

# **DATA TEST/HIGH PERFORMANCE**

WebEx – See Invite

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

February 25, at 9:30am – 12:00 am

## **Minutes**

### **I. Attendance/Roll Call**

Completed

### **II. Approval of Previous Minutes**

Approved as written

### **III. Other Discussion**

Due to upcoming Spring Break for our Northwestern University (NU) partners, it was determined to push back our March meeting to April 1, 2022 to maximize participation.

The May meeting has been scheduled for May 20, 2022.

### **IV. Family First / Independent Assessment**

#### **a. 906 / UPAs**

Agencies need to confirm their primary and secondary intake person. No issues/concerns were noted by agencies.

#### **b. Long / Short Term Treatment Goals**

Identifying long/short term treatment goals should be a part of the Independent Assessment. There is a need to strengthen clarity around long/short term goals for youth during that initial assessment in consultation with the Independent Assessor.

It was shared that in reviewing some of the Independent Assessment, long/short term goals are not pulled into the process. However, discussion is being had with the Independent Assessment team to beginning identifying long/short term goals within the first 30 days. It is recognized that the long/short term goals should take place within the context of a child/family team. There should be some additional work in that area. The Child and Family Team meeting date should be already confirmed at admission. There was a question about messaging to private agencies and it was shared that

Deb Kennedy and her team are taking the lead to push the message around frequency and identifying date of CFTM.

**c. QRTP Denials for Treatment – Shared responsibility**

There has been 3 or 4 cases with denied QRTP placements. For all denial cases, the expectation is for the youth to be moved to a more appropriate setting within 30 days. The Department is taking a closer look at those cases where youth is placed at a QRTP and it has been determined that the setting is not appropriate. The goal is for Clinical to be involved until the youth is able to be placed at a more appropriate setting.

It was shared that a group of people are conducting Family First training upon request to the field.

A more comprehensive, 2-day training on Family first is anticipated to be rolled out sooner than later and will focus on prevention to QRTP.

**V. Background Check**

At the last CWAC meeting George Vennikandam shared that those who received Title IV-E funds have to follow their background check process. It was stated that workers cannot start employment until the background check has been cleared and received. George indicated that it should take 3-5 days for background checks however, that has not been the experience for some providers. Kankakee County was referenced as the office that completes fingerprinting is only open 10 hrs./month. There are concerns that this could impact the workforce given current workforce shortage. There are other location options for workers however, with the current gas situation it presents a challenge. It was suggested to have applicants complete the background check right away however, that practice may expose the agency to a discriminatory law suit. With the expectation being a federal rule, there is no way around it. Currently the fingerprint process takes 2-3 wks. There may be a need to look at how we can capture data around it.

Mary Ann mentioned a sister agency in Minnesota that is going through this new process. They shared that it created a backlog for them. The State of Minnesota resorted to relaxing this practice as long as the new employee is not left alone.

It was suggested that it may be beneficial to reach out to Licensing Unit to extend an invitation to speak with this group or CWAC High-End regarding process and expectations.

**VI. Run Away Interruptions FY21Q2 – FY22Q1**

Northwestern Team shared data that discussed:

- Component of Treatment Opportunity Days Rate (TODR)
- Safety risks associated with runaway behavior include:
  - Sexual victimization
  - Victim of crimes
  - Criminal behavior
- Runs disrupt treatment
  - Runaway and homeless youth have high levels of depressive symptoms, post-traumatic stress symptoms, and suicidality/suicide attempts
- There is insufficient research on educational and employment outcomes.

The team also shared some factors associated with runaway behavior:

- Most studies suggest older adolescents are most at risk for runaway
- Many studies suggest females are more at risk than males
- Other risk factors include:
  - History of runs
  - Placements disruptions
  - Substance use
  - Victim of abuse

The data discussion will be continued at the next meeting.

**\*\*Recording available\*\***

**Next Meeting: April 1, 2022 (WebEx)**