

Year 3 Phone Interview Guide

Last update: March 9, 2001

County: _____

Please look at Year 2 data (i.e., Year 2 Site Visit Notes and Site Visit Database).

1. Reinvestment of IV-E dollars (IV-E Flexibility)

Y2, 1.8 Reinvestment of IV-E dollars

1.1 Targeted use of Flexible Funding Streams

Y2		Now		
Y	N	Y	N	1.1.1 New prevention programs/services (e.g. wrap-around services)
Y	N	Y	N	1.1.2 Flexible pot with few restrictions, use at worker's discretion for emergencies
Y	N	Y	N	1.1.3 Adoption subsidies/other permanency pieces
Y	N	Y	N	1.1.4 Staffing and internal capacity
Y	N	Y	N	1.1.5 Foster care (or other placement) per diem increase
N/A		Y	N	1.1.6 Services to non-custodial kids
Y	N	Y	N	1.1.7 Other: _____

2. (2.7) Caseload Analysis – Update

Review Y2, 2.7 Caseload Analysis:

2.1 Are you doing Caseload Analysis?

2.2 What pieces of CLA has PCSA implemented?

Y2		Now		
Y	N	Y	N	2.2.1 Family assessment, including Risk assessment, genograms, ecomaps
Y	N	Y	N	2.2.2 Service decisions, including classifying needs, levels of service & duration
Y	N	Y	N	2.2.3 Providing time-limited services
Y	N	Y	N	2.2.4 Using workload capacity management system

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2.3 Are you using any software?

- | Y2 | Now | |
|--------------------------|--------------------------|----------------------------|
| (2.7.2) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | No, not using any software |
| <input type="checkbox"/> | <input type="checkbox"/> | Planning to use Pro IV |
| <input type="checkbox"/> | <input type="checkbox"/> | Using Pro IV |
| <input type="checkbox"/> | <input type="checkbox"/> | Using another system |

2.4 (2.7.3) What units within PCSA are using part or all of CLA pieces that have been implemented? name of unit: _____

2.5 Are the participating units using CLA for all their cases?

- | Y2 | Now | |
|--------------------------|--------------------------|-----|
| (2.7.4) | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> | No |

3. Impact of OWF Sanctions

Review Y2, 2.9 OWF: _____

3.1 Does PCSA receive TANF funds directly from local DJFS/DHS?

3.2 (2.9) How have PCSA caseloads been affected by OWF (TANF sanctions and hardship cases)?

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4. Use of PRC (OWF)

Review Y2, 12.4: _____

4.1 Do you have access to PRC dollars?

- Referrals to OWF (priority)
- Allocations of PRC
- Allocations of PRC-DR

5. Impact of HB 484

Review Y2, 2.8: _____

5.1 Has HB484 changed use of permanent custody?

5.2 How closely is the court tracking of case once PCSA gets permanent custody?

5.3 Has it had any effect on PCSA use of in-home services, residential treatment services?

6. Court Services to Reduce Referral to PCSA (Dumping)

Review Implementation Report (table 2.4 and 2.7, pages 32 and 36; and text, pages 28-35)

6.1 How would you explain the data? Is it consistent with what you thought?

Review Y2, 3.3: _____

6.2 In the past year, has the amount of inappropriate referrals from the court changed?

- More
- Stayed the same
- Less

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7. Relative Placements

7.1 In your county, is custody of a child ever given directly to a relative (i.e., PCSA never had custody)?

- Yes No

7.2 Of the three ways children are placed with relatives, which happens the most often?

- Straight to relative
 Custody to relative after short time in PCSA custody
 Placed with relative but custody stays with PCSA

7.3 Are you using relative placement (regardless of custody) more now than before 1997?

- Yes No

7.4 For CLA counties only, have the use of Genograms or other family assessments affected the way you use relative placements?

- Yes No

8. **Sufficiency of Services**

Review Y2, 5.1 and fill in on service page

8.1 MC Service Array: Given the list of services in front of you, what is your judgement of sufficiency or insufficiency for each service beginning with *Placement Services*?

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SERVICES PROVIDED TO CHILDREN AND FAMILIES

For each service, indicate whether the current availability of the service is *sufficient* or *insufficient*, taking into consideration the volume of the service, the location, and the quality? In other words, when you need the service, is there enough of the specific type you need?

