

Wisconsin Council on Children's Long-Term Support Needs  
Council Meeting

**Final Minutes**

June 26, 2007

LaQuinta Hotel

10:00 a.m. - 3:00 p.m.

Madison, WI

Chairperson: Liz Hecht

Members Present: Keith Keller, Julie Turkoske, John Shaw, Michelle Sturz, Sue Gilbertson, Sally Mather, Barb Katz, Beth Wroblewski

Guests: Mary Krueger, Winnebago County, Susan Younger, Waushara County, Diane Fett, Fond du Lac County, Amy Whitehead, DHFS, Kay Marceau, Wood County Human Services and parent

Staff Member: Katie Sepnieski, DHFS

- I. Welcome and Introductions
  - a. Liz Hecht welcomed everyone to the council meeting and introduced the topics on the agenda.
  - b. Introduction of council members and guests
  
- II. Minutes Approval
  - a. John Shaw made a motion to approve the minutes from the March 20, 2007 Council meeting.
  - b. Julie Turkoske 2<sup>nd</sup> motion
  - c. Council approved minutes
  
- III. Action Items from last meeting were addressed
  - a. Liz Hecht: The Council letter to the Secretary that was approved by the council at the March 20, 2007 meeting should be put on the CLTS Council website.
  - b. Beth Wroblewski: The DHFS website will be updated with the intention of easier access to the different areas of the Department for the public. Suggestions from the Council included having a link on the homepage to one site for all DHFS councils or having the CLTS Council link above or below the Autism Council link on the BLTS homepage.
  - c. The Secretary was invited to the Council meeting but was out of state, the council would like to extend an invitation to him for the council meeting on September 18, 2007.
    - i. The Council will finalize an agenda prior to inviting the Secretary in order for him to be aware of the topics that will be discussed.

- ii. Katie Sepnieski will solicit agenda ideas from Council members through email and possibly a Wisline.
- d. A subcommittee created a letter to the Secretary regarding the reorganization of the Department of Health and Family Services into two separate departments. The letter needs final editing.
  - i. The Joint Finance Committee has approved the division of the departments. The division needs approval from the assembly.
  - ii. A meeting of the subcommittee to make the final changes was proposed with additional volunteers as needed. Barb Katz volunteered to join the discussion.
  - iii. The letter is an opportunity to highlight that children with long-term support needs do not get lost in the reorganization. The full council will review the final draft and make comments if there is anything of concern.

#### IV. Outcomes Discussion

- a. Council Members were asked to complete the online Outcomes training offered by the DHFS in order to discuss the required outcomes on all Individual Service Plans (ISP) as of January 1, 2007.
- b. Outcome-Based Service Planning Handout was distributed to members and guests. The handout was sent to counties in 2006. The handout addressed the new Individual Service Plan with outcomes is required as of January 1, 2007.
- c. Diane Fett from Fond du Lac County discussed how they use outcomes as best practice for service coordination.
  - i. Fond du Lac County currently does not have a waiting list for children.
  - ii. The outcomes-based model fits in with resources and increasing access. The outcomes allow for individual planning and focusing on what the family truly needs.
  - iii. Fond du Lac County provided training to all of the staff in the children's section. It was one of the first steps in implementing the change in philosophy for family and person centered planning.
    - 1. Outcomes is a significant shift for the entire system including families, service coordinators and providers
  - iv. Fond du Lac County submitted a proposal two years ago to be a pilot county. Being a FamilyCare county, they learned a lot from the adult section. The goal of the proposal was to use outcome-based services and to eliminate wait lists.
  - v. The County was concerned that some families were getting everything and some families were unable to access anything.
  - vi. Families with children in Birth to 3, COP, CLTS and Family Support were applying to be on the wait list before they knew what they needed.

