# DCF 57 Advisory Council Meeting
# December 11, 2024
1:00 p.m. – 3:00 p.m.

VIRTUAL Meeting
Meeting Link:
https://dcfwi.zoom.us/j/88550432281?pwd=UWllbG4xK2tVWTNQQWdaeU1uYmk1QT09
Dial by Location: +1 312 626 6799
Meeting ID: 885 5043 2281
Passcode: 941820

## DCF 57 Advisory Council Meeting

| DCF Staff | | | |
|---|---|---|---|
| **Name** | **Present** | **Name** | **Present** |
| Jamie Gennrich | x | Elaine Pridgen | |
| Katie Davis | x | Shelby McCulley | |
| Dana Johnson | x | John Elliott | |
| Kristie Buwalda | x | Amy Bryant | |
| Mary Morse | x | Emily Erickson | |
| Rob Collins | x | Jeanette Paules | x |
| Rachel Nili | | Frances Bass | |
| Dustin Hinze | x | | |

| Member | Present | Nominating Organization |
|---|---|---|
| Emily Coddington | x | WAFCA |
| Marye Beth Dugan | | Nehemiah Group Home |
| Dave Fretz | | Forward Home for Boys |
| India Hansen | | Office of Lived Experience @ DCF |
| Brian Peil | | DOC – Juvenile corrections |
| Dr. Maurice Johnson | x | Moe's Transitional Living Center (COA) |
| Lisa Netterville | x | New Hope & Destiny Home II (COA) |
| Caylee Nichols | x | Positive Alternatives |
| Audra O'Connell | | Walker's Point GH (homeless program) |
| Jennifer Pester | | Office of Lived Experience |
| Jill Collins | | DMCPS |
| Lisa Pendleton | | WAFCA (Winnebago County) |
| Stephen Bedwell | | WAFCA (Racine County) |
| Amy Rodriguez | | DOC |
| Eliza | x | |

**AGENDA**
I. Call to Order, Welcome, and Introductions
II. DCF 57 Resident Care
III. Reasonable Prudent Parenting Standards
IV. Next Steps
V. Adjourn


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**Resident Care:**

- **Q:** Which areas of this section do you think there should be revisions made?
  - ❖ Response: Are we trying to have group homes be home like or more like RCC's?
  - ❖ We can do both.
  - ❖ Some rules do not allow for a group home to have a 'homey' feel. Can't take your personal family and residents on the same outing, as an example.
  - ❖ Discussion on the reasons counties place youth in group homes (institutional treatment model vs. home-like environment).
  - ❖ Would like the resident care section to be redesigned to be more individualized to meet the needs of each child.

- **Q:** In examining the definition under ***57.21* Staffing Requirements**… how do you interpret 'sight' ~~and~~ or 'sound'?
  - ❖ Response: Do we need to give a variation based on individuals perception when applying the rule?
  - ❖ With technology (not recording) a staff could supervise residents even if they are not in the same room.
  - ❖ Rules should be based on the individual needs of each resident. Example – could a youth walk from one building to the next without a staff person in "sight and sound"? The recommendation is 'yes', they should be able to.
  - ❖ Need to allow youth to be able to have some autonomy and develop trust and make good decisions.
- **Q:** Supervision of youth when staff/residents are on passes or all are away from the building, how does this look in everyday scenarios? Would a reasonable amount of time for a staff member to be able to return to the home within 30 minutes be sufficient when youth sometimes arrive to the home and staff are not present?
  - ❖ Response: Would prefer not to have a time limit or requirement.
  - ❖ Someone should always be accessible and coordinate care for the child in these situations. How would a licensor issue non-compliance if there is no limit on the amount of time to get back to the group home.
  - ❖ Use of technology to speak to the youth over the "ring" type doorbell and give direction to the youth on what to do until staff returns to the building.
  - ❖ Sometimes there is no way to plan for a youth getting back to the group home without notice. (Youth absconds from school or school dismissal w/o notice)
  - ❖ Treatment foster care requires 24/7 response from the agency.
  - ❖ Do group homes have an on-call policy? Several said yes.
- **Q:** Any changes to staff/resident ratios?
  - ❖ **Q:** Are group homes using volunteers to meet staff rations? Or are volunteers doing things like tutoring? Response: May use interns to meet ratios. Use a "stipend" to reimburse some volunteers for the work they accomplish.
  - ❖ 1:5 staffing ratio does not seem sufficient to meet needs during wake hours, especially on second shift when home from school. Need 2 or 3 staff per shift. Needs of the residents seems to have gotten more complex. Need to justify why they need more than 1:5 residents with finance. Typically 2+ staff for 4 or more kids. (Rate regulation question vs. rule – by raising the minimums there is a possibility that staffing may be more robust than always needed)

- ❖ Resident may be in the group home without supervision by a staff member (example 17+ without issues – can they be allowed to stay home without supervision) Because of being placed in the group home, it feels that youth require additional supervision and should not be left unsupervised. There are youth in group homes who maybe don't need that level of supervision but are placed due to lack of other resources.

