

Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

March 17, 2022 – 4:00pm -5:00pm

MINUTES

MEMBERS PRESENT (in person)	MEMBERS PRESENT (via WebEx/Telephone)	MEMBERS ABSENT
N/A	Carol Sheley Dr. Michael Naylor Dr. Rashid Saafir Dr. Shawnte Alexander Kara Teeple Kristine Herman Nina Dixon Royce Kirkpatrick Stephanie Barisch Sarah Daniels Director Smith Jeff Blythe Ruth Jajko - Proxy: Chriss Collins Carrie Muehlbauer - Proxy: Audrey Pennington	Anika Todd Helena Lefkow Julie Hamos Keshonna Lones April Curtis Arrelda Hall Ashley Deckert Director Eagleson Dr. Peter Nierman Gregory Cox Howard Peters Josh Evans Judge Ericka Sanders Kathleen Bush Tim Snowden

I. Welcome and Call to Order

Kristine Herman with Behavior Health for Healthcare and Family Services introduced herself as the moderator and welcomed the group. She called the meeting to order.

II. Introductions and Roll Call

Kate Smith took roll call. It was determined following roll call that a quorum was not present.

III. Approval of Minutes

Did not occur as a quorum was not present.

IV. Update on Implementation

Kristine Herman: Introduced Cheryl Fisher, whom has taken over leadership of YouthCare.

Cheryl Fisher: I am the Interim Lead at the YouthCare program right now while we are sourcing for a permanent candidate, but I have been part of the Illinois market previously I assisted with the implementation back in 2018, 2019. So really excited to be back. I am apart of the parent company Meridian Centene and I lead our Foster Care and Child Welfare initiatives from a national perspective so

definitely excited to be apart of what's going on in Illinois with YouthCare and leading the efforts here in partnership with HFS and DCFS.

Nina Dixon (DCFS): I have a few updates on the work we have currently done with YouthCare. The first is regarding to the Cornerstone platform. YouthCare is currently facilitating the transition from Cornerstone into a new platform for the Healthworks medical case management agencies. The platform is currently live and DCFS identified certain agency staff to test the system and provide feedback. That testing will occur next week, March 21st and then the group will convene on the 29th to share feedback, plan for any system change and potentially establish a date to transition to the new platform. YouthCare will also provide training and support to all the agencies throughout this transition. We are looking forward to getting that feedback from the lead agencies, from the agency staff that are testing the program. YouthCare continues to work on the Mobile Crisis Response providers with DCFS focusing on youth that have been identified as being in need of inpatient psychiatric care when a bed is not available. There has been an increase in the number of agencies taking advantage of the CSMDT process which was obviously developed to address the needs of youth waiting in the ER for inpatient admission. YouthCare has currently done 57 of these staffings since the launching of this program last July. Of these cases, 90% engage in ongoing outpatient behavioral health treatment and only 4% extended their inpatient psychiatric hospital stay beyond medical necessity. So that is really good that we have these providers engaging in these staffings. We've seen really good results from it. HFS, DCFS, YouthCare have established the work group to discuss the crisis services for youth. The focus has been to enhance the communication between the agencies particularly for youth with more complex clinical needs. Also, YouthCare continues to provide training for community stakeholders. The training began prior to the roll-out but since November 2019, YouthCare had developed about 419 trainings to over 8,000 participants. Some of the topics have been IM+CANS, treatment planning, YouthCare orientation, cultural competency, YouthCare provider orientation. Lastly, YouthCare will deliver trauma focused cognitive behavioral therapy training to licensed behavioral health clinicians that are in network taking place April 21 and 22nd. This is an evidence-based treatment designed to address the complex trauma needs in children and youth and the training and follow-up consultation for the participant is free of charge.