<i>YR2(S/I)</i>	<i>Never Used</i>	<i>Sufficient (S)</i>	<i>Insufficient (I)</i>
<i>Placement Services</i>			
_____ Foster family care (PCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Foster family care (network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Therapeutic/ specialized foster care (PCSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Therapeutic/specialized foster care (network)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adoptive homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Group Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Residential Treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <i>Mental Health Services</i>			
_____ Child Mental Health In-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Child Mental Health Out-patient			
_____ Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adult Mental Health In-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adult Mental Health Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
 <i>Substance Abuse Services</i>			
_____ Adolescent Substance Abuse In-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adolescent Substance Abuse Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adult Substance Abuse In-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Adult Substance Abuse Out-patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Other Non-Placement Services to Children and Birth Families

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Short-term intensive intervention with family | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Teaching parenting skills, family dynamics, child developmental stages | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Mentoring and/or providing home management and parenting (e.g. Homemaker/ parent aid) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Counseling and support to family and child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Providing information services, advice to families and facilitating family networking (e.g. family resource center) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Non-curricular services and supports offered at school locations for students and their families (e.g. school-based) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other Services:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Teaching teens daily living skills, financial management, college prep, etc (e.g. Independent Living) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Assessment and intervention for children aged 0-3 (e.g. early intervention) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Non-traditional educational options for children with special needs (e.g. alternative education) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Services by court, law enforcement, etc. to meet needs of adolescents to prevent placement (e.g. adolescent diversion) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Transportation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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8.2 MC: Service Array: For the following services, how do you use them?

	Prevent placement	During placement	After returned home
1. Short-term intensive intervention with family	_____	_____	_____
2. Teaching parenting skills, family dynamics, child development	_____	_____	_____
3. Mentoring and/or providing home management and parenting (eg. Homemaker/parent aid)	_____	_____	_____
4. Counseling and support to family and child	_____	_____	_____
5. Providing information services, advice to families and facilitating family networking (eg. Family Resource Center)	_____	_____	_____
6. Non-curricular services and supports offered at school locations for students and their families (e.g. school based)	_____	_____	_____

9. New Services

Review Y2, 5.3: _____

9.1 In the last year, what new services (internal and external) have been developed in your county?

9.1.1 Why these services? (Were these in response to noted insufficiency?)

Review Y2, 5.4: _____

9.2 Have there been changes in the way you are using particular services (e.g. using family pres now more as prevention effort, rather than last effort to prevent placement)?

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Review Y2, 5.5: _____

9.3 Update on last year's plans for change. What happened?

9.4 What are the plans for changes in service array?

10. Use of Paraprofessionals (MC: Service Array)

10.1 Looking at the full array of services, how big a role do paraprofessionals play?

- None Minor Major

10.2 Have you used paraprofessionals in the following basic service areas:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10.2.1 Placement Services |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.2.2 Mental Health Services |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.2.3 Substance Abuse Services |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.2.4 Other Non-Placement Services to Children and Birth Families |
| <input type="checkbox"/> | <input type="checkbox"/> | 10.2.5 Other Services |

If no to all of Q. 10.2, go to section 11.

10.3 Are the paraprofessionals sufficiently available to compensate for insufficiencies in services?

- Yes No

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11. Use of Agency Vs. Network Foster Care (MC: Service Array)

11.1 Have you made a conscious effort to increase the availability of foster homes?

- Yes (please circle one: in general or your own FH or network)
- Planning to
- No

11.2 Has the distribution of foster family care slots between your agency and the network changed (i.e., has the balance changed?)

- Yes (explain: _____)
- Planning to
- No

11.3 Has the distribution between therapeutic/specialized foster care slots between your agency and the network changed?

- Yes (explain: _____)
- Planning to
- No

12. Funding for MH Services (Medicaid)

Review Y2, 13.4 and 13.6: _____

12.1 Is PCSA being billed and paying the match to the Mental Health Board to cover Mental Health service to clients (per MACSIS)?