- **Q:** Feedback on communication log rule?
  - ❖ Response: None
- **Q:** Are there recommended revisions to **57.22 Resident Activities** to support current or future practices?
  - ❖ Response: Very cookie-cutter feeling in that all residents treated the same or all group homes the same, when both are not.
  - ❖ Less in this section would be helpful.
  - ❖ Feels like there is a lot of activities and some kids need down time or are introverts and activities are more for extraverts. Incorporate more into their individual treatment plans.
  - ❖ Leave as is; gives group home open ended. QRTP requires additional standards. Schedule is designed for most group homes. Friday – Sunday has more flex time built in.
  - ❖ Resident activities are still vague in current rule and question what is needed vs. extra for rule and oversight.
  - ❖ Having some bullet points in rule provides a sort of baseline would be helpful.
  - ❖ Does the state need to prescribe to this level of specificity? A group home needs to celebrate culture and ethnicity of each youth.
  - ❖ Current rule allows each agency autonomy to direct how each home is structured. Routine is needed for most residents. Staff also benefit from routine & structure.
  - ❖ Posting an activity calendar should not be a requirement of rule.
- **Q:** In regards to **57.23 Treatment Planning and Assessment**, would you like more guidance on the requirements in this section, requirements on timeframe, and/or any other recommendations for revisions?
  - ❖ No comment
- **Q:** At what age do you feel you provide independent living skills? Is age 15+ appropriate or should we consider older or younger?
  - ❖ Response: 15 seems a good age to move towards independent living skills. DMV for license and get ID. Get a job.
  - ❖ Should work on life skill development with kids at every age.
  - ❖ Open savings accounts for their allowance. Teach them about money.
  - ❖ 14-15 years of age. Can get work permit at age 14.
  - ❖ Area individualized based on each youth's needs.
  - ❖ Focus on life skills and build it into the treatment plan.
  - ❖ The treatment plan shall be informed by the assessment, aligned with perm plan, and include SMART gals. Specific things needing to be achieved and/or progress that needs to be made in order for discharge to occur should be discussed and included. Include family interaction and school in this document and call it a plan of care and have a goals section.
- **Q: Under 57.24 Resident Rights** – what are areas of rule that are difficult for you to follow? What areas should be expanded?

- Response: DHS 94 is not a good fit for group home residents but DCF does not have its own resident rights. Especially filming and taping. Being able to video would be able to show that someone is innocent. Opposite viewpoint was also expressed.
- Monitoring is out of scope
- How and when to search
- WCHSA/WAFCA Workgroup Report

- **Q:** Are there recommended revisions you would make to **57.25 Medical Care**?
  - Response: This section is too long.
  - There are many options to receive training. Perhaps DCF could determine one source for group homes?
- **Q:** In thinking about Medical Care and medication requirements, what type of training/modality would you like to see? Would you prefer DCF seek out a training partner here or do you prefer your own training partner? Or do you prefer your own in-house training?
  - Response: DCF could offer recommendations on where to get the training so it is consistent.
  - Use pharmacy services to assist with medication errors, rather than requiring physical office contact.
  - 8+ hours to go through the medication training and if there were med errors staff would be required to go through the training again. The full CBRF training is no longer used as several areas do not apply to group home population. Now use YIPPA for training; 4 hours plus some additional information from the CBRF training.
  - Getting DCF to offer a training may not be the way to go due to differences in each program.
  - Have a RN who they use and the RN does yearly updated training.
  - Increase of youth who are diabetic. Connect with the youth's medical provider and learn about that youth's care plan.
- **Q:** Is there any incongruence with DHS or other medical care/med management training you have received in the past?
  - Response: CBRF training.
- **Q:** How do you define a *medication error* and how does this align/misalign with rule?
  - Response: "5 rights of administration" which is violated. Violation of an agency policy.
  - Could be lack of a signature is something which a group home has been written up for.
  - Signature is only way to prove that the med was given.
  - Gave wrong med at wrong time.
  - Double dose.
  - If it is the wrong time your consult with the pharmacist and if the medication can be administered then it is no longer an error.
  - 5 R's seems to be consistent among the group homes.
  - Is it necessary to notify the Dr. that a youth missed their medication 1x ? Dr. does not respond. Dr. thinks "we are crazy" for calling to report that. Consulting the pharmacist may be a better option as they could advise about the specific medication. Report medication during the scheduled med reviews.

- What does “morning” mean? Have conversation with the medical provider about the specific times.
- Current rule reiterates what the staff are trained on. Could simplify this section.
- Require due diligence. Call medical staff person or pharmacist for guidance.

Adjourned at 3pm.


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