

**Meeting of the  
Statewide Foster Care Advisory Council  
Wyndham Springfield City Centre, 700 East Adams, Springfield, Illinois  
October 19, 2018  
9:00 a.m. - 3:10 p.m.  
APPROVED MINUTES**

<b>SWFCAC MEMBERS PRESENT</b>	<b>SWFCAC MEMBERS PRESENT</b>	<b>SWFCAC MEMBERS ABSENT</b>	<b>STAFF PRESENT</b>	<b>GUESTS</b>
Erica Baird	Kathleen Bush	Ken Keefe	Geneva Byrd	Lamont Boswell
Gladys Boyd	Keely Giles	Mark McDaniel	Michelle Davis	Jessica Bullard
Katy Cotts	Natalie Miller	Kate Monte	Jen Florent	Julia Cebulski
Donna Gregory	Maripat Oliver	Kellye Norris	Gwenn Eyer	Claudia Dancy-Davis
Arrelida Hall-Johnson	Michelle Price		Michelle Grove	Christine Feldman
Gordon Hannon	Elizabeth Richmond	<b>IAAC MEMBERS ABSENT</b>	Kelly King	Vanessa James
Rachel Hoyt	Keisha Robinson	Alice Couch	Gail Mayer	Aisha Sanders
Harriet Kersh	Danielle Sanders	Maria Nanos	Kim Peck	Tammy Step
Maya Maclin	Amy Trotter	Anne O'Malley	Maggie Poteau	Lauren Tomko
Susan McConnell	Mark Werner	Crystal Rekart	Anika Todd	Tiffany Warner
Rachel Pruess	Julie Yelverton	Brittany Sprouse		
Mary Savage		Karen Taylor		
Carol Sheley		Danny Tolliver		
Denise Spires		Karen Wardlaw		
Lesley Stuart		Jeremy Wheeler		
Samella Taylor-Lewis				
Stephanie Tesreau				

**Welcome and Introductions**

**Elizabeth Richmond**

IAAC Chairperson Elizabeth Richmond welcomed everyone to the meeting at 9:15 a.m. and council members and guests introduced themselves.

**Approve IAAC Minutes from 6/7/18**

Danielle Sanders made the motion to approve the minutes from the June IAAC meeting. Mark Werner seconded, and the motion carried.

**Approve IAAC Minutes from 7/27/18**

Maripat Oliver made the motion to approve the minutes from the July IAAC meeting. Keisha

Robinson seconded, and the motion carried.

### **SWFCAC Approve Minutes from 9/7/18**

Erica Baird made the motion to approve the minutes from the September SWFCAC meeting. Rachel Hoyt seconded, and the motion carried.

### **Final Report to the Director**

**Carol Sheley**

The council submitted a recommendation the Director which will be addressed during the Training Committee report. The monthly Director's Report was submitted as required by law.

### **Stakeholder Reports – None**

### **Tuition Waiver Process**

**Kim Peck**

Kim is with the Office of Education and Transition Services (OETS). She brought tip sheets about the DCFS scholarship program. To qualify, the department must have had court-ordered legal guardianship for the applicant, the applicant must have aged out of DCFS guardianship at age 18 or older, or the department must have had legal guardianship for the applicant immediately prior to the adoption or guardianship being finalized. These are competitive scholarships currently offering a grant award in the amount of \$511 per month, a Medicaid card, tuition and a mandatory fee waiver to any Illinois state funded in district community college or university.

Additional funding for those not receiving DCFS scholarships has been legislated. Students must apply for the DCFS scholarship first, then if denied they'll be notified they may receive a tuition and fee waiver. These waivers apply at any Illinois public university or a local community college. Students do not have to renew each year but must maintain key criteria to keep the scholarship. Eligibility requirements stay the same for adopted youth. Now anyone that applies for the DCFS scholarship but is not awarded one of the 53 DCFS Scholarships will by law receive the tuition and fee waiver. Students must maintain a 2.0 academic average to maintain the scholarship. Application packets will be posted on the DCFS website in early January. Council members may ask to be placed on the waiting list for the mailing by calling 217-557-2689 or Emailing [Kim.Peck@illinois.gov](mailto:Kim.Peck@illinois.gov). In the future there may be a separate application for the waiver.