Keshonna Lones (HFS): Providing a brief update related to a system enhancement. During some of the last meetings there were some concerns brought forward around the former youth-in-care population displaying Meridian within the Medi system and there were some concerns with being able to distinguish between the Meridian and the YouthCare population using the Medi system. So we heard some feedback from providers although we had a work-around system we were actually able to implement and an enhancement January 20th which now allows us to distinguish between those populations within the Medi system. So now for that former youth-in-care population, it is able to display YouthCare and I am hoping and I'm excited to share this news that that would eliminate some confusion.

V. Public Comment

Kristine Herman: Are there any comments or questions from the attendees? We can do both committee members and public at this point.

Q: Carol Sheley - Regarding the update, had that been what has affected the changes within? It seems there has been a lot of issues with children who have been adopted and their cards being suspended, or it states that they're not active, they don't have insurance anymore. Could that have been what has caused all of that?

A: Keshonna- I think it would be helpful to have a couple of examples and we can dig into that and I can work with YouthCare and we confirm exactly what was the root cause. But these members have already been enrolled in YouthCare so its not a new enrollment so it shouldn't cause any downstream impact but I am happy to dig into it further if you could provide a couple of examples.

Q: Stephanie – Question for Nina and then a comment. You mentioned the TFCB training that will be available in April and you mentioned that was for licensed clinicians only, is there a reason why its only being directed towards licensed clinicians and is there any potential opportunity that you might expand that training beyond licensed?

A: Cheryl – so TFCB is an evidence-based practice that related to those who are providing behavioral health services and so there are some requirements around being able to develop that evidence-based treatment. If you have a person though who is operating under supervision for their clinical license or something along those lines, there is some ability to have some flexible there for individuals who are pursuing licensure and be licensed in the future. So, if it is something that you are interested in or you know someone, if you want to send that information, you can send it to me or via Nina and we can send the information to that individual and that will list the specific criteria and they can determine if they meet the qualifications to be able to participate in the training.

Q: Stephanie – As a provider we are seeing almost a crisis level at this point in terms of services for youth who are autistic spectrum or experiencing a developmental delay of some kind. We have had numerous youth who have spent significant amount of times in the ED or multiple crisis experiences placement changes because we can't get their needs met. Is there any movement on that population, any focus on increasing resources or treatment options for that population?

Cheryl – Are you referring to ADA for example?

Stephanie – One example, yes. We are both a provider for the Child Welfare Behavioral Health side of things but we're also a Mobile Health Crisis provider so we are also really struggling with locating high-end services for youth who aren't safe at home and may need psychiatric placement or a higher level of service.

A: Cheryl – I can address the issue related to ADA and what we're advocating for. I think you may already know so I hope I'm not boring you with details that you are already familiar with but there are some restrictions around ADA providers being able to be Medicaid providers in Illinois and the supervision that they have to have under a LCSW or PHD which unfortunately our ADA providers are typically set up that way. I do believe there is some legislation going through right now that hopefully will address that, but we are definitely limited there. So, what we are looking to do right now is identify who are those providers that are in the State of Illinois that have some experience working with this population even if its not ADA in an effort to be able to better help guide folks like yourself in getting those referrals made to the right place. Because we definitely acknowledge its an issue. We are in conversations with DCFS as an agent and HFS quite a bit about that and the need for additional providers in that area. I wish I had a great answer to give you in terms of what we have that's happening right now but it something that we are just still working on.

Janette – I work with Cheryl and its not legislation, I believe HFS is diligently working on a solution on this that should be coming shortly.

Kristine – We just had a conversation with DCFS about this particular issue yesterday and as Janette said, we’ve working on some additional solutions over here. We are also working as closely as we possibly can with DHS division of Developmental Disabilities because they help out with these kids as well. This particular issue is front and center. It is not an easy one to solve but I want to let you know that there is a lot of resources going into as we speak. It is a top priority for YouthCare and the Department.

Dr. Naylor – I want to send out a link for the registration for the TFCBT to a bunch of clinicians, how can I get that link?

VI. Meeting Dates

Next meeting will be held on June 16, 2022 beginning at 4:00pm.

VII. Adjournment

Kristine Herman closed the meeting.