter at the highest rate. Is it due to being born with alcohol/drugs in their system (positive toxicology) or going into a voluntary protective emergency placement service (PEPS), returning home, and then conditions necessitating out of home care again with court involvement?</p> <p>Group also discussed reentries by region, noting it would be good to look more closely and break down regions to the unit level and</p>			

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Agenda Item/Discussion				Minutes:			
P4 quantitative study of 2015 cohort review used for case review <i>continued</i>				present data at Permanency Management Team (PMT). PMT feedback might reveal other impacting influences (i.e., supervisor experience, newer workforce, etc...)			
P4 case review refresher and “next steps” discussion (Edward and Charlene)				<p>The P4 qualitative report was reviewed and discussed further regarding areas the group may want to delve into deeper. Areas brought up included:</p> <ul style="list-style-type: none"><li>Was there a difference between Kin-care/more natural support and less reentry?</li><li>When a child/youth reunified, were after care services/plan put in place, and if so, did that make a difference.</li></ul> <p>It was noted due to sample size being small (20 non-reentry cases and 20 reentry cases), it was challenging to assign significance to some findings. Charlene shared that with her particular case reviews, those who had relatives able to have placement and provide support to the parent(s) did not reenter.</p> <p>It was discussed the case reviews revealed few aftercare services, and for the most part, services were not behaviorally based and not generally tailored to the individual.</p> <p>Katherine pointed out sometimes the Court returns children against CPS recommendations, and the group discussed the progressive process of stepdown from supervised visits to unsupervised, and from overnights to return home, and asked the question whether the transitions are gradual or rapid.</p>			



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P4 case review refresher and “next steps” discussion <i>continued</i>				<p>Leslie stated it is hard to pull the data; however, she has seen a trend with CPS to stay at the supervised level for a very long time and then jump to unsupervised. Sometimes the rapid transition is due to court pressure/orders; however, natural supports are under-utilized while Family Service Workers are over-utilized and sometimes cannot handle all the requests coming in.</p> <p>In regards to consideration of conducting further case reviews in the future to determine if CFT meetings are a good strategy for P4, it was pointed out that UCD already researched this and completed a study, which revealed CFM meetings are a good strategy. It would be beneficial to look at what UCD did; otherwise, the group would need to conduct case reviews ongoing.</p> <p>Also discussed was that CWS/CMS only captures “when a meeting happened” and “who was there”. In regards to how we can show if there is improvement after CFT meetings are held, we would need to determine how to pull that information out and relate it to the P4 strategy – it should be something straightforward and not labor intensive.</p>			
Next Steps (All)				<ul style="list-style-type: none"><li>Bring to PMT discussion of inviting Family Service Workers to CFT meetings</li></ul> <p><i>Note: Division wide FSW training for staff is underway and will include conversations about being creative with relatives/non-related extended family members (NREFMs) in relation to</i></p>			



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Next Steps <i>continued</i>				<i>providing natural supports – supervising/observing visits and aiding with transportation, etc...</i> <ul style="list-style-type: none"><li>Consider modifying FSW referral form to add SOP language</li><li>Look at UCD’s study that found CFT meetings are a good strategy</li><li>Present regional data, broken down by unit, at Permanency Management Team (PMT) – scheduled for May 23, 2019</li><li>Karen will set up the “PCFT-CFT structure” meeting:<ul style="list-style-type: none"><li>New SIP Division Managers, <u>Karen and Jalu</u></li><li>CFT implementation team leads, <u>Sarah</u> (Permanency) and <u>Tara</u> (Prevention)</li><li>Program Administration SIP partners, <u>Edward</u> and <u>Stephanie</u></li><li><u>Charlene</u> (P4 SIP lead) and <u>Barbara</u> (S2 SIP lead)</li></ul></li><li>Charlene will:<ul style="list-style-type: none"><li>Ask Yvette Moore about adding a Birth and Beyond community partner to P4</li><li>Inquire about adding a domestic violence services representative (WEAVE, My Sister’s House, or A Community for Peace)</li><li>Ask Cynthia about inviting a Cultural Broker and SCOE partner</li></ul></li><li>Edward will invite more community partners</li><li>Niku will invite a housing partner</li></ul>			

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Next Steps <i>continued</i>				<ul style="list-style-type: none"><li>Katherine will invite a Black Child Legacy partner</li><li>Sarah will meet with B&amp;B</li></ul>			
Plus/Delta (Emily)  PLUS +  <ul style="list-style-type: none"><li>Data was helpful</li><li>Workgroup has productive next steps to enlist new community stakeholder members</li><li>A positive impact from last meeting (January 28, 2019) is that training of Placement Policy and Procedure will include discussion of making sure relatives and NREFMs who are not cleared for emergency placement (309ER) can still contribute (i.e., assist with visitation and transportation) and be part of Child Family Team (CFT)</li></ul>				DELTA -  <ul style="list-style-type: none"><li>Partner voices were missing – further engagement is needed to add more community stakeholders</li><li>Sometimes we got off track in discussions</li></ul>			
Next meeting date				Next Meeting Date: – July 22, 2019 from 9:00 a.m. - 11:00 a.m., OB3, Conference Room 1 (3701 Branch Center Rd., 95827)			