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Child Welfare Advisory Committee  
100 W. Randolph 16<sup>th</sup> floor Room 504 Chicago and 406 E. Monroe Springfield  
May 30, 2019 2 PM-4:30 PM  
888-494-4032; Access code: 1819480398#

**Attendees:** Director Smith, Zack Schrantz, Royce Kirkpatrick, Kara Teeple, Raul Garza, Christopher Cox, Kim Mann, Rich Bobby, Jeremy Harvey, George Vennikandam, Daniel Gomez, Juliana Harms, Kathy Grzelak, Marshae Terry, Melissa Luddington, Doug Washington, Jason Keeler, Dana Weiner, Steve Minter; Cynthia Richter-Jackson, Kathy Duval, Larry Carmichael, Denice Murray, Jill Tichenor, Desiree Silva, Dan Kotowski, Michael C. Jones, Jassen Strokosch, Anika Todd, Julia Miller, Anne Gold, Mary Nam, Steve Budde, Andrea Durbin, Debra Dyer-Webster, Ruth Jajko

**Springfield:** Terry Carmichael, Erik Foster, Nora Harms Pavelski, Kathy Duval, Mary Savage, Lewis Bedford, Deb McCarrol, Pat Ege

**Phone:** Elizabeth Richmond, Melissa Reynolds, Hope Carbonaro, Monico Eskridge, Melissa Riddle, Rick Velazquez, Rachael Hoyt, Toleda Hart, Kevin Walsh, Deb Kennedy, Verletta Saxon

- I. Welcome and Introductions 30 min.
  - a. Director's Comments
  - b. Approval of February Minutes (Judy motion second by Melissa unanimous passage)
  - c. Meeting schedule for FY '20
  
- II. Updates and Discussion Topics
  - a. Intact – 45 min.
    - i. Chapin Hall Report on INTACT (Dana Weiner)
    - ii. Contract/program plan changes & outcome expectations for FY '20 (Julia Miller & Anne Gold)
      1. We are reducing the supervisory ration to 5:1
      2. We are reforming the system to address refusals and/or missing peoples
      3. DCP should assist with the Screening of cases through INTACT

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4. Review the volume of cases that are considered High-Risk. To provide assistance on expectation such as longer periods of contact by the worker. Specifically, around contact with family to be weekly. We are going to continue the higher rate of High Risk cases through the lifetime of that case.
  - a. Putting to the workgroup considerations about how to determine care rate and/or caseload.
    - i. Consider utilizing scoring to help identify an accumulated caseload score.
    - ii. This is called risk stratification and that is already used in Health care. Rate should echo that risk stratification.
5. Cases avg. duration close 9-12 months, and have thus modified language to reflect this
  - iii. Case review process (Anne Gold/Julia Miller)
  - iv. Referrals to Intact (Anne Gold/Julia Miller)
    1. There has been discussion around the type of cases that get referred to INTACT, seeking a better understanding of what is appropriate.
    2. Expand the view of INTACT workers to be able to see a larger view of the history of a case. We are now working on building INTACT skills in navigating to that information.
  - v. Intact Committee Current Priorities (Kathy Grzelek and Nora Harms)
    1. Re-committed to have regional meetings potentially to start reviewing the Chapin Hall report to drive continued change.
    2. Invite Chapin Hall to participate on this committee
- b. Foster Care – 45 min.
  - i. Steps in plan to expand adoption specialists (Mary Nam & Royce Kirkpatrick)
  - ii. Plan surrounding CFTM coaches (Mary Nam)
    1. Were initially considered with future immersion site expansion. We are currently on hold with expansion of immersion sites. This will give time to refine the work in those areas.
    2. Focus on rolling out MoSP to all supervisory staff. We need to make sure they are trained, on-board and have what they need. This is Private and POS. Not just direct service, it is open to all.
      - a. There are three types:

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- i. Full 2 day: Specialty, Admin, Developmental and Clinical.
  - ii. Boot camp version, which includes development of implementation plan
  - iii. MoSP 2 days + coaching, this will be rotationally so that they can attend and catch up when they can as long as it is completed in 1 year.
- iii. Dashboards and Outcomes for FY '20 (Mary Nam)
  1. A workgroup reviewed foster care metrics, reviewing for a more meaningful outcome metrics. We never turned off the APT dashboard just stopped leveling.
  2. Dashboards continue to be used by APT, and continue to have substantive conversations relating to the work.
  3. The workgroup agreed that CFSR is essential we have been working out the kinks on POS view of metrics here. Will be giving out access to super users at each POS.
- iv. Foster Care Committee Priorities/Tasks – (Bill Franklin)
  1. In the Future APT conversations are focused on partnership not punitive interactions.
  2. PRO modifications came up and will hopefully be addressed
  3. Residential Step downs- Trying to work with providers, seeking an understanding of where youth might be stepping down to. Especially in the world of Family First.
  4. Resource Building- We are currently working on and re-addressing the recruitment efforts/plan to address some of this issue. We would build some infrastructure, and present the plan with the POS to enhance and increase recruitment.
- c. PIP baseline establishment and case reviews (Cynthia Richter-Jackson) 10-15 min.
- d. Youth Villages Model Rollout (Michael C. Jones) 10-15 min.
  - i. Working with agencies weekly
  - ii. Focus on youth prioritized placement and integration of the YV life set (Evidence Based)

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- iii. Case manager will be working more independently with the youth doing both case management and executing the YV life set. Cannot do this with the existing paperwork and caseload related factors.
- iv. We are starting with the youth already in program today....what do you want, where do you want to be, and how do we support your development to get there.

III. Committee Key Priorities/Tasks and Updates 30 min.

a. Finance and Administration – Melissa Riddle

- i. Feedback in RE: 5:1 ration and the FAS committee was pleased with the outcome supporting the final calculation
- ii. Committed to provide information about minimum wage increases and the impact on POS

b. Workforce/Immersion - Bev Jones and Ruth Jajko

- i. We have already seen a lot of progress the 5:1 and MoSP are all positive
- ii. The two committees met together, and agree you need a supported workforce to execute change

c. Emerging Adults- Kara Teeple

- i. Meeting consistently Focused on Transition planning (TIP model) for older youth (Evidence based) Target foster care case workers, and potential residential ILO/TLP. There are 7 core principals and would rollout in cohort style.
- ii. Considering predictive analytics in Re: older youth
- iii. Perhaps the recently passed legislation not official to get multi-agencies to collaborate

d. SOC – Pat Ege

- i. Community readiness re Mobile Crisis response ect. When do the different systems work together focused on children at risk.
- ii. We specifically focus on SOC principals such as cultural competency
- iii. There is an acknowledgement of systems engaged in the problems we face, as they are directly related to the other state agencies.
- iv. This is an example of the current work of inter-governmental collaboration, and is a priority of the Governor

e. Residential/TLP&ILO Committee – Judy Griffith

- i. The field continues to shift to see residential as a treatment not a placement.
- ii. YV Life set Pilot is an encouraging step.

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f. Well-Being – Kim Mann

- i. 1000 children have been assessed in the wellbeing study. This includes a data management system to bring to the system. Including data preservation and data collection.
- ii. Continue to focus on preserving parental rights/strengths.

IV. Adjournment

**Next meeting:**

**Aug 8<sup>th</sup> 1-3PM**

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