

CWAC HIGH END COMMITTEE MINUTES

DATE: September 28, 2022

TIME: 1:00 p.m. – 3:00 p.m.

LOCATION: Web-Ex

Phone: 312-535-8110, Code: 1331048852

MINUTES

1:00 PM - Begin

- Welcome and Introductions
- Approval of May Minutes: Approved by Nancy Dorfman Schwartz, seconded by Mary Ann Berg

1:10 PM – THINK TRAUMA (Erika McClain-Millsaps)

- Curriculum was developed by National Child Traumatic Stress Network. It addresses stress of working with youth and staff that have experienced trauma. It is designed for non-clinical front-line staff. It is well adapted to Residential and works well when used as a supplement for current programs
- Training includes 4 modules, 3 hours each; an administrator (for logistical and operational purposes) and three trainers (for turnover purposes) are expected to attend
- Program includes training & implementation, a one-year commitment, 16 hours of content, teach backs, quarterly progress reports and monthly calls
- Next steps: Agencies complete survey by 10/4, are notified of selection in November, monthly calls start in late November and training starts January
- Interest Survey link:
https://qfreeaccountssjc1.az1.qualtrics.com/jfe/form/SV_5u8Eon8QYLIBc34
- Recorded Informational call link:
<https://northwestern.zoom.us/rec/share/DiXFRroiQB9uM6P-M-W64vYOjL6NSP4vR6G-6MGwonqI5fspjeHIBfJ5oxNWj35i.HCAwLBeXHAN59plw>

1:30 PM YouthCare Update (Marc Fagan)

- Global Crisis Response
 - Current efforts include ensuring there is only one meeting (no overlapping meetings), and connecting with DCFS caseworkers & care managers for integration into CFTM
- Network
 - Getting more providers around special needs (Autism, Bipolar, mental health needs)



- Rollout
 - Global crisis now doing wraparound services, so working on that along with matching with DCFS & YouthCare
- Concern
 - There is concern around the convergence of Pathways, CCSO, YouthCare coordinators, and caseworkers in terms of billing and coordination of multiple care coordinators. Marc hasn't been very involved in finances, but will circle back with group once it is further developed
- Contact: Marc.fagan@centene.com

1:45 DCFS Updates

- Pathways and CM billing
 - This is a huge undertaking for DHS. There is an effort to find out which youth within care qualify, and how many it is appropriate for. The Department is taking time to understand complications and impact it'll have on youth
 - Rollout projected for Spring 2023
- COVID & Congregate Care
 - The Department is following the guidelines set by the CDC. Staff visiting youth are required to wear masks, as are youth in school; everywhere else it is suggested
 - When will mask mandate be lifted for DCFS Staff? Refer to local guidelines for that
- TLP/ILO Workgroup Interest
 - Thresholds is interested in a few meetings to discuss contracts (money for rent, etc.)

2:00 PM – Families First – Update & Feedback (Angela & Shaun)

- Mentimeter – organizations provide feedback amongst peer organizations & DCFS
 - www.menti.com, code 5960 8689; provides feedback
 - <https://www.menti.com/al4jh7hdu4zd>
- Feedback: Challenges
 - Aftercare struggles with transportation
 - A lot of legwork after assessment to get the report; goes to caseworker and not the program
 - There is implicit bias around biological families & ability to be a resource; there have been several cases where the residential case manager identifies and suggests family members, but the caseworker refuses to attempt finding them and the provider has limited resources to search
 - There is a general lack of knowledge among managing agency case managers regarding the timelines/requirements of Family First
 - Post-discharge services are a struggle because youth age out of care when they leave the program, and decline services
 - Inconsistent responses when reaching out to provide case management services
 - Youth are widespread throughout the State
 - Parents often don't want continued contact with the system
 - Situations for discharging youth where the outpatient therapy services coordinated / confirmed by the casework team have disrupted or fallen through due to lack of resources in the receiving agency... our team has continued to provide the individual therapy - at times, that means helping the families overcome obstacles to tech access when distance is significant
 - POS and DCFS caseworkers want to get rid of the agency at times. Some welcome the support but many seem to view us as interfering, especially if we are holding them accountable in ways that may increase their workload

- Workforce challenges in the community directly impact when youth discharges or the discharge fails
- Some youth and families are not ready for youth to come home when it's time
- Having BMN youth referred with no stepdown resource
- Agency pushes hard for a stepdown resource to be identified prior to admission, but the resource often falls through within the first few months of treatment
- Many youth do not have a step down resource when they are ready for discharge, some staying months/year after being clinically ready to discharge
- Feedback: Suggestions
 - GAH creates a task list to revisit at every clinical staffing meeting in hopes of keeping everyone on task in planning for discharge once youth arrive at RTC
 - Nexus Indian Oaks requests the first CFTM date when establishing the admission date. This helps set the tone and expectation. It often relates to a solid case worker and results in CFTMs happening more frequently.
 - Complete discharge planning virtually or by phone (in cases where agency is not local); for more local youth, leverage community-based team to support discharge
 - Given the age of the population, the agency frequently helps the youth and family find and select an appropriate adult placement based on their ongoing mental health needs. It varies greatly, and often the team needs guidance.

Next Meeting October 26th, 2022 1:00 – 3:00pm

3:00 p.m. Adjourn