

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

April 15, 2021 – 4:00pm -5:00pm

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via WebEx/Telephone)	MEMBERS ABSENT
N/A	Anika Todd Ashley Deckert (Proxy/ Michelle Jackson) Carol Sheley Deb McCarrel Director Eagleson (Proxy/ Laura Ray) Dr. Rashid Saafir Dr. Alexander (Proxy/ Tranika Michael) Jamie Dornfeld Jeff Blythe Julie Hamos Keshonna Lones Kristine Herman Raul Garza (Proxy/ Audrey Pennington) Royce Kirkpatrick (Proxy/ Kay Summers Orr) Ruth Jajko (Proxy/ Kris Collins) Stephanie Barisch Tim Snowden Ashley Deckert Director Eagleson Dr. Shawnte Alexander	April Curtis Arrelda Hall Director Smith Dr. Marjorie Fujara Dr. Peter Nierman Gregory Cox Howard Peters Josh Evans Judge Ericka Sanders Kara Teeple Kathleen Bush

I. Welcome and Call to Order

Kristine Herman with Behavior Health for Healthcare and Family Services introduced herself as the moderator and welcomed the group. She called the meeting to order.

II. Introductions and Roll Call

Kate Smith took roll call. It was determined following roll call that a quorum was present.

III. Approval of Minutes

February 18, 2021 minutes:

Dr. Saafir motioned to approve the minutes and Deb McCarrel seconded the motion.

Minutes were voted upon and approved without any edits.

November 12, 2020 minutes:

Jamie Dornfeld motioned to approve the minutes and Anika Todd seconded the motion. Minutes were voted upon and approved without any edits.

IV. New Member Discussion

Jamie Dornfeld informed the group that this topic is not yet ready for discussion as they are still in the process. This topic will be added to the June 2021 agenda for discussion.

V. Update on Implementation

Kristine Herman: We will first go to DCFS for their update. Tranika Michaels is filling in for Dr. Alexander. Tranika, the floor is yours.

Tranika Michaels: We are working with youth in care and we have gone live as of Sept. 1, 2020. We have completed the HRS's and are working on updating them now. We update these once a year. We ended the continuity of care period for youth on Feb. 28, 2021. We are closely monitoring, and we have not had any issues from a claim's perspective or any escalated issues as it relates to the continuity of care period ending. We are continuing to work hard to educate providers. We began Tele-Doc. That began Jan. 1, 2021. They are providing us metrics on a monthly basis for mobile utilization. It is on the YouthCare landing page. We are going to be looking at trends as it relates to the services that are being provided. We are only allowed to do behavioral health services for members that are eighteen years of age or older at this time. Members must set up and activate the account in order to access this service. Our care coordinators are available to walk families through that process if need be. We launched our crisis stabilization multi-disciplinary team March 1, 2021. This is a team that supports mobile crisis response providers that are needing support when working with our high acuity youth ages seventeen and under. We collaborate with psychiatric hospitals and other stakeholders in order to establish relationships so that we can provide a higher quality of care and better serve youth in care. That's all that I have for the update today. Thank you.

Kristine Herman: Thank you, Tranika. We will now go to Jamie Dornfeld. Jamie, the floor is yours.

Jamie Dornfeld: The transition period is over and now we are focused on more long-term issue resolution and collaboration. We have gotten very good at getting all hands-on deck when there are acute issues to solve for medicine complex youth that need care coordination. We are now starting to get into more dynamic situations related to youth in hospitals beyond medical necessity. We're working towards making sure there are supportive services so that youth can step-down to more appropriate placement and that there are appropriate services available to all youth in care regardless of what region they live in. These issues are extremely challenging and require various approaches including using a multi-disciplinary team approach to show that we are getting diverse perspectives and researching what others are doing in other parts of the country. We have been having conversations with hospitals both individually and in groups. We are working on improving communication to insure more efficient and better healthcare for youth who are in hospitals. One of the benefits of YouthCare is that as soon as a youth is admitted to a hospital discharge planning begins. We are working with YouthCare to ensure that caseworkers, supervisors, and other clinical staff have access to pertinent information related to plans for care and care coordination efforts. We're working to address service staff by bringing new providers and services in network. We are also leveraging telehealth services when possible. Additional trainings are being provided to providers and staff related to LGBTQ affirming care as well as trauma-focused care. A survey is being prepared to give to caregivers, stakeholders, and older youth so they can tell us what is best working for them and what they need. YouthCare is finalizing a letter to caregivers and older youth informing them of tips to how to get more out of care coordination