- vii. The Functional Screen assisted in determining Level of Care, it focused on strengths and what resources were available both formal and informal.
- viii. A thorough assessment was completed by the county to determine what families truly needed. Families did not want everything they wanted effective services.
- ix. The assessment assisted in eliminating the wait list for sixty families by considering needs first then moving up the funding tree, starting at Family Support and ending at the CLTS Waiver. This ensured families needs would be met.
- x. The County did strategic planning with families, providers, and service coordinators. The shift in philosophy began with service coordinators, then families and then the referral network.
- xi. The County continually measures if needs are being met through an initial assessment and reassessments
- xii. Council member asked how does the county work with families to gain their trust.
  - 1. New families and families in Birth to 3 are not familiar with the old way of doing things so it is easier for them to accept this philosophy. Also, the county created focus groups and included families in the strategic planning. Finally, the county needs to follow through with what they say. By having consultation and compromise, the county is capable of providing meaningful services.
- xiii. The County created a new unit with cross training with a shift of responsibility. Staff members were able to divide their work and handle additional families.
- xiv. The different funding and programs were fragmented and ensuring the needs are being met by completing an assessment and determining how to fund the need, it may be a one-time or a small amount of money, the child may not require the waiver. The funding has not changed it is how it is utilized that has changed.
- xv. The county hired a parent consultant. She writes articles for the newsletter, recruits families to be part of the redesign, and facilitates the Parent Advisory Committee.
- xvi. A council member stated that Wisconsin has been a service-oriented system not an assessed need system. Families have had a level of services, and with changes, it is important to ensure each year is consistent with matching the family's needs.
- d. Keith Keller from LaCrosse County, also a pilot county, discussed what LaCrosse is doing with outcomes.
  - i. The county works with families to determine what they really want.
  - ii. The county is struggling with post-adoptive children with attachment disorders and determining how to offer supports for these children in the community.

- iii. The county needs to determine what are the needs and the most cost-effective way to get there.
  - iv. Some families have adapted to an outcome-based system while other families are more demanding.
  - v. The new service coordinators are able to navigate services and supports easier since they were not used to the old system.
- e. In Fond du Lac County service coordinators and families prioritize needs and how to deliver the service. They review how things are going and adjusting as needs change not annually but as needed.
  - i. Service coordinators are assigned based on their knowledge and education. They also need to build on their relationships with families. The SED Waiver has been difficult to implement due to service coordinators having a Developmental Disabilities background.
- f. LaCrosse County uses Reflective Circles which focus on four parts:
  - i. Questions, concerns, and outcomes
  - ii. Why might it look this way? What other information do we need to know?
  - iii. Plan Strategies
  - iv. Possible opportunities related to outcomes or concerns
  - v. The Reflective Circle also considers family values and traditions, family strengths, family resources, and family capacities.
  - vi. The supervisor also works with the service coordinators to assist them in building this skill in a way that teaches how to work with families.
- g. The Agenda questions were addressed.
  - i. What are the steps that service coordinators can take to fully involve families in this type of planning process?
  - ii. How can we work with support and service coordinators to assure that services are planned using outcomes to address child and family needs?
  - iii. The initial outcomes training was a good first step. The basics were addressed, the concept was developed.
  - iv. A Phase II training, scenarios need to be more reflective of WI families. Family outcomes vs. child outcomes
  - v. Families of minor children need to be referenced. The family role evolves as the child gets older and the service coordinators need to work with family on these issues.
  - vi. Families need a safe environment to discuss outcomes as oppose to services.
  - vii. A dialogue with staff on a continual basis to assist staff in learning.
  - viii. Who should create this training?
    - 1. Regional staff can work with counties and service coordinators and then train others in the agency. Parents should be a part so they have buy-in.

2. Having an online training would be beneficial for parents in order to assist in partnering
  3. Service coordinators need to learn child development and family transitioning
  4. What does it mean to work with a family in a collaborative way?
  5. Interaction and how do we get the message out to families that this shift is happening?
  6. RAD training would be very helpful or a similar tool which works with children and families.
  7. Preparing family for meeting with goals and outcomes
  8. Conference Opportunities
- ix. Subcommittee for guidance to State-possibly one meeting to determine who should participate in the creation of the workgroup.
1. Workgroup will focus on type of training, the tools to use and completing a training.
  2. Volunteers for the subcommittee are Keith Keller and a county worker, Pam Garman (per Mary Krueger), Barb Katz, John Shaw and a parent, Sue Gilbertson, and Liz Hecht
  3. Katie will email possible dates for the meeting.

V. Family Care Expansion and the Impact on Children

- a. Diane Fett from Fond du Lac County discussed how Family Care has begun to work in the county.
  - i. COP “pure” funding for children and mental health will be split from Family Care
  - ii. The COP and CIP Waivers will be ending and those children receiving this funding will transfer to the CLTS Waivers.
  - iii. These children will not have a change in service and funding will be available until the child transitions to Family Care.
  - iv. Counties anticipating the expansion to Family Care are transferring children to the CLTS Waivers.
  - v. For children that are aging out prior to the county expanding to Family Care the child would move to an adult waiver.
  - vi. If there is a match for a child with adult waiver funding the county will want the funding to stay within the children’s system in order to serve another child that may be waiting for services. Both COP and CIP Waivers are adult waivers.
- b. The DHFS will review each counties history to define what portion of COP will stay out of Family Care and what is earmarked for children. The DHFS is moving towards setting a percent for children and people with mental health issues.
- c. The Council can make a recommendation regarding how the money is distributed but the recommendation would be consistent with where the state is heading.

