

**Child Welfare Advisory Committee:
System of Care (SOC) Subcommittee Minutes:
Tuesday, January 12, 2020 1:00-2:30PM**

Zoom Conference/Call-in option:

Roll call/in attendance: Michelle Jackson, co-chair DCFS; Alyse Almadani, Kaleidoscope; Cindy Hoffman, CHAIL; Kristine Herman, HFS (1:30-2); Merry Beth Sheets, Hephzibah; Stephanie Barisch, CYFS; Shawnte Alexander, YouthCare; Laura Keuver, Catholic Charities; Michelle Churchey-Mims, CBHA; Kacy Anderson, ICOY; Anika Todd, DCFS; Alicia Ozier, DCFS; Alex McJimpsey, DCFS; Pat Ege, co-chair Cunningham

1. Approve minutes from previous meeting

2. Update and topics from CWAC and other Sub-committee meetings:

- a. CWAC retreat early this year: Director and others in DCFS leadership would like for sub-committees to use the Charter. The updated Charter is a part of this packet, including the addition of our “Purpose” and our last meetings comments on Racial Equity. (Michelle and Pat)
 - i. During CWAC co-chair meeting was a dialogue the charter and an upcoming retreat
 - ii. Racial Equity: Looking at three areas: system of care and disproportionate representation in child welfare and at juvenile justice level, social determinates of health, finding ways to weave areas of access to health services with root problems
 - iii. Moving forward: Michelle sent an email to the committee chairs to ensure that next steps will be discussed during their next meeting. This discussion within the sub-committee has been tabled until after the next committee chair meeting.
- b. From CWAC COVID meetings on Fridays have been on hold through our holiday and will begin again on Friday, January 15, 2021
- c. Open floor for other DCFS meeting members have attended--no updates
- d. Any follow-up from our previous topics: DoIT (Youth Team app) and our discussions with Jason House related to contracts? None expressed.

3. Family First (FFPSA) through the system of care principles and community impact, brief updates and EBI pilots IV-E

- a. Evidence based practice pilots (5) – have program plans and practice in place for trainings

Laura Keuver (Catholic Charities) has implemented CPP & PPP: PPP has started. They are struggling with implementing in recommended ways based on fidelity. They have to figure out how to remain true to the model in a way that works for the families being served. They have served 9 families so far, and 3 more are starting soon. There is a struggle with the homework portion, and it ends up being doing during the session which impacts the timeline; it’s hard to get people to engage in work in between sessions. CPP has been in service since December, thus too soon to evaluate; staff are not fully certified, but they are trained enough to start. Stable

funding is beneficial for billing purposes, in order to get people trained; Dr. Mann has been very open within the Department regarding this. This is a good opportunity to look at sustainability. IM CANS & Treatment Plan – they are continuing on the already established path. There is a concern about billing – the Department has been very generous, and it works out much better than if it was Medicaid billing only

Pat Ege (Cunningham): They are training a therapist from the out-patient program for the pilot for Intact families

Merry Beth Sheets (Hephzibah): PPP – 1 full time & 2 part time staff. Full time staff is trained and working with 8 families. There are 9 families on the waiting list, pending the training of part timers in Feb. They started billing in Nov with CM support and started running in December. Medicaid billing – a lot of families are uninsured, so it's hard to bill. She is hopeful that the uninsured will be recognized moving forward.

4. **Managed Care Organizations:** YouthCare updates and progress (Shawnte Alexander if on the call)
 - a. Per Shawnte Alexander, they are looking at everything in order to be better prepared to address service gaps.
 - b. Per Kristine Hermann– The rollout has gone smoother than anticipated. There is a strong focus on kids stuck in ERs that are awaiting hospitalization. Working on addressing kids in real time
 - i. Question Michelle Churchey-Mims – Was the 1915i submitted yet? Have comments/questions been incorporated? Answer: The app was submitted to CMS on 12/23. They received 200 comments, mostly around implementation, which didn't impact implementation. Changes will be tracked. To field questions and comments, they will roll out a townhall series and stakeholder meetings, since this does impact a lot of system changes. There is a partnership with U of I Champaign School of Social work to create a full training program to include high fidelity wrap around to care coordination, and everything in between. As long as CMS doesn't see this as a problem (which they shouldn't since other states have done similar), it will be implemented soon.
 1. Comment by Alyse from Kaleidoscope – psych hospital step down with wrap around programs are hard to do without a placement – the CMS process is broken, kinship/family finding doesn't have the bandwidth to do it. They are looking to fill the gap but it is hard to partner with staff when facing high turnover. Although crisis should be focused on stabilization, it is often focused on moving to different levels of care.
5. **Medicaid, Integrated Health Homes (IHH) and 1915i** (Kristine Herman from HFS, ICOY and CBHA)

