CALL TO ORDER
Emily McGonigle called the meeting to order at 4:02 pm after quorum was met

APPROVE MINUTES
Karen Wolfe motioned for approval with Brenda seconding the motion. Minutes from March, 12th 2018 approved

PUBLIC COMMENT
None

OFFICIAL BUSINESS
Revisit Committees Office Members
Emily asked everyone present if they would commit to being members. Asked Jackie if she would like to be official member. Jackie replied yes. Everyone present commented on staying as members. Emily will reach out to other members not present to ask for their commitment. Each term is 2 years. Emily asked if any questions on what the roles of the members do. No response. Emily added that if anyone knows of parents who are interested in becoming parents, it would be a great benefit to add them to the group.

Coordinated Service Team (CST)
Starting to gather records on how the team is working on the plans. One of the pieces in regards to the state is to get an understanding of looking at the outcomes and the use of CST and CANS. What is CANS? This is the adolescent needs assessment tool. Utilized state wide as the approved assessment tool on what the needs and strengths of our youth. It can also be a clinical tool, improving or worsening of our youth in our program. CST and Family & Children uses CANS. They use it to assess level of need for the foster care child needs. CST is looking to assess child for CANS score on what level of need is and what services are needed. Wants to track if the CANS level changes. Children being in CST while using this tool, it is actually cost saving to the county. The data shows that we are able to maintain kids. The program has about 8 children in the CST program at the exceptional level of care, 1 at residential, 7 for care. Exceptional care means they are located at home maintaining with their community team and support.
Most of the kids coming in at these level, CCS and CST are working very closely with CPS and JJ. They are cross system kids.

The other piece team is looking at, there are about 170 kids enrolled in the CCS program, and out of that 170, 76 are enrolled in CST. There are other kids in the CCS program that need CST but they are not reflected in the numbers of the graph. The CANS score is decreasing in the program which means success. CANS is done yearly. Unless clinical need is done. Each of the kids have individualized outcome sheets per their needs. We are the ONLY CST program that is tracking data like this. Will be training with Tim Connors at the state meeting in regards to this data tracking.

One question from Emily: What would be some pieces, when it comes from CST that will be beneficial as training that would connect the dots for this program? Julie – any information that is basic should be written information to absorb it, gets lost with the acronyms. Emily – suggests to have a little mini training in regards to Julie’s requests.

Children’s Community Options Program
There has been a growing trend on using CCOP for the Waiver Program. There was a huge wait list elimination this year. Have removed 130 children off the wait list, not all of them are enrolled in the CCOP/Waiver Program. Contacted 133 families on these programs; a number of them have moved and some are doing great on the CCS program that have some have declined CCOP and/or Waiver Program. Had 82 new enrollments this year. CCOP is a funding of last resort, if someone has needs, they need to be enrolled in Waiver. Really need the CCOP funds to help sustain the Waiver Program. This is a hard budget to keep up. In 2019 goal is to dedicate the CCOP funds to the Waiver Program. This means that for the remaining children in the CCS program, they will have to be asked to enroll in the Waiver Program so that the CCOP funds can be transferred to Waiver. There are currently 3 families that are still in CCOP; they do not have Medicaid and are not in agreement to pursue Waiver. CCOP doesn’t require Medicaid for you to be in the program but Waiver does. Will have more of an update next meeting then will submit it as a plan change for 2019. At this point, it is just discussion.

Have about 100 kids on the wait list. Referrals come weekly. Sticking to original plan of eliminating 188 on the wait list. Some families may have moved and this may affect the list. Not sure that at the end of the year what the list will look like due to some children aging out and/or families moving out of the county. The goal is to have no more wait list. COMPASS continues to see high numbers coming through. 5 family total from last fall has received these services. Hired 3 more social workers in the last few months; total of 5 new social workers to help with these services and programs.

Julie – asked if Waiver Program and CCOP are interchangeable and if the main reason as to why they want to combine CCOP and Waiver is due to monetary reasons. Angela – said that they are trying to figure out what the boundaries are for going between the 2 programs, there is not a lot of local funds that come for this but it will be state funds. The big main reason for combining is that they want to serve the large number of youths. Combining the two programs should help with this.

Birth to Three
On the PPS system (a state system), 121 children were serviced in May of this year but there were 157 open in the Avatar system. Number went up, average was at 105 to 115 in previous months. The team does not want families to be too overwhelmed as some of them are involved in the Birth to 3 program, CCS, Waiver, and clinics as a combination. A set of parents have spoken that they need help in navigating through all these programs and to know what each person has had. Birth to 3 do not need a lot of services in the Waiver Program yet or MA is already meeting their needs. Have been trying to work with
CPS about the children that are in placement. If a child has a crisis situation or if they need to jump the wait list, they don’t need to be sent to the state anymore as the state has now given permission for the County to work internally.

**County Performance Plan**

Working with Coulee Center and Family Children Center on the County performance plan. There were no performance issues during the last state review. The state is targeting/reviewing social, emotional issues, circle of security and getting the Birth to 3 stage.

**Collaborating more with the Clinics (recent meeting with Gunder Kids)**

Working as a team to make sure that the referrals are going well, figuring out which side to go to (Birth to 3 or Waiver Programs). Gunder Kids have more of the high risk children. Kids can be enrolled in this program until the age of 18. The state wants us to work with the clinics around here better.

Julie asked if Mayo would ever be involved in something like this. Shelly said that their department has spoken with Mayo in regards to this before about a year ago but has not heard anything back. Tracy states that Mayo is open to the facet of it and tries to partner with the parents and to try different models, but at this moment, they are not currently pursuing this model that we have to present.

**Comments**

Brenda states she is motivated as a parent from seeing the team getting work done together and collaborating together. Says that as a parent, it really does get overwhelming at points. There are a lot of parents that do not understand the system at all or even know a piece to the puzzle. To see the team come together is great for the parents.

**SUGGESTIONS FOR NEXT AGENDA**

Will discuss updates on County performance review and suggestion on 2019 proposal of combining CCOP and Waiver funds.

**ADJOURN**

Motion by Shelly Cavanaugh and seconded by Karen Wolfe to adjourn at 4:39 PM

Next meeting will be held on September 10th at 4:00 PM Room 1005 HHS Building

Disclaimer: The above minutes may be approved, amended or corrected at the next committee meeting

Nou Vang—recorder