

CWAC HIGH END COMMITTEE Minutes

DATE: July 28, 2021

TIME: 1:00 p.m. – 3:00 p.m.

LOCATION: Web-Ex

Phone: 312-535-8110, Code: 1331048852

1:00 PM - Begin

• **Welcome and Introductions**

- Introductions of Keith Poland the new Deputy Director of Child Services
- Approval of May Minutes

• **YouthCare – Traneeka Mickell, Director, Crisis Systems**

- Gary Pate a trainer at Youth Care was introduced to the group. He discussed several trainings Youth Care provides, he noted that all trainings are free, provide CE, and provided the link to the trainings (<https://attendee.gototraining.com/2c781/catalog/6538323256454355968?tz=America/Chicago>)
- Traneeka noted that most questions for Youth Care center around billing. Youth Care had hoped to have a Billing and Claims representative on the call, but the timing did not work out. Traneeka requested that questions about billing and claims be submitted to Youth Care via email.
- Traneeka gave a follow up to a question from the last meeting regarding medication hold or distribution needing prior authorization for the IMT1502 (med pass). She shared that approval has been increased to 4 times daily.
- Nancy Schwartz inquired how to access the Mobile Crisis Team (MCT), noting that her team had been unsuccessful in accessing support from that unit. Traneeka heads up this team. She notes that Youths in Care under the age 18 qualify as Mobile Crisis Response Provider support. This is a direct referral for any youth that may be in the ER for more than 24 hours, or if Providers have exhausted the bed search and are unable to locate a psychiatric bed. She stressed that they are attempting to enact a higher level of support for these youth. Efforts include reaching out to hospitals that are not in network or out of state to do single case agreements. She stated that most of the time Youth are turned down by psychiatric hospitals are due to the acuity of the

unit. Meaning the beds are all full or the unit is to acute to accept DCFS youth who generally have acute needs. She stated that a lot of time these acute needs resolve in the ER, at which point the youth is sent home with a robust safety plan. She noted that lack of a discharge placement, and DCFS consents have been barriers to the process. They have streamlined the consent process and Ron Kruger is participating in their meetings. They are also trying to reduce hospitalization by attempting to increase community support, which is where treatment takes place. They are attempting to forge a new relationship with psychiatric hospitals to address barriers and have a current workgroup. They are asking what each agency and support agency can do – DCFS, YouthCare, hospitals, agencies, etc.

- Traneeka noted that Providers can reach out to - MCRNotification@centene.com for support. She also noted that the Crisis Stabilization Multidisciplinary Team is a MCR (Mobile Response Provider) support. This service is otherwise known as SASS does the actual staffing. They have a Provider training monthly. This information is also on the YouthCare website and Traneeka will work with DCFS to get this information on the DNET.
 - A training was recommended by Rose if Providers were agreeable.
 - There was a question as to what more can be done regarding the chronic issue of some providers being not paid for over a year. Stating that the normal response of email or contacting someone does not deem to be adequately solving the problem. Traneeka suggest contacting your providers relations representative. If a solution has not been achieved, she asked to be emailed [and she will follow up to resolution. Traneeka.Mickell@centene.com](mailto:Traneeka.Mickell@centene.com)
 - It was asked that YouthCare Community Relations contact reach out to the agency to meet with Providers and build that working relationship.
 - If the Provider Relations person has left and it is not clear as to who the new contact is, use the ilyouthcare.com email.
 - Traneeka will invite Provider relations to the next call.
- **Subcommittee Updates:**
 - **Data Test Update** - *Angela Hassell, DCFS & Mitchell Sandy, Thresholds*
Shared that the Data Test wanted to bring the work that is being done to this committee. There was a conversation with Northwestern. They are planning a presentation and it was suggested that we leave space on the agenda for that. Additionally, it was noted the Data Test Committee is lacking participation from the Southern Region
 - **ILO/TLP** – *Lauren Williams, DCFS & Malia Arnett, Child Link*
NO updated
 - Ad-Hoc Workgroup
 - **Emerging Adults** - *Kevin Walsh, DCFS & Marc Fagan*
Marc noted that they are meeting next week. He stated that they are moving forward with several things whereby to adjust policies and practices. The big project is Older Youth Redesign. They are hoping that there may be a more formal presentation of

what they are looking to do with a potential pilot. They want to make sure that they are not interfering with the YV pilot. They are exploring foster care, home of relative or those that may not be appropriate for LifeSet. Scale of the project has yet to be determined. The next step is to review financial projections. The idea is to separate services from housing, regardless of housing option the youth would be provided with a team to address service needs. The target population would be those that are not in a TLP and not eligible for YV Lifeset.

The name of the program is Emerge-it goal is to connect youth at age 17 to an array of services (clinical, mentor, housing specialist, etc.) wrapped with a team that provides support for them through 21 where they would be discharged. There is a lot of discussion as to what that would mean for case services, rates, etc. with hopes that it would impact outcomes for youth as they are discharged from residential. They have received a lot of positive feedback but would need to redesign how we do the work. Feel free to reach out to Kevin Walsh at Kevin.Walsh@illinois.gov.

