DATA TEST/HIGH PERFORMANCE

WebEx
Phone: 312-535-8110, Access # 1774928747#

January 22, 2021 at 9:30am – 2pm

Minutes

I. Attendance/Roll Call

Roll call completed.

New Members:

- George Kaduthodil (Clinical Placement Administrator)
- Sherice Ewing (Downstate Monitoring Field Service Manager),
- Luis Rodriguez (Administrative Assistant to Monitoring Deputy Director)

II. Meeting minutes

Minutes were approved as written

III. YouthCare – Anika Todd/ Lamont Boswell

Anika provided an update that they are working hard to get the training portal out and are attempting to identify some dates on portal training. The continuity of care period is ending next month, and YouthCare is working with providers to ensure that they are in network, especially the specialty providers ensuring that credentials are in place, etc. Lamont and his team have been working on Youth that are beyond medical necessity. YouthCare Coordinators are participating in the initial hospital staffing when youth are admitted into the Psychiatric Hospital.

Lamont noted that YouthCare went Live last year. They have experience with youth in care and former youth in care. YouthCare meets regularly with HFS and DCFS. This effort is transformational, and they recognize that it does not happen overnight.

The best way to confirm the newly assigned YouthCare Coordinator, when there is a change is to contact Lamont or Anika. However, if the former YouthCare Coordinator is still employed by the agency, they have the ability to provide the newly assigned Care Coordinator contact information. Anika noted that any inquiries/issues/concerns should be directed to her and Lamont. She may not able to answer contracting or billing questions directly however, she is able to get you to the right place.

IV. Phase II- HMP/HMR/HFK Project – Angela Hassell

Monitoring and Clinical embarked upon a Phase II project, in which their focus is on youth who are targeted to step down to Home of Parent, Home of Relative, or Home of Fictive Kin. A placement resource should already be identified for that population and the hope is to provide additional support to the treatment team as they work to transition youth. The expectation is that the assigned Monitor, Clinical Specialist, and YouthCare

Coordinator would all be part of the staffing to provide additional support. The intent is to work together to develop a solid plan for our youth and families, identify any barriers, and work together to rectify those barriers.

Traditional monitoring has a slightly different process from TRPMI. Monitoring has a staffing each Monday afternoon to provide updates on the transition status and discuss what needs to be done to transition the youth. Some of the challenges that has been identified includes the need to expand IPS services as there are lengthy waiting list in certain areas. There are also youth that are targeted to step down out of state, where ICPC is involved the transition. There is an expectation that an out of state provider that would provide additional support must be identified in order for the ICPC referral to be approved.

Currently there are a total of 58 youth that have been identified within the target population. Monitoring started in September with a total of 43 youth; however, some had changes along the way such as change in living arrangement. Monitoring has partnered with Operations and requested that they prioritize youth within this target population. There was concern that there did not appear to be a sense of urgency. The hope is that the process will create some sense of urgency for the treatment team to work diligently to transition the youth sooner than later. It was noted that if a youth is clinically ready to go then there should be a sense of urgency to transition that youth. It is recognized that there may be some challenges along the way, such as inaccessibility to after-care resources due to the pandemic and long waiting lists.

Ashley shared that there is a Provider 2.0 database being developed by DoIt. Neil added that the purpose is to modernize the way that provider information and payment occurs. Spider will be integrated to allow for a master database where services/support can be identified geographically. The team had a brief discussion regarding Spider being a real time database system and some of the challenges it presents now. It was also discussed that better data is needed in order for providers who are willing to expand their services, to get an understanding of what is needed and where it is needed. It was inquired if there is any work around utilizing integrated health homes, and there has not been any information shared around that topic. Mark explained that integrated health home is for 0 – 21yrs old that uses public insurance for any health services such as mental health or physical health; would be part of integrated health home if they meet certain criteria. They will either fall in the wrap around services or lower tier. There are also integrated health homes for adults. Integrated health homes have not been initiated however discussions are being had at some of the CWAC committee meetings.

V. Family First

a. Update – Ashley Deckert/Keith Polan

Five additional agencies have been identified to be part of the soft roll out. The team is developing communication to advise those agencies. There would be a mixture of large and small agency in each region. There are two agencies in each region. The court portion of the roll out will be launched in March as well. OITS is aligning the March 1st rollout with some very key critical SACWIS changes to test as well.

The last Primer for Caseworkers is next Thursday, and that would bring the total to 6 Congregate Care Primers. There will be a 3-day Family First training on Prevention and QRTP starting in April. Training was provided to court personnel. The training was recorder and will be on the Illinois court website. Efforts are being made to

convene a meeting with a group of judges (8) to review the independent assessment and provide feedback. Keith noted that Caseworkers need more education. Ashley shared her idea of creating a flow chart, which would allow for people to identify where a barrier occurs. Angela shared her idea on developing an Advisory group that would include members of the agencies participating in the soft rollout to address lessons learn and barriers. Angela also shared that another idea could be to create a mailbox where issues/ concerns/ questions can be sent.

b. Data Points Discussion – Angela Hassell/Mitchell Sandy

Given Family First, we want to be thinking about the changes that needs to be made in Monitoring and whether there needs to be changes to things we are measuring.

There is a desire to revamp PBC and tie more closely to Family First and monitoring. There may be others that we should engage to discuss the metrics. There is a need to identify what sort of changes is needed to meet the Family First requirements in Monitoring, how to make those changes, and to what extent to we change things that are being measured. Alan noted that there may be a need to bring Allan Yang to the table to determine what can be done now technologically that weren't able to do then. Alan also noted that there are two sides – what do we have and what would we want to bring on board? There may be other options.

1. Does what we have still make sense?
2. Are there things we could do to enhance them to make more sense?
3. Are there things that we could add?
4. How does this information link back to monitoring?

There is a thought that Statewide Monitoring All Staff could be utilized as an opportunity to have the PBC discussion with the entire monitoring team.

Neil's thoughts are to:

1. Form the 1st small group that would figure out what changes needs to occur in Monitoring
2. Form a 2nd small group to discuss what changes to metrics need to be made

There was a brief discussion around whether this should take place now regardless of potential changes in monitoring, related to BH. Also, who should be brought to the table and if, there really is a need to move forward with the idea. Noted there is a need to have big and large agencies at the table to allow for different experience.

The recommendation would potentially be shared at the next Providers' meeting and allow opportunity for those who would like to be considered to join the group. Angela extended an invitation to Northwestern team to have this discussion at the Statewide Monitoring All Staff meeting in February. Jennifer recommends having a breakout session during the All Staff.

Next Steps:

- Added to the Provider Community Agenda
- Determine a representative to participate in a smaller group

Also engage Allen Yang around technology that may now be possible

c. Trauma Informed Care Practice Tools

There was discussion around assessing agencies around Trauma Informed Model. Neil Suggested that we allow what we told the fed to determine what we are trying to measure. Ashley confirmed that the fed left it broad and the department defined trauma informed care for the system. Best practice and department standard are a little higher. There are some agencies that do well in providing a trauma informed agency and some need to be enhance. Linda also noted that some agencies might have their own fidelity model.

Next step:
Invite Cassie to engage us, provide some insight with guiding principles, and sort through potential tools to determine what makes sense.

d. PBC – Jennifer Prior

Refer to Data Point discussion

With Dennis retiring, he recommended Mary Ann Berg to join the work group and she as agreed to be part of the team.

Next Meeting: March 5, 2021 at 9:30am (WebEx)