

## **DATA TEST/HIGH PERFORMANCE**

WebEx

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

March 5, 2021 at 9:30am – 2pm

### **Minutes**

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

Roll call completed.

New Members:

- Mary Ann Berg

#### **II. Meeting minutes**

Minutes were approved as written

#### **III. Additional Topic**

Marla Court, Cook Region ILO/TLP supervisor is TA'd as ILO/TLP Statewide Administrator; role previously occupied by Bruce Thomas. Marla will be assisting in Central Matching and everything involving ILO/TLP. Diondria Jones is TA'd as Cook ILO/TLP supervisor.

#### **IV. YouthCare – Anika Todd/ Brenita Johnson**

Brenita Johnson introduced herself as the new Director of Operation for YouthCare and she will be replacing Lamont Boswell.

It was inquired if providers that are responsible to providing at least 6 months of aftercare post discharge can bill Medicaid for those services. Brenita will follow up on the inquiry and share the information at the next meeting. Brenita also shared that when it comes to issues with uploading electronic claims, providers should reach out to their YouthCare Provider Relations person and they can assist with troubleshooting those issues. Brenita shared that every practice should provide an updated roster that consists of all of the licensed providers. This allows for the claim to be auto adjudicated and paid out within 10 days, if the licensed providers are in the system. Roster should include doctors, nurses, and LPHA. Noted that providers relations team is doing a clean up to ensure updated information are in the system.

#### **V. Assessment of Hate Speech**

Patricia Garibaldi is a first year clinical Psychology PH.D student at Northwestern University. She has a lot of research and clinical experience related to kids and children's mental health, and she is also part of the Think Trauma evaluation team.

Patricia presented to the group about a project she is hoping to start; assessing what is happening in regards to hate speech in clinical settings that serves youth and how it is

impacting them. The presentation was a general overview of why Patricia feels the project is important and what she is hoping to do.

Patricia started her PowerPoint presentation by sharing what she believes is the issue, in which she defined hate speech using the UN - an expression in any form. It can be verbal written, behavioral or otherwise; and attacks or uses discriminatory language toward an individual or group of individuals based on the race ethnicity, nationality, color of their skin descent, gender, or any other aspect of identities. Patricia briefly shared her experience with hate speech and how it impacted her. Her goal with the project is to gather data illustrating what hate speech looks and sounds like, demonstrate how it may be impacting youth and staff, and encourage involved stakeholders to really take hate speech seriously. Patricia would like to collect self-reported data from youth and staff. They are in the process of making a brief survey with a staff version of a questionnaire and a youth version of the questionnaire. There was suggestion that the survey needed to include experiences beyond face to face, such social media and school. It was also suggested that sexual orientation should be included in the definition of hate speech. There was also a suggestion to involve the Youth Advisory Board to provide some feedback.

There were some concern that such a survey may also cause some trauma for those that are not ready to talk about their experience .

## **VI. Family First**

### **a) Soft Launch**

Soft Launch has now a total of 8 agencies participating and as of March 1<sup>st</sup>, youth were being place into those 8 agencies. There is plan for a discussion in April with participating agencies to discuss what is working and what is not working.

All providers, not only the ones participating in the soft launch should be identifying their primary and secondary intake contact. The thought behind it is to make sure that the independent assessors are able to coordinate interviews with the youth.

### **b) After care / Discharge**

Linda and Angela are working on After Care, with the thought that providers are looking for some guidance. If there are any questions, it should be forwarded to either Ashley, Linda, or Angela.

### **c) Data Point Discussion**

The hope is that agencies are doing their own internal tracking around length of stay, and for agencies with higher length of stay there may be a conversation around how to support them in reducing their length of stay. Monitoring is getting length of stay report and agencies should anticipate conversation around it at the administrative meetings. There were suggestions that treatment team should start exploring resources as soon as the youth is place instead of waiting until they reach their readiness phase.

It was mentioned that the last day to provide feedback on procedure 301.100 is today. All were encouraged to provide their feedback, even if it is after the deadline time.

There were some concerns with the case worker's ability to do Family Finding being that it is a lengthy process and they have a lot on their plate already. It was noted that Family Finding is the responsibility of the worker and there has not been any discussion on providing additional training. Some agencies have experience where youth have spent a significant long time on Phase II than they did getting to Phase II. However, the hope is that with Family First that long length of stay will decrease.

It was shared that there has been slow but steady progress with the Phase II project. There is discussion being had with Operations around available resources. Monitoring would be collecting the Zip Code and County information for the step-down resources to allow for the team to identify services prior to discharge.

d) Trauma Informed

Cassie Kisiel, director of research program at Northwestern and principal investigator and leader of the center for child trauma assessment, services and interventions lead the discussion on how to bring more trauma informed care to the residential setting. Cassie shared a presentation with the group around some of the particular practice models or interventions that have been used and tested within residential settings. Cassie focused on responding to the

Refer to PowerPoint presentation for additional information and Cassie's response to the following question from the group:

1. Which trauma-informed interventions do you recommend RTCs consider implementing?
2. What training is available for each of these trauma-informed interventions?
3. What are the best ways to evaluate fidelity to & effectiveness of trauma-informed care?

Next step for the group is to collectively explore some of the ideas laid out by Cassie and determine what option might be best to use for assessing progress

e) PBC

Northwestern had a brief presentation at the Monitoring Statewide Meeting, in which monitors took a poll that would help Northern western determine the use of PBC reports in Monitoring. The poll determined that monitors were not using the PBC report to monitor their agencies however, they were using information found in the PBC report to monitor their agencies. Monitors use several different sources such as IMSA, RTOS, and others to get their information. There was a breakout session during the presentation in which each group had a in-depth conversation about information being used and what could be helpful to them. Overall, length of stay is something everyone is interested in seeing on the report and there were also interest in seeing TODR. Monitors seemed more interested on individual youth information rather than aggregated information. There seem to be a really good understanding of only 3-4 measures despite some trainings, and the issue may be a packaging issue. There was a thought of using a dashboard to provide information.

**Next Meeting: March 26, 2021 at 9:30am (WebEx)**