



# CWAC Front End

**Thursday, April 7, 2022**  
**Webex**  
**11:00 am to 12:30 pm**

Lori Welcher and Desiree Silva Co-Chairs

**Join from the meeting link**

<https://illinois.webex.com/illinois/j.php?MTID=me6501a301741482367555a10a5ac71b8>

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## **AGENDA ITEMS**

1. Welcome – Thank you for attending and welcome to our first CWAC FE meeting for 2022. Please put your name and agency in the chat. We look forward to reviewing the membership in an effort to make sure we have representation from all our private agency partners.
2. Approval of December 2021 Minutes –December meeting minutes were reviewed and approved by the CWAC FE membership.
3. Survey Monkey Results – Kari Rogers

DCFS sent out a short survey asking members for ideas on what they would like to accomplish at CWAC FE as we move forward. We received 14 responses.

- Members were given a list of topics and were asked to prioritize them according to which ones should be given more time and attention for discussion. The top 2 topics were Collaboration between DCFS and POS followed by Workforce Challenges.

- The next question asked how often should CWAC FE meet. The majority chose every other month.
- Members were asked about the length of the CWAC FE meetings. The majority chose 1:30 hour/minutes.
- Members were asked what topics and/or guest presenters they would like to have speak at CWAC FE. Topics mentioned were: CAPU (CIRU), Family First Service Providers, Policy Administrator, Chief Deputy of Intact and DCP, Chapin Hall, CFTM expansion, update on immersion sites, update of CWS program and Dr Mann/EBI service providers.

Kathy Grzelak brought up that DCP attended CWAC FE in the past and it would be a good to ask them to return to the meetings. There may be other providers such as family advocacy centers that would also be beneficial to include. Lori Welcher will follow up with DCP.

Relating to the workforce shortage, what areas can CWAC FE address with DCFS Administration:

- The emergency rule:
  - It allows flexibility with qualifications; however, it takes too long. By the time a decision is made, the candidate may have taken another position. Is it possible for the process to be streamlined or timeframes be put in place?
  - The supervisory experience was changed to previous supervisor experience. This did open the field up to bachelor degree candidates; however, it is difficult to find someone with 2 years prior supervisory experience.
  - Regarding the master level requiring 2 years experience, we are asking the Department for an amendment.
- Delays in fingerprinting. Appointments are made but when the person arrives for the appointment, there are no fingerprint staff there.
- CWS Program. Proposal was made regarding CWS being able to use non-bachelor degree staff with experience along with using bachelor degree staff with experience as supervisors. Both of these recommendations were rejected by DCFS.

#### 4. CWS Update

- CWS providers have been identified to cover all counties statewide. Not all providers are up and running but should be soon.
- From January to the first part of March we received 1,923 CWSs. Of the 1,923, 895 of those went to POS providers.
- We expect the next report from Chapin Hall to show a significant increase now that Cook Central is up and running. In addition to Cook Central, we have six other counties that will be receiving CWS referrals in the next week.

Jere Murry from LSSI spoke about their experience with the CWS program. The program is going well so far. This program offers new workers the opportunity to see positive results more quickly than intact or placement programs. Experiencing some positive results may prevent workers from becoming discouraged and give them the time they need to adjust to the social work field.

Several agencies have asked for additional training and that has been provided. Jason Cummins is also available to provide support to the CWS teams. He can set up training for individuals as well as teams.

Providers were asked what type of data they would like to receive from DCFS regarding the program.

- Volume of referrals to help determine staffing needs
- How many cases get returned to the hotline?
- How many cases disposition into open intact cases?
- Do the number of referrals reflect the lack of resources in some areas
- How many families have multiple referrals?

Chapin Hall is tracking the number of CWS referrals by county by month. Chapin Hall is also working with the DCFS Intact Team to create a dashboard to track key performance measures. DCFS will explore the idea of getting input from the CWS providers as to what performance measures they would like to see.