- Yes (if yes, how much is PCSA going to spend on the match? _____)
- No (if no, go to question 12.3)

12.2 What information does the Mental Health Board give you on your clients that they serve?

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12.3 Are your providers complaining of any loss of funds/across the board cuts or reduction in Medicaid service? (possible explanation: due to change in MH audit standards)

- Yes No Sometimes

Review Y2, 16.1

12.4 How good is the relationship between the PCSA and the MH Board?

Y2 (16.1)

Now

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Very Strong | <input type="checkbox"/> Very Strong |
| <input type="checkbox"/> Strong | <input type="checkbox"/> Strong |
| <input type="checkbox"/> Neutral | <input type="checkbox"/> Neutral |
| <input type="checkbox"/> Weak | <input type="checkbox"/> Weak |
| <input type="checkbox"/> Very Weak | <input type="checkbox"/> Very Weak |

12.5 Are you using Mental Health Providers who bill Medicaid directly?

- Yes No

12.6 To what extent are you paying providers of MH Therapeutic services a rate higher than IV-E allowable rate?

- Great extent
 Moderate extent
 Small extent
 Not at all

Note on Medicaid: MACSIS: requires that MH have a non-federal cash match at the MH board, and in some counties, they get this by billing PCSA before MA is billed. In some counties, if PCSA has custody, they have to come up with the match. In other counties, MH board covers the match. This may decrease use of Medicaid services.

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13. Efforts to Stimulate Competition – update (MC: Provider Competition)

Review Y2, 8.7

13.1 Have there been any changes since last year in rates being paid for particular services to stimulate growth (e.g. foster care per diem)?

Y2 (8.7)

Yes

No

Now

Yes If yes, what service areas and what percentage changes?

No (if no, go to 13.2)

Review Y2, 8.8: _____

13.2 What were last year's plans and did you do those things?

13.3 What are your future plans for changes in network configuration or in competitiveness?

No plans

Thinking

Doing

14. Use of Capitated or Case Rate Contracts (MC: Finance Methods)

Review Y2, section 9: _____

14.1 Any capitated or case rate contracts by PCSA (alone or as part of interagency effort where PCSA has committed funds)?

YR2

Yes

No

Now

Yes

No (if no, go to question 14.4)

More such contracts than last year

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14.2 If yes, get more details: Ask for a faxed copy of the payment section that describes how the contractor can spend funds.

Fill out after phone interview (once the faxed copy of the payment section (RFP) is sent and reviewed)

14.2.1 What rate using for what period of time?

14.2.2 Any incentives (bonus) built in? Yes No

14.2.3 Any sanctions built in (penalty)? Yes No

14.2.4 Any hold-back? Yes No

14.2.5 Any risk-sharing? Yes No

14.2.6 If yes, degree of risk to contractor:

- full risk
- shared risk
- N/A

14.2.7 If yes, type of structure:

- Emergency pool by contractor
- Emergency pool by PCSA
- Risk corridor
- Stop-loss
- Certain excluded services or individuals
- N/A

Review Y2, 9.4: _____

14.3 Last year's plan, did you do it?

14.4 What are your **plans for change** in the future in capitation financing arrangements (changes to existing or new plans)?

15. Utilization Review – update

Review Y2, 10.1: _____

15.1 How does PCSA oversee/monitor use of OOH placements?

15.1.1 Pre-placement review process?

- | | |
|------------------------------|------------------------------|
| Y2 (10.1.1) | Now |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

15.1.2 Periodic reviews during placement (beyond SAR)?

- | | |
|------------------------------|------------------------------|
| Y2 (10.1.2) | Now |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| <input type="checkbox"/> No | <input type="checkbox"/> No |

15.1.3 How much has it reduced placement use for one or both process (pre-placement review and during placement)?

- | | |
|-------------------------------------|-------------------------------------|
| Y2 (10.1.4) | Now |
| <input type="checkbox"/> Great deal | <input type="checkbox"/> Great deal |
| <input type="checkbox"/> Moderate | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Little | <input type="checkbox"/> Little |
| <input type="checkbox"/> None | <input type="checkbox"/> None |
| <input type="checkbox"/> N/A | <input type="checkbox"/> N/A |

Review Y2, 10.8: _____

15.2 Last year's plan, did you do it?

15.3 What **plans for change** in UR activities?

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Review YR2, 10.9: _____

15.4 What is the PCSA's automated **MIS** capacity?

YR2 (10.9)		Now		
Y	N	Y	N	15.4.1 Case tracking with FACSIS
Y	N	Y	N	15.4.2 Basic case tracking beyond FACSIS? (e.g. MicroFACSIS)
Y	N	Y	N	15.4.3 Linking program and fiscal data?
Y	N	Y	N	15.4.4 Computer modeling (re-caseloads, service packages, resource allocation)?

