Residential Provider Meeting 4/6/2023

Bashor Children’s Home – Sean McCrindle and Mike Deranek

* Described programming and services.
* Katie Freshour – Sr. Program Director
* Residential and expanding community services.
* Boys Substance Abuse
* Boys Behavior Mod
* Boys SMB
* ESC
* PSF – Boys
* Girls Trafficking
* Girls Open Residential, Behavior Modification, Substance Abuse
* Future plans girls intensive PSF targeting to open this year.
* Working on after care
* Small foster care program
* 100 year anniversary this year

May Meeting at Cornerstone – Indianapolis, Marion Co.

June Meeting at The Refuge – 30 miles north of Louisville

Notify Crystal if interested in hosting a monthly provider meeting

Maximus

* Chelsea McCracking- Program manager
* Kari Davis – Supervisor – contact person for questions or when needing support (email in chat)
* Presented outcomes information on
  + number of assessments
  + demographic information on youth assessed
  + turnaround time of assessments
  + reassessments
  + type of assessments
  + Questions –
    - How assessors are training for SHB – information gathered using CANS making recommendation for QRTP
    - Can do some quality assurance on issues on creation of goals and recommendations and being consistent.
    - Looking at where youth is currently to provide additional information.

Dr. Miller – wasn’t on the call.

OIG – Crystal

Several items for states compliance on psychotropic medications documentation (Documents attached) – amended contract that would start housing these forms internally: Residential Facilities will upload the forms. Developing a space for agencies to be able to do this.

* Need to communicate how this applies to ESC.
* CMHI – should these forms be uploaded? And do we need to upload the monthly reports? – More information will be provided.
* Sent attachment on Desk Guide on how to attach documents.
* Discussed making these medication reviews a state form.
* 30 Day Paper Review - for medications of youth in Residential.
* 90 day In Person Review for medications of youth in Residential.
  1. Contract changes effective 4/1/23: Residentials will upload these forms into the IN DCS Case Management System.
* Provider Desk Guide for Attaching Case Documentation.
* Reach out to Licensing Specialists for questions.
* Goal is to implement by June 1.
* Email questions to Crystal to continue to sort out.

Crystal provided data information for active and approved ICPR’s by type DCS/JDJS –

* + Included ESC, CCI and PSF.
  + Then by specialized program type.
  + By gender.
  + 30 day, 60 day D& E, ESC and Residential.
* Will check to see if can present previous years information to give information on trends.

Youth with High Acuity Needs

* Have statewide staffing with LCPA.
* Kim Henry –
  + created the LCPA staffing when there was an identified need for youth with higher acuity that would benefit in a foster home.
  + Staff 2 children a week identified by clinicians with a team of LCPA to hopefully locate a foster home.
  + That have exhausted options.
  + Tuesdays at 10am spotlight 2 youth per week.
  + Going for 8 weeks, staffed 16 youth, one successful, some are still pending.
  + Looking mainly at youth stepping down for residential or D&E programs
* Haley Cawthon-
  + have staff 3-4 youth with detailed diagnostic reports with high needs and special consideration.
  + Have been able to spotlight those youth.
  + None placed yet but developing more ways to work with the LCPA’s.
* Chris Daley commented - fantastic idea. With it being statewide are we finding where youth have needs that foster homes are not being able to provide and moving forward? – Kim - hoping it creates more collaboration with LCPA’s. Crystal – wanting as a state that we have the right services for youth. High acuity of been prominent reason. The staffing came from other initiatives. We have considered information that led to recognizing the need for foster homes in the state for these youth and the need for high quality foster parents. Have just awarded dollars to agencies for recruiting. Have residential facilities adding or developing programs/services for these high acuity youth. These are the current steps that DCS is doing in response to the needs.

Integrated Care Team – Clinicians and Nurses – the behind the scenes to identify the needs of the youth. We are looking at having ownership of these services. For exampling working with state hospitals. Two state dedicated to working with hospitals. Will have someone assigned to each hospital. Pathways to who are needing services in a hospital and those needing the next level of services. We recognize these have been barriers and have.