Kim stated that it is very important that students apply for Pell Grants and other possible funds. If youth are receiving Pell Grant funding, the DCFS Scholarship is a better option.

- Vocational training in a community college qualifies.
- Links to OETS tip sheets are on the DCFS external website. Brighter Futures -> High School and Beyond -> tip sheets.

Give Back Scholarship Foundation information was also distributed. Give Something Back funds the cost of college for qualified students. The goal is to have our scholars graduate on time with little to no debt. Scholars are selected in ninth grade and are paired with a qualified mentor to help the student stay on track, reach successive goals and navigate the complexities of college preparation.

## **Managed Care**

**Maggie Poteau, Aisha Sanders, Anika Todd, Lauren Tomko, Lamont Boswell**

Maggie introduced Anika Todd, Statewide Administrator, noting that Anika has a lot of experience with the Department. The new tentative rollout date is April 1<sup>st</sup> for the managed care program designed to meet the behavioral and physical care needs through Illinicare. They will have an 800-number available 24/7 available for caregivers to ask questions and express concerns. They want to streamline the process so that caregivers don't have to make multiple calls to get answers. "How will this help my me and how will this help my kids?" She recognized the councils as frontline stakeholders in this transition. They will work to bring in current providers, but until agreements are signed things may change. They will establish an advisory committee with stakeholders to meet in advance of implementation. The state transition plan will be posted 30 days before the official rollout. They will train DCFS and POS workers, from FPSS to Licensing, everyone who touches the case. Everyone will receive a card that will go with the youth and a welcome package.

Kids who've gone through adoption or subsidized guardianship who have had a medical card will be automatically enrolled in Illinicare but will have a window in which to select another managed care company.

Lamont Boswell, Illinicare, has about 20 years of child welfare experience. He noted that the people who will be building this program are people with child welfare experience. He has worked in residential, as a therapist, as a parent coach, etc. They are working to support and enhance what caregivers already do. The client is the most important member and the issue is to influence outcomes and lower costs. When they are receiving regular care, they are able to manage conditions on a daily basis, so they don't need acute care. Illinicare is part of a larger corporation with health plans. Their first foster care program dates back to 2008. We are capitalizing on experience with foster care programs in 15 states.

Aisha Sanders, is the Deputy Director Medical Management, covering case management and utilization management. Staff includes behavioral health specialists, nurses, etc. Aisha stressed that their goal is not to save costs by denying services. There are steps to be taken if there's an initial denial. They have staff that have both medical experience and managed care experience. There is a continuum of care for foster care. They are collaborating to ensure that technology standards are established for efficient information sharing.

Foster care liaisons will be located in DCFS offices in different regions, so caseworkers can reach out for local assistance. The Medical Management Department will have staff with child welfare experience and customer service experience, i.e. LCPC, RN's, therapists, etc.

Care coordinators supplement the work of the caseworker. They ensure that needed services are authorized. It's an individualized approach to the health of the youth in care. Their goal is to do assessments to determine physical and behavioral health needs and help understand and meet those needs educating caregivers, providing equipment, etc. Discharge planning starts at admission so that when a youth is ready to go home they'll have all the durable medical equipment they need on discharge and a safe home to go upon discharge. They will call to remind about needed vaccinations, offer transportation to ensure health care, etc. It's a

collaborative approach. They will collaborate with the caregiver, caseworker and youth to ensure that needs are being met. The child is at the center of the program and they plan to coach youth to become responsible for their own health care. They are able to rely on other states with foster care experience to answer questions and provide support as we develop our own trauma-influenced managed care for our youth.