Kevin noted that they will be engaging in outreach to all ILO/TLP providers as the department has launched an older youth survey per senate legislation 1743. The first report is due on December 1st. It is about a 10-minute survey that they have been administering to youth with YIC and Countdown to 21 staffing's. Unfortunately, response has been low (125) so in the month of August ILO/TLP providers will be targeted for outreach to help get more youth to complete the survey. The survey is anonymous and there will be a 10-dollar provided as incentive. Chapin Hall will be the primary author of the report and will analyze the results. IL Chapter for Alumnae Foster Care of America and YAB (Youth Advisory Board) worked with them in the development of the survey. Domains of the survey are education, employment, housing, health care, social supports, juvenile records, future concern, demographics, and foster care experiences.

Kevin also announced they are launching the LGBTQ+ Youth Advisory Board to address weaknesses in servicing this population. They are bringing youth that identify to the table. They are doing a social media and email blast and are looking for assistance in identify youth that may be allies willing to work to improve the system. The meeting is set for 8/9/21.

- **YV LifeSet – Chidima Okorie, LifeSet Program Manager**

IL had received a grant to pilot the YV LifeSet Model – Hoyleton (2019), UCAN, and Lawrence Hall. Each team serves 30-40 youth and agencies that have two teams are able to serve 60 – 80. They have been working with Chapin Hall who serves as the evaluator. They are looking at the impact of the old model vs the YV model has on the youth. Once they have something to show, they will post that report. They have begun to distribute a monthly report. Send an email to Chidima if you would like to be added to the listserv Chidima.Okorie@illinois.gov. They are currently working with OHU with Northern Region and attempting to identify another team in Central Region. They would like to rollout the pilot with Northern and Central in the next year.

They are attempting to improve outcomes for ILO/TLP youth and offering more autonomy with their case planning. Chidima notes that the YV is attempting to provide support for those that are over 18 that may receive some HMR support. They are planning to test this as well.

- **FY22 Contract – Michelle Jackson, DCFS**
 - Bed Capacity – in June the department underwent reviews of all Congregate Care guaranteed contracts analyzing bed utilization over a 10-month period of time. This resulted in reductions to providers guarantee beds to reflect actual utilization for that 10-month period. Michelle believes about 10 providers were affected with the average reduction being 2-3 beds. If the department were to utilize these beds it would pay a higher rate. Additionally, the department is still open to talk with any provider that has concerns or grievance with the bed reductions.
 - Hoyleton noted that there was concern that the process was lacking, as they felt they were unaware of the process until they received their contract. Leaving them in the position to question the relationship with DCFS. Michelle apologized that efforts were made without the desired conversation due to the time constraints as the Department does view them as partners.
 - It was inquired as to whether DCFS was willing to consider Welcome Center beds. While for some agencies, that was a part of the consideration. Providers are encouraged to consider how we can serve youth that are in crisis and want them to be a part of the conversation regarding building crisis stabilization. It is hoped that this can be done so that Welcome Centers are not utilized but rather a crisis team wherein youth can be served in a more appropriate placement.
 - There was inquiry regarding consideration of the workforce crisis as staffing is the predominate issue. Another Provider noted that the underutilization was due to not having sufficient staff. There were also a few acute youths in QRTP that did not have any recommendations by CATU resulting in the youth returning and Providers having to manage crisis. Note that the acuity of the youth and the staffing crisis has to be considered.
 - Mitchell has a few questions regarding TLP/ILO contracts. Michelle asked that he email her, and she will look into it.
 - Rate Adjustment
Michelle was unable to speak to this and suggested another department represented would be better suited to answer
- **All Level of Care Provider Meeting (TBD)**
It was still undetermined when this meeting will take place. Nancy pointed out that August may be challenging as many people take vacation.
- **Family First Updates – Angela Hassell, DCFS**
All providers have been rolled into soft launch. Power points have been sent out regarding 906 processing, if there are any problems with 906/UPA's please reach out to monitors to navigate that process. There will be a FAQ document that will be posted on the DNET eventually. There is a meeting with Operation around youth in phase two for long periods of time to create a sense of urgency to find placement for the child. Received the first denial for

QRTP by independent accessor and the Department is reviewing what happen to see if adjustment need to be made to the recommendation process.

Chris asked if after first quarter July-September (AKA soft launch) if providers can receive feed back on the 906 process. The official go live date is scheduled for October.

Chris noted that there is legislation related to the IMD issue making it way through congress and asked if the department was working with state representatives to support legislation. There was no one on the call that could speak to this.

- **Other Agenda Items & Questions**

A question was raised about the the department looking at changing any guidelines around COVID due to the delta variant and it impact on the population. There is not new guidance at this time.

A discussion about provider staff vaccination rates was had and no provider is mandating vaccination. Provider wish the department would to help then mandated to their staff, whoever the department does not see that happening.

- **Next Meeting Dates:**

- September 22, 2021

3:00 p.m. Adjourn