
Child Welfare Advisory Committee
100 W. Randolph 16th floor Room 504 and 406 E. Monroe Springfield
June 18, 2018 9AM-12AM
Minutes

- I. Welcome and Introductions (5 minutes)
- II. Approval of February Minutes- Raul moved, Bev. second
- III. Director's Update (30 minutes)

a. Birth-3 Summit, Wildly Important Goals

This Wednesday and Thursday we launch the first 5 teams focused on B-3 work. We have worked through the WIG's and Sub-wigs. We are focused on 2 main areas. The first 3 teams are focused on ITNACT family services. Reducing death and serious injury, and children entering care-receiving services from DHS and DCFS. Two DCFS teams and one DHS team. We are launching this in Cook County initially with DCFS INTACT workers. We then will launch to Kaleidoscope, and then spread to state implementation. Have more eyes on youth, more quality programing, and ensuring folks attend those programing. Some of the measures and sub-activities include.

- Increase stable exits for B-3 children,
 - The focus is CW parent visits 1x week for the first 60 days to get parents engaged

Member: Brian Finley: If a case is INTACT determined to be high risk, should we move forward to screening these cases in.

There is some risk in INTACT, however we have already made the call on these cases, sometimes we screen these cases and the State's Attorney says no. When we talk about high risk we are looking at children B-3 inherently being at higher risk. Added criteria like a high sequence count, multiple underlying issues, ect. We first look to assign the case to a high-risk team. This will overtime allow us to be more intentional about what we mean for INTACT, and what it takes to support these families. There are going to be quite a few dollars on the font-end focused on investment in our families.

b. Core Practice model – Mary Nam

We are close to full implementation in Immersion sites and we are moving towards sustainability phase. At the last CWAC meeting we looked at targeting top youth count agencies. Since then we have moved towards a 2 pronged roll out. DCFS in Southern Region and CARITAS. We chose this agency because in part it is fully contained in the Southern region of Illinois. They are our 5th largest provider and are already partially exposed through 2 immersions sites. There is strong regional leadership and Internal CARITAS leadership.

Some of the biggest challenges are the workload, they are on board with principals, but if we are not looking at ways to create more time for workers, and reduce workload, we will not be able to pull this workload off. We intend to rollout the FTS for CW, MOSP for Sup, and CFTM for CW and Sup. We are also reviewing the contract to seek opportunities to support staff. We are continuing to use our QA to focus on CFTM execution and fidelity. We are also seeking enhancement of our IPS services, so families have the support that they need.

We are also working to support CARITAS supporting CARITAS kids through their entire continuum of care. Our first large workgroup meeting was on the 6th to create a high-level road map/plan for implementation. Rough timetable for CARITAS roll-out, projection is start July 1, and full implementation within 1 year. We are seeking learnings to move this forward in a more expeditious way. This includes reviewing how contracts need to look like. Allowing us to have a reasonable process connected to our budget, allowing that to be asked for during that Budget process.

c. Residential Provider Summit- Michael C. Jones

Many of you were at a provider summit in early May. Looking at residential, transitional, and Independent living. Close to 200 attendees, residential providers, and those serving transition and independent living. We have included in the materials in our digital distribution.

Youth villages came and provided a model of execution Youth villages Life set. It is an intense work view with older youth and a practice of how to support education, work, and personal development. We also included ICJIA who have considerable grant opportunities to address youth needs.

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Part of the feedback was that people felt it was nice to have focused on this population. However they wanted to see a more encompassing a larger spectrum of the system. In August 2018 we will hold another summit, looking at about 1.5 days in the summit. The focus will be Permanency across the spectrum of care.

Member: Bev Jones: The legal status does not fit every time as a great view for the system. Consider long-term independence with dedicated caregivers. There is a big gap in the thinking of permanency for these youth. It is more than a case closure, how do we measure and maintain relational permanence not just permanent goal exits.

DCFS: Sylvia Fonseca: Have we explored the why's in that conversation. The tough process includes the decision of a young person. Are the conversations including the GAL's about what they might lose if they achieve permanency. We hear from our youth about what they give up if they leave our system.

This is a good point, how do you support youth in these choices, and support correct and accurate information around permanent exits.

Member: Kathy Grzelak: Lumping TLP/ILO as if they are the same, but they are so very different. We need to pull the data around these youth apart because each have unique needs as they move through the system.

DASHBOARDS

DCFS BJ Walker: We are going to put a 90 Day moratorium on the dashboards. The announcement should be coming soon. This means the ranking/view will not hurt or help you. We plan to develop a better scorecard/or metric measurer. It might not be adding value in the performance review of our providers or agencies. Specifically leveling scorecard. This is traditional, and SPEC. INTACT already has a new view for a scorecard. This will start Q1 of 2019

Member Zack Schrantz: Foster care and spec foster care groups will be ideal to support metrics around these dashboards, and good resources as your exploring that topic

IV. CWAC Committee reports (60 Minutes)

i. Front-end (FY19 goals)