#### Discussion:

- What birth control methods will be covered? Everything covered under Medicaid will be covered, including the shot and IUD's.
- One council member has taken a job with the larger company and was very encouraging about the potential of addressing barriers that have typically been faced by kids in care.
- Foster parents really want to know that their providers will be covered, as based on the DCFS contract. Nothing will be solid until everything has been approved. Illinois has signed, DCFS has signed and they're moving toward the HFS signature.
- Spec and teens have experienced delays re: psychotropic meds. Scripts have to be approved and filled right away. This program will offer complex case managers who will support this work. It's a structural issue in Illinois, due to a lack of psychiatrists that are willing to work with the Medicaid rate. They're looking at telepsychiatry and other options to fill those gaps. There's a shortage of child psychiatrists nationally.
- Dental care is an issue in many regions. It's not worth the wait. It's not the worth the quality of care. Managed care staff will work at recruitment. Providers must be signed up with Illinois Medicaid before they can sign up with the health plan. Since we started managed care in 2011 providers now seem to be more willing to see managed care clients than straight Medicaid fee for service. Managed care may improve that situation.
- Is there a way to follow up to ensure quality care? They will have a Quality Team to address quality of care concerns that are reported. The member handbook contains information for follow up.
- Will adoptive youth have care coordination? Once members have been assessed they will have direct lines to care coordinators.
- Will it transition to a program where physicians are paid adequately for providing vaccinations? They are aware of issues and taking recommendations back for consideration.
- How does this address transportation barriers? Caregivers may work with case managers to transport, but caregivers' mileage is not covered.
- Is Healthworks going away? No.
- Will medical professionals be trained re: trauma informed care? There will be specialized staff with behavioral health professionals. It is a holistic integrated care approach.
- The reason why caregivers pay the money for vaccinations, dental care, after school programs, etc., is because we are invested in the best interest of the children in our care. How do we improve this system?

Anika reinforced their dedication to supporting caregivers through this program.

#### **Communications Update**

#### **Jen Florent**

Jen addressed ways DCFS Communications can support the council and publish the work of the council. DCFS Communications relies on council members to share information about events

and things to promote on Facebook, Twitter, Linked In, etc. She can promote events in advance and or post pictures and information following events that have occurred. DCFS has a graphic designer and a print shop to publish invitations, flyers, signs, etc. Request may be forwarded through the council to DCFS Communications using AP23, the official approval process. This process ensures consistent messaging and approval for use of the logo, etc. Council members should not speak for the councils or the Department unless requested by the council, with the support of DCFS Communications.

### **Family First HR1892**

### **Sajad Husain**

Sajad is the Deputy Chief of Staff at DCFS. More than 250 people are involved in the Family First project, including POS and DCFS, and there's a co-chair representing POS and one representing DCFS. The committee is working on specific action steps and due dates. Sajad is attending meetings, working to ensure that they stay focused.

Sajad stated that this is the biggest change in child welfare, impacting how money is being spent starting in October 2019. The legislation is changing how things will be funded, taking care of things on the front end (prevention) rather than on the back end. He said that we need to think broadly. The federal government provides funds for trauma informed, evidenced-based rationale for doing what you are doing to prevent youth from coming into care in the first place. It is not like how it has been done before since states are writing their own plans. The program is based on prevention, trauma-informed, evidence-based and well supported services. Family First funding is much less restrictive than other federal money. It's not a new concept but it involves bringing in new stakeholders and other agencies. They are bringing others to the table to ensure that we are not duplicating services. We are looking at who comes into care and why, based on data. They are answering the questions: What data is useful? What new data do we need to collect?

Council members may reach out to the Family First co-chairs to join the committee. There's a two-step process for getting Illinois.gov Email which is needed to participate on the committee.

Program committees include Prevention, Intact and Family Services, Licensing, Residential and Congregate Care, Data and Performance, Technology, Legal and Policy, and Financial and Federal Compliance. The Family First web site has more information. The committee is currently developing the implementation plan. They may take pieces and parts of existing programs and this new plan will impact the entire Department. Sajad said that if council members want to have impact, they should join the committee. Sajad is the expert on the overall structure of the project, but for specific questions, members should contact specific committee chairs. We don't really know how this will impact foster care, but by moving away from congregate care it seems that it will create a greater need for specialized foster homes. However, if we do more work / spend more funding on prevention in target populations, that may address is. They will use predictive analytics to determine needs.

- It was noted that the Adoption Advisory Council has been working on the QIC/AG grant, an evidenced based curriculum that focuses on prevention.
- Family First is good for workers, too, because effective programs with a history of doing great work sometimes lose funding, and this will force financial support to sound evidence-based programs.

- There currently are issues with placement in spec homes. When we succeed in prevention it will reduce the need for spec homes.
- They are using a crosswalk approach, i.e., What does the legislation say? Do we already do it? If so, where? If we are doing, is there something better we can do? If not, what can we do to match that concept in the legislation?