POS providers are preparing their budgets for next fiscal year. Due to the increase volume of CWS referrals and investigations at SCR, does DCFS:

- Expect there to be an increase in intact family service cases for next fiscal year?
- Expect there will there be an increase in capacity due to increased volume at SCR?
- Expect there will be an update to the request to add case aides to the POS contracts?

## 5. Home Visiting – Thay Guirguis

Erikson Institute has a contract with DCFS to provide consultations, developmental screenings and linkage to services for young children involved in intact family services. They work to identify developmental delays and connect to early intervention. Home Visiting should be considered as evidence-based intervention.

The home visiting specialist is there to help connect your family to the right home visiting program that suits your family's needs. This program is for families with children under the age of 3 and/or are pregnant. The family must be willing to participate.

Home Visiting is a community resource available for families that is free and voluntary long-term supportive program used by many families separate from whether they are or are not connected to child welfare. It helps parents work to enhance their children's development and strengthen the parent-child relationship. Some families stay connected for 2-3 years and get the most out of the program when they stay involved long term.

A home visitor first works to build a relationship and understand what the needs and goals are as a parent. The intensity of services is based on the parent's need, beginning weekly and moving gradually to quarterly home visits as the family becomes more self-sufficient. The target population is during pregnancy or children under 6 months.

Caseworkers are asked to notify home visiting at [DCFS.homevisiting@illinois.gov](mailto:DCFS.homevisiting@illinois.gov) when they have a pregnant mom. The goal of home visiting is to encourage families to connect and stick with home visiting beyond the life of the intact family service case. 67% of families enrolled are staying engaged.

There are lots of different home visiting programs available with different eligibility requirements. The Erikson Institute is in the process of identifying areas where the home visiting resources are not available.

## 6. Family First – Jennifer Marette

The EBI intervention providers have served over 1250 families across all interventions. 1180 of these have been Intact families. 560 youth and families are receiving services currently in February. There are growing pains as with all new programming with the biggest issues being enough referrals and engagement to support a fee for service reimbursement method. We continue to look for creative solutions with Budget and Finance. Nearly 540 staff have been trained in Family First which is fantastic but additional staff still need to be trained. The most exciting update is there are three pieces of the plan finally coming together. The CANS completed by the caseworker is generating an algorithm that alerts workers that their family/child is eligible for a Prevention EBI. Workers are then to complete an EBI referral in the Provider Portal which is approved by the supervisor. The referral then goes to the EBI provider who engage from there.

There are still Portal issues that we are working diligently to resolve! When we looked two weeks ago, there were over 90 referrals that hadn't made it where it needed to go. CFS-507 can still be used to make the referral but hopefully, we will resolve this very soon!

## 7. Data – Chris Kelly

CWAC FE previously created a document detailing the information that POS providers are interest in receiving. The information was given to Chapin Hall; however, the list was lengthy and needs to be reviewed/condensed to determine what data is still needed. Chapin Hall will begin looking into the data available.

Dana Weiner gave a presentation about 2 years ago that included what type of specialties were needed related to the allegations coming in. CWAC FE asked if the report could be broken down geographically.

Data information being requested:

- Numbers of investigation and hotspots
- Are there specific areas of increased intact cases?
- Does the increased number of intact cases justify increased capacity?
- What are the dynamics of intact cases? Do we have resources to meet the needs of our families?
- How many of our intact cases end up with children back in DCFS care?

## 8. Q & A – Desi Silva

Question: When are we going to receive information on our FY23 budgets and contracts? Without data, it is difficult to budget for next fiscal year or determine if more staff will be needed.

Resolution: CWAC FE members decided to meet again in May to discuss the following:

- Budgets for FY23 – Jason House
- Contract for FY23 – Doug Washington
- DATA – Chapin Hall
- Family First Services – Dr. Mann

Question: Is the current charter still relevant? Do we need to discuss and revise the charter?

Answer: Yes, the current charter is 7-8 years old and needs brought up to date.

CWAC FE will meet again on Thursday, May 5, at 9:30 – 11 am.

9. Open Comments (Case Opening, CERAP) – Lori Welcher

No open comments.