1. Reducing barriers and silos between DCFS/POS. Stay informed around family first with a view of front-end.

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2. Staying engaged in B-3 and implement over the FY'19
 3. Ensure cross-representation across sub-committees
 4. Continue to work with Immersion sites
 5. POS and APT monitoring to enhance relationship
- ii. Foster care (FY19 goals)
1. Bridging from high-end to front-end. Focused on transition services
 2. May meeting focused on transitioning youth into foster care from residential
 3. Continue to review and recommend around barriers to timely permanency
 4. Performance based Contracting, to ensure that opportunities to replace and receive more youth based on performance.
 5. Some service gaps identified by committee. They focus on continuing to make sound recommendations
- iii. Workforce Development (FY19 Goals)
1. Review and look at challenges in recruitment and retention of a workforce.
 2. Focus on worker/supervisor level
 3. Reviewing foundations training, and is up and running for agencies. WE are seeking feedback currently. This is a testing out of foundations but only 2 people have done it to date.
 4. Next looking at schools of social work and aligning private agencies connecting to these schools. How can we include our staff to receive stipends to get graduate degrees
- iv. Well-being (FY19 goals)
1. Collect well-being data in the 4 areas. Complete the FY18 cohorts, re-measure in 6 months.
- v. SOC (FY19 Goals and Update)
1. Assist in the transition to managed care. We met last on 6/11/18. Next meeting is July 9th.
 2. May not yet have a finalized addendum to the Contract.
 3. HFS/DCFS are building an Medicaid advisory board. That group has to meet aggressively over the summer. SOC can be the place to fether out any issues or complexity on the rollout.
- vi. Immersion (Update only)
1. FY '19 recommendations coming in August meeting. It sounds like some are already built in
 - a. Recs coming in August
 - i. Consider the workload
 - ii. Supervisory workload
 - iii. In the set of trainings consider MOSP first.

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V. Topic areas for review (60-80 Minutes)

a. Family First – Neil Skene

Anticipating a large impact, we ranked 30th in mental health providers per Capita. As you know prevention orientation of family first and of managed care. We have not heard on our Title IV-e extension. The Family first kicks in on October 1, 2019. This leads to discussion on key pieces of this legislation.

Centerpiece are constraints and limitation in congregate care: Basic, in the 3rd week IV-E Claiming ceases. There is a big exception of therapeutic QRTP. We are going to ask providers to do a self-assessment of the preparedness for QRTP.

How are we going to deal with contracting, and programs, which might be ready or not ready for QRTP? There may be specific programmatic additions. Like the on-call nurse. There were exceptions to the QRTP requirements like months living with children in treatments.

On the prevention side, big note is the requirement 50% of programing must be Evidence based programing; this is a big deal, on the front-end of our system.

This is really a deliberate move forward, what would you like to do? We need to think outside of congregate care, and continue to focus on step-downs. This includes the need for a larger array of foster and spec. homes available. In addition, this means more on prevention to stem the flow to residential. This would include a more organized approach to recruitment and retention of foster parents. How do we better prepare the alternatives to residential? This is a lot like our intentional efforts in the past.

We request providers to send us a 1 pager and or note about what your thoughts are and what you plan on doing.

There is a real financial wall at the end of the current waiver. To be best prepared to make the shift to family first. If we start planning and start thinking about the FY'20 budget now, we will be much better prepared. We can make a data driven information driven proposal about what our budget ought to look like and how it aligns to the feds.

Member Marge Berglind: Will/what are the criteria for residential programs, and the financial impact of not meeting expectation. We anticipate by October, will be fettered out. QRTP as a requirement of model through the clearinghouse.

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b. INTACT Contracts FY '19 Julia Miller

Met in December 2018 to hear from providers.

- 2 rates ISR & Maintenance. This includes a truncated referral for additional services
- This replaces the Tier 2 information/situation, and one time conversion to the new rates (July 1, 2018)
- Flexible funding at the decision of agency 400 per year per family. This was a big deal for providers and allow them to serve families outside of Norman and other funding supports.

Member Brian Finley: Are we getting rid of a “cap” on number of cases screened in?

If a case needs to be screened in there is no cap on the families who need the attention /intervention

Member Kathy Grzelak: CWAC supports the changes proposed. I think there are questions of billing but is a move to the right focus and intervention

c. Contracting update – Royce Kirkpatrick

40% mailed most of board by this week and next week. We are ahead of schedule. Current funding goes out in last 2 weeks of July. No issues that we know of yet. Working out last details around the pre-filing of dollars, starting this week.

d. Longevity Incentives- Michael C. Jones

Some providers have had questions about these dollars, 50-60 person phone conference. We laid out the intention around these payments FY'18/19. There were 4 questions proposed, and please anticipate a response soon.

Q1: Staff carrying INTACT + FC: These staff are included as well. Blended caseloads are also eligible.

Q2: Part-time staff pro-rated incentive: If you want to pro-rate this payment we would allow you to pro-rate the incentive

Q3: Staff members who have discipline: It is up to the provider. That based on the employees performance, if you chose not to submit their name that is up to the provider

Q4: As an employer there is a FICA payment, would the department reimburse 7.65% FICA. DCFS will reimburse and cover the cost of these costs.

e. Funeral costs for children in our care- Debra Dyer-Webster

WE have attached and want to clearly communicate that these are costs that are covered by DCFS up to \$5k

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f. CCWIS – McKenzie Smith Rachel Kerrick-Buckler & Jim Daugherty

Mobility expansion and implementation, continue to develop, and get it in more hands. CCWIS identified that several areas for mobile technology and doing the job better.

g. Integrated Care Pilot Project – Michael C. Jones /Aunt Martha’s/Lurie Children’s

Integrated pilot will run for 1 year. It launches in July, with a second round of enrollment in August. This is an integrated health, and coordinated care. Eligible youth are already in an AMYS program or within 30 miles of location. Maximum population impact is 280 youth. We are asking workers to refer and delegate responsibility of health to our coordinated folks.

VI. Adjournment

**Next meeting: Scheduled
August 9th, November 8th
1-3PM**

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