



Community Health Training Center

Welcome to BMCH Coordinator Training

Thank you for joining us.

The training will begin promptly at 9am.

TRAINERS



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Zoom Ground Rules

Zoom: If you lose connection, go back to email and reconnect using the same link.

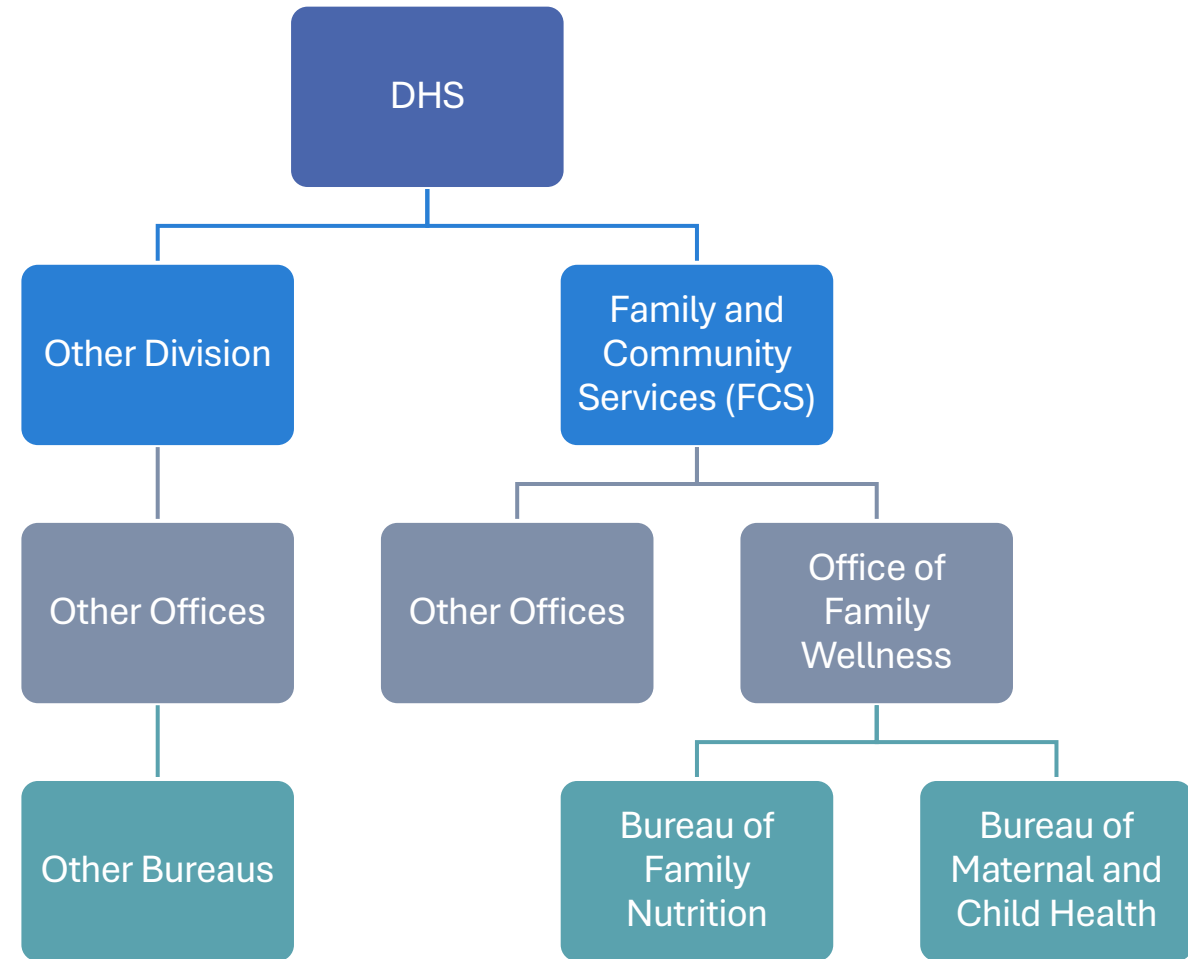
Mute



Please feel free to utilize the chat for questions, we will do our best to answer them.

We do ask that you do not answer questions from other participants unless asked as we want to make sure the correct information is being relayed.

Furthermore, we love hearing from you! However, to ensure we respect everyone's time during this training, please try to keep your comments and concerns brief. If you have more detailed questions or concerns, please feel free to reach out to us directly after the session or utilize our email. Thank you for your understanding and cooperation.



Bureau of Maternal and Child Health (BMCH) Staff