Per Kristine – they are rolling out more training for mobile response and talking about service for crisis stabilization. Crisis system tends towards screening and hospitalization, and there needs to be a shift in mindset towards more stabilization. They are talking to agencies about doing more community support teams as well as mobile crisis response, and adapting the team to be more focused on children and adolescents. Also, there is planning for transition beds to offer stabilization for kids in a shorter length of time for residential, before going into hospital stay

Per Stephanie Barisch – CYFS has community support teams, but can't find someone to fill CFPT role

Per Kristine - 1915i peer supporter: it is difficult to find that particular spot for the team. There is a search for more individuals with the experience. There is also concern about building the workforce – staffing residential, individuals for intensive home-based services, having the boots to keep families stable, etc. This is all being looked at.

- a. IMCANS/CANs 2.0 issue and other updates
- b. 1915i what is the impact on the child welfare system and initial feedback from the group
- c. Workforce group: **NB Consent Decrees**
- d. **Family Support Program (FSP) under HFS/Medicaid and Specialized Family Support Program (SFSP) Beyond Medical Necessity**

6. Qualified Residential Treatment Program (QRTP) (Deb, ICOY re: QRTP and Federal Medicaid)

Merry Beth (Hephzibah) – They have a small, 26 bed program. They are the only program to service young children, 3-11 yrs old. They have a Diagnostic & Residential Group Home (only one designated as severe). Based on the trauma informed, clinical approach (treatment program, not placement), they had to add a nurse. There is a concern about lengths of stay because the foster care system is limited and COVID has had a significant impact on family placement volunteers (many youth are stuck in Phase II, with no identified place to go)

Per Pat, when you don't have a placement, it's hard for the rest of the infrastructure to get in place and work. Question from Pat: What are average lengths of stay? Answer: Diagnostic 6-9 months, Residential 1-2 yrs with outliers up to 5 yrs. Average length of stay is 20 months for residential and 9 for diagnostic; Age range is mostly 5-8 yrs old, with some 10-11 yrs old

Cindy Hoffman (CHAIL) – They have 50 beds, serving mostly older end population 15-20 yrs old. There is concern about the process for keeping them in Residential. Family involvement is important for treatment, but involvement is limited for older children since families are generally in different geographical areas. 4 out of 5 programs are high end, with no resources at all.

Per Shawnte Alexander – meeting with LSSI about therapeutic Foster Care

Per Alicia (Department) – She will take concerns back to address resources for agencies and families, and discuss how to address the issues systemically to ensure that children have a home to go back to.

Per Merry Beth – There is an issue regarding financial implications for FFPSA with Residential – lengths of stay in IL are longer than what FFPSA stipulates, and we don't have tools to get them out in the required timeframe. The Director can request an acceptance, but not having a placement is not a reasonable reason to request that. This may result in a financial burden for the Department

Per Alicia – The Department is looking at resource development, relationship building with agencies for a greater impact and the cost factor if a waiver is needed beyond what will be provided. The Department is moving as diligently as possible to address needs and concerns

Per Pat - Choices – DeeAnn Ryan has been a champion in getting positions for people out of high school. She has worked on curriculum to present to MB group on Monday. The curriculum was developed somewhat based on practice guides. It provides valuable information that helps people come in stronger as an RSA. Kristine Hermann will listen to the process and proposal. Michelle Churchey-Mims is part of the workforce group to develop the curriculum. Within the RSA levels, they are looking at ways to leverage skills and ensure everyone isn't doing the same thing

7. Public Comments none stated

Parking Lot: (topics likely not relevant for this meeting, but may be in the future)

- **NB and BH Consent Decrees**
- **Psychiatric Rehabilitative Treatment Facility (PRTF)** Discuss some differences with Q RTP
- **Mobile Crisis Response / SASS**
- **Family Support Program (FSP) under HFS/Medicaid and Specialized Family Support Program (SFSP)** Beyond Medical Necessity

2021 Meeting Schedule: Monthly, Second Tuesday of the month 1:00-2:30p

Next meeting: February 9, 2021 1:00-2:30p