Review Y2, 10.10 (if no to Pareto in Y2 don't ask this question): _____

15.5 If the PCSA is using or plans to use Pareto:

How far along?

What are data sources?

What models have been explored?

How has the process influenced your thinking (logic model)?

Review Y2, 10.12: _____

15.6 Last year's plan, did you do it?

15.7 What **plans for change in MIS** capacity?

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16. Quality Assurance - update

Review Y2, 11.1: _____

16.1 What types of **quality control** (*compliance*) does PCSA use, in addition to required SARs, etc.?

Y2 (11.1)		Now		
Y	N	Y	N	16.1.1 Monitoring visits to network fosters homes to assess safety and compliance with regulations
Y	N	Y	N	16.1.2 Automated tracking of mandatory reviews and filings (SARs,hearings)
Y	N	Y	N	16.1.3 Contractual sanctions for non-compliance
Y	N	Y	N	16.1.4 None

Review Y2, 11.2: _____

16.2 What types of **quality enhancement** does PCSA use?

Y2 (11.2)		Now		
Y	N	Y	N	16.2.1 PCSA training beyond minimal state requirements
Y	N	Y	N	16.2.2 Worker access to technical experts
Y	N	Y	N	16.2.3 Ongoing supervisor mentoring (i.e. on a weekly or monthly basis) peer shadowing (formalized)
Y	N	Y	N	16.2.4 Consumer satisfaction surveys
Y	N	Y	N	16.2.5 Cross-specialty (e.g. CSEA, IM) or cross-agency training
Y	N	Y	N	16.2.6 Contractual rewards for performance
Y	N	Y	N	16.2.7 Staff rewards for performance
Y	N	Y	N	16.2.8 Other: _____
Y	N	Y	N	16.2.9 None

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16.3 (11.5) Where does internal **QA** responsibility rest?

YR2, 11.5, MC: Quality Assurance

Y2		Now		
Y	N	Y	N	QA unit
Y	N	Y	N	Single QA person
Y	N	Y	N	Management team
Y	N	Y	N	No one currently assigned to this task

Review Y2, 11.7: _____

16.4 Any **outcome** focused activities (with contracted provider or with own staff)?

Y2		Now		
Y	N	Y	N	16.4.1 Outcome-based performance criteria in contracts? <i>If yes, ask for examples</i>
Y	N	Y	N	16.4.2 Any systematic measurement of <i>client outcomes</i> , as opposed to only process/system measures (including contractor gathering data and reporting it to PCSA)? <i>If yes, what frequency?</i>
Y	N	Y	N	16.4.3 Any examination of outcome-based internal management reports (e.g. CPOE, etc.)?
Y	N	Y	N	16.4.4 Any plan to use outcomes data to modify practice? <i>If yes, get examples</i>
Y	N	Y	N	16.4.5 Any other ? _____
Y	N	Y	N	16.4.6 None

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Review Y2, 11.8: _____

16.5 Last year's plans for change: did you do it?

16.5 What **plans for change** in QA activities?

17. **Leadership** Changes

ReviewY2, 15.1: _____

17.1 Change in **leadership** (and quality of new leader):

Y2		Now			
Y	N	Y	N	17.1.1 DHS	Perception: _____
Y	N	Y	N	17.1.2 PCSA	Perception: _____
Y	N	Y	N	17.1.3 Court	Perception: _____
Y	N	Y	N	17.1.4 FCF	Perception: _____
Y	N	Y	N	17.1.5 Other key player:	_____
Y	N	Y	N	17.1.6 None	

17.2 If changes in leadership occurred in any of the agencies listed above, indicate the implications of these changes.

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18. Other

18.1 What major changes have occurred that we haven't mentioned thus far?

18.2 How do you think the waiver and waiver-related activities have affected the larger community?
(look at changes in logic model)

18.3 Follow-up questions from Year2 (what do we need to know more about?)

18.4 How many caseworkers do you have that carry cases (include private agency workers if they have case management responsibilities).

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Interviewee's perspective following phone interview:

19. County Issues:

Only check if viewed as a noteworthy strength or barrier in the community. Boxes in each row do not need to be checked if not applicable

	Strengths		Challenges	
	Y2	Now	Y2	Now
PCSA leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCSA staff morale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PCSA turmoil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiscal status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Placement costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship w/ providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interagency collaboration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relationship to JC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worker communication across agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>