### Child Welfare Medicaid Managed Care Advisory Workgroup

Department of Children and Family Services

WebEx/Telephone

# August 19, 2021 – 4:00pm -5:00pm

#### **DRAFT MINUTES**

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

#### 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 present.

#### III. Approval of Minutes

June 17, 2021 minutes:

Royce Kirkpatrick motioned to approve the minutes and Ruth Jajko seconded the motion. Minutes were voted upon and approved without any edits.

## IV. Update on Implementation

Kristine Herman: We will first go to DCFS for their update.

Nina Dixon: Currently DCFS continues to work with YouthCare and HFS with improving the portal for services, care coordinators, and case managers. YouthCare is currently creating a survey to see what is working and what can be improved. We are in the final stages of completing the frequently asked questions for providers. That should be presented in a few weeks. We are also collaborating on the workgroup that Michelle Jackson has created in regard to building the relationship between psychiatric hospitalizations and all parties that work with them to streamline how information is given and how to improve processes. We continue to address service gaps on a bi-weekly basis. We're working towards closing those services gaps. We are in the beginning process of working with the Family First program.

Dr. Alexander: I hate to repeat what Nina just said, but we are definitely working on all of those things. YouthCare recently provided a CSMBT certification to providers. That completed August 12<sup>th</sup> & 13<sup>th</sup>. We are currently registering folks, who are already CSMBT certified, for problematic sexual behavior in adolescents. We have a few slots still available for this specialty training. In order to participate participants, have to already be licensed and CSMBT certified. Please have anyone that is interested contact us. This training is not offered often, so it's a great opportunity. YouthCare is pushing information about getting the flu-shot and COVID-19 vaccine. We are putting that together with our back to school drive. We are trying to bring the vaccine to as many of our youth as we can.

Keshonna Lones: As the team mentioned we have been meeting on a regular basis to see if there are any gaps we are seeing from the front-line staff. YouthCare has really developed a new process to ensure that they are capturing that information in their system. We're able to discuss that as a collaborative group. Dr. Alexander talked about the certified trauma informed training that YouthCare hosted. That was one area where we saw a gap in the network. YouthCare has worked to provide trainings to providers in the network where we see a gap. One other piece I want to call out from that group as a "win" is around the eating disorder program. YouthCare developed a task force to find providers and collaborating with specific agencies to do on-going single-case agreements to meet the needs of the members. There have also been on-going discussions on expanding Tele-Health and insure there are continued access to psychiatrist. Overall there has been a focus on increasing the collaboration. We're working together to ensure we highlight key wins and seeking opportunities for improvement. Another key piece to highlight is around the CSMBT (Crisis Stabilization Multidisciplinary Team) that YouthCare developed in collaboration with DCFS & HFS those have been on-going. Since the program launched YouthCare has hosted over 30 CSMBT staffings. They conducted a survey where they found that over 79% of the participants agreed or strongly agreed that the program has been beneficial.

## V. Public Comment

Kristine Herman: Are there any comments or questions? Please, committee members first and then we will address the public.

Kristine Herman: I will open this up to public comment at this time.

Q: This is Nancy Dorfman Schwarts. I am wondering where YouthCare and DCFS is at around psychiatric bed opens. We've had a kid sitting in the hospital for the last week that we have had to staff 24/7 because nobody will take her. This is probably the third kid in the last month that we're seen this. What is the plan to expand psychiatric hospitalizations and to eliminate what we've been seeing with staffing this youth?

A: Kristine Herman: Dr. Alexander, do you want to speak to the CSMBT process that we have been using?

Dr. Alexander: Even if it's not coming through the Mobile Crisis Response, I think it's worth getting that case to the CSMBT – what that group does is bring together a higher level of all of the agencies and stakeholders involved to problem solve. We understand that there are various factors to these cases that do make them complicated. We do hold regular meetings with the psychiatric hospitals to improve our collaboration. We are also making progress in the group that Michelle Jackson created. We are working towards long-term solutions, but that is why we have the CSMBT in place for the case specific concerns so you're not out there trying to figure this out yourself. You can send me an email and I will link you to that team.

# VI. Meeting Dates

Kristine Herman: Our next meeting will be held on October 21, 2021 beginning at 4:00pm.

## VII. Adjournment

Dr. Saafir motioned to adjourn the meeting.

Dr. Naylor seconded the motion to adjourn the meeting.

Kristine Herman: Any discussion? All in favor?

Motion passed.

Kristine Herman closed the meeting.