and leverage the resources available to them. We are updating a document for providers that should be out in the next week or so. Thank you to everyone that has provided feedback.

Kristine Herman: Thank you, Jamie. We will now go to Keshonna Lones from HFS. Keshonna, the floor is yours.

Keshonna Lones: I want to first echo Jamie's comments and thank everyone for their feedback. I really appreciate the collaborative effort. The continuity of care period has ended. We did a lot of collaborating with YouthCare and DCFS to ensure that there were no gaps and making sure members were aware of the end of this period. We made sure they were connected to their providers and making sure their providers were in-network before that period ended. We also worked with large health systems to push and increase the overall awareness of the program. One other piece that I want to highlight is the crisis stabilization multi-disciplinary team. We recently went live with that at the beginning of March. YouthCare did an excellent job with that by getting the word out as well as holding targeted focus group to get input on what the challenges were concerning mobile crisis efforts and collecting feedback on ways we could improve or enhance the process. Our ongoing work with the hospitals has been very beneficial. They have valuable input that we are able to use to increase the engagement. We do meet weekly to discuss how we can better enhance and streamline this process and focusing on high acuity youth. We have spent a lot of time focusing on targeting service gaps and the needs to the LGBTQ population by ensuring they have access to recourses. We are also providing training to provides to ensure they have the culturally sensitive training. Additionally, we have worked closely with YouthCare to streamline the process to collect information as it relates to service gaps in general. We have made a large effort to make sure foster parents are aware of this service by mailing out letters and we closely monitor the utilization on a month-to-month basis.

VI. Public Comment

Kristine Herman: Are there any comments or questions? Please, committee members first and then we will address the public.

Q – Is YouthCare still actively recruiting additional behavioral health providers? We are finding that in some areas the available providers are not enough or available.

A- Yes, we are continuously looking for additional providers. If you have any providers that you are aware of please send me that information and I will share it with YouthCare. We have a network team that is focused on recruiting full-time.

Q – Has anyone else noticed errors within SPIDER regarding the services that are listed as being provided are not always accurate.

A- SPIDER is not connected to YouthCare. It is a DCFS resource directory. The best thing would be for us to connect offline and direct you to someone at DCFS to make sure that gets corrected. I know there is a lot of updates being made to SPIDER.

Q – Regarding Tele-Doc is there any more information or training available to foster parents? Is this for all youth in care? Or for youth in care over the age of eighteen? The letter we received in the mail was confusing to me and others I have spoken to because it stated, “eligible dependents” and it is unclear exactly what that means.

A – I will take that feedback to the team. There is information on the landing page concerning Tele-Doc. Tele-Doc is for any individual that is a youth in care. Only behavioral health services are available to eighteen and above. We can work on this and offer some clarification.

Kristine Herman: I will open this up to public comment at this time.

Comment: I just wanted to let you all know that we have received a lot of positive feedback concerning the crisis stabilization multi-disciplinary team.

VII. Meeting Dates

Kristine Herman: Our next meeting will be held on June 17, 2021 beginning at 4:00pm.

VIII. Adjournment

Stephanie motioned to adjourn the meeting.

Deb seconded the motion to adjourn the meeting.

Kristine Herman: Any discussion? All in favor?

Motion passed.

Kristine Herman closed the meeting.