### **Adoption Subsidy/ Therapeutic Day Care**

**Kelly King**

Kelly King, the Statewide Adoption Program Monitor, covers all of the post-adoption services, pre-adoption listing services and other programs that lead to adoption. Services available without adding to the subsidy include counseling services and respite services. Center for Law and Social Work helps with adult guardianship, short-term guardianship and educational advocacy; Midwest Adoptions is another resource. Otherwise, services needed must be in the subsidy and won't include a specific provider. Providers must be credentialed and must complete forms, agree to our state rates, have background checks, etc. If you have a service that can be covered by the medical card you have to try to find a provider to accept the card within 25 miles of your home before choosing a different provider.

Therapeutic Day care providers also must be credentialed and be prepared to address a child's needs based on the IEP or 504 plan. If your child can be maintained in traditional child care they will not be admitted to Therapeutic Daycare. If you bring your own provider, they must have relevant training specific to the child's needs. To apply, they must complete the form, have a background check, complete a W-9 and submit with other forms including credentials and proof of training relevant to the child's needs. If needs have increased, adoptive parents may apply to increase the medical coverage. Caregivers may reach out to Kelly at [Kelly.N.King3@illinois.gov](mailto:Kelly.N.King3@illinois.gov) to ensure continuation of services with the current provider even if they are no longer contracted. The Post Adoption Unit phone number is 866-538-8892.

**Public Comment** – None

### **Illinois Adoption Advisory Council breakout QIC/Post Adoption Website Update**

**Christine Feldman and Vanessa James**

The QIC grant has one more year to go. Christine reports that cases are almost finished going through the Target Phase and they are preparing to launch START which includes the framework to address emotional regulation. The Target phase focused on families with teens. Messaging is part of the focus of the grant and we need to determine how to best reach out to families, when to reach out to families and how to get the message out to all adoptive families that the services are great and families need to reach out early and often.

Video training for families was approved by the Tech Team at DCFS in mid-August. The test site is expected to go live in November to celebrate Adoption Month. When families access the Path Beyond Adoption page they will find information and/or links to:

- Adoption blog
- Family for Me Photo Gallery
- Ask an adoption expert questions
- Resource and Recruitment
- Post Adoption and Guardianship

- Support Groups
- Assessment information
- Therapy
- Respite
- Legal information
- School information

Kelly King will be monitoring the mailbox for Ask an Adoption Expert and questions can be linked to the DCFS Post Adoption Tracking System to ensure that concerns are being addressed. At this time, the system is stating that someone will respond to inquiries within 3 days. The 3-day time frame is due to a technical issue and may be shortened as issues are resolved. Families can also subscribe for alerts to be sent to them regarding topics such as policy and training via the Path Beyond Adoption Page. It has not been determined yet if the public will be allowed to freely comment on the blog, if they will need to submit a comment for review prior to it posting or if there will be no comments option. Jen Florent is the liaison for the Path Beyond Adoption page. If comments are allowed, Jen will monitor comments on the blog and delete inappropriate comments. The Web address is [www.pathbeyondadoption@illinois.gov](mailto:www.pathbeyondadoption@illinois.gov).

Council members were shown the website and accompanying video for review and feedback as stakeholders.

### **Adoption Celebration**

June Dorn, National Adoption Specialist with the Children's Bureau in Washington DC has a connection to Paramount Pictures and she is to request that Paramount communicate with AMC/Marcus theatres regarding the moving to be shown at local theaters for Adoption month. Jen Florent will be sending out a flyer with information. Elizabeth suggests doing something opening night and something for the Friday and Saturday showings. ASAP and Resource and Recruitment workers were recommended as contacts that may be able to help with the Adoption Celebration.

**Amy Trotter made the motion to adjourn. Danielle Sanders seconded, and the meeting adjourned at 3:10 p.m.**

### **Next Meeting Date:**

IAAC: November 2, 2018, at Sheraton Lisle Naperville, 3000 Warrenville Road, Lisle Illinois

**NOTE:** The Statewide Foster Care Advisory Council breakout was held separately, and SWFCAC meeting minutes have been posted.