- d. The rates are set through an actuarial and the system improvement of quality training and recruitment are part of the responsibility of the CMOs.
- e. If the CMO has a surplus they need to build on their system for quality services. The CMO could prepare for children that are transitioning by doing pre-planning, home modifications, and service recruitment. They could also do outreach for populations not yet eligible.

## VI. DHFS Updates

- a. Division of Long-Term Care reorganization is in process with the purpose of aligning with the new goals of implementing Family Care statewide and continuing the work on children's issues.
  - i. The Division will be consist of the Bureau of Long-Term Supports, Bureau of Aging and Disabilities Resources, Bureau of Centers Operations, Bureau of Nursing Home Services, Office of Family Care Expansion
- b. Federal Center for Medicare and Medicaid Services (CMS) issued a new grant proposal. WI could not apply before but is not excluded this time.
  - i. The grant is for person-centered planning and developing a process.
  - ii. The grant would be used to measure outcomes for Medicaid \$300,000/year for three years.
    - 1. map current systems regarding out-of-home placement
    - 2. creating benchmarks for returning kids from out-of-home placements
    - 3. The Children's Section is currently doing some of this work already with the pilots, outcomes trainings, and implementing the managed care pilots.

## VII. Budget Updates

- a. Managed Care pilots has been approved by the Joint Finance Committee (JFC). The Council and DHFS need to start preparing for when this happens by creating a waiver to CMS, researching and applying for grant proposals, writing and reviewing RFPs.
- b. A motion by the Joint Finance Committee was passed for \$4 million for the biennium with the federal match totaling \$9.6 million. DHFS will be developing guidelines to ensure the money will be used for wait lists and children with substantial needs. DHFS believes this could serve 900 children, the JFC is assuming the waiver rate of \$48/day would serve about 700 children.
  - i. JFC did not require a certain number of slots which allows for flexibility of the cost of the plan which could lead to more services
  - ii. The data from the functional screens and Family Support Program wait lists was used for this proposal.
  - iii. The motion passed 15-1. The motion is in the Family Care Ombudsman

- iv. <http://dhfs.wisconsin.gov/managedltc/generalinfo/pdf/jfcmotion340.pdf>
- v. Survival Coalition has taken the lead on this motion
- c. Dodge and Rock counties are creating dental healthcare clinics
- d. Senate motion to make the DD Council an independent agency
- e. The private insurance proposal for children with autism was pulled back into the budget.

#### VIII. Autism Council Update

- a. The Council is creating a Basics of Intensive In-home training for line staff employed by all providers
  - i. The line therapists are required to have 15 hours of training before interacting with a child and 15 hours of training interacting with a child
  - ii. The goal is to increase the number of line staff and be a cost-savings for providers
  - iii. There is a subgroup working on modules for a web cast with materials and a test
    - 1. Families will be a part of creating the training and can also view the information
    - 2. The training will also clarify boundary issues for line therapists.
- b. Relate Now is a computer program for families to learn skills to work with their children while waiting for services or as an enhancement.

#### IX. Family Support Update

- a. The proposal: "Family Support Program-Criteria for Priority Use of Funds" was passed by JFC.
  - i. Repeal the requirement that DHFS, in promulgating rules for the family support program, include criteria by which county departments may determine priorities for available funding. Instead, require DHFS to establish criteria for priority of services that take into account urgency of need, statewide consistency, developmental impact on eligible children, and other factors, to ensure that available funds are used consistently and effectively. These criteria would not need to be promulgated as rules.
- b. A CLTS Council workgroup will be created to provide recommendations to the DHFS regarding what the criteria should be for priority of services.
  - i. Volunteers: Michelle Sturz, Julie Turkoske, Keith Keller, John Shaw, Sue Gilbertson, Liz Hecht, and possible members of the original statewide Family Support Advisory Committee

#### X. Pilot Counties

- a. A pilot counties meeting is scheduled for August 13<sup>th</sup> at the Sheraton Hotel in Madison from 10:00 a.m. to 3:00 p.m.

- b. CLTS Council members will be sent an email inviting them to participate. The email will have all the final details and agenda.

XI. Council Members Opening

- a. Council members were asked to share the application letter with interested groups and parents.
- b. Deadline for applications is August 1, 2007.

XII. Future Agenda Items

- a. Managed Care pilot RFP discussion
- b. Workgroup presentations
- c. A discussion of how CPS and Juvenile Justice interface with FamilyCare and CLTS.
  - i. Possibly have a pre-meeting session from 9:00 to 10:00 or start the Council meeting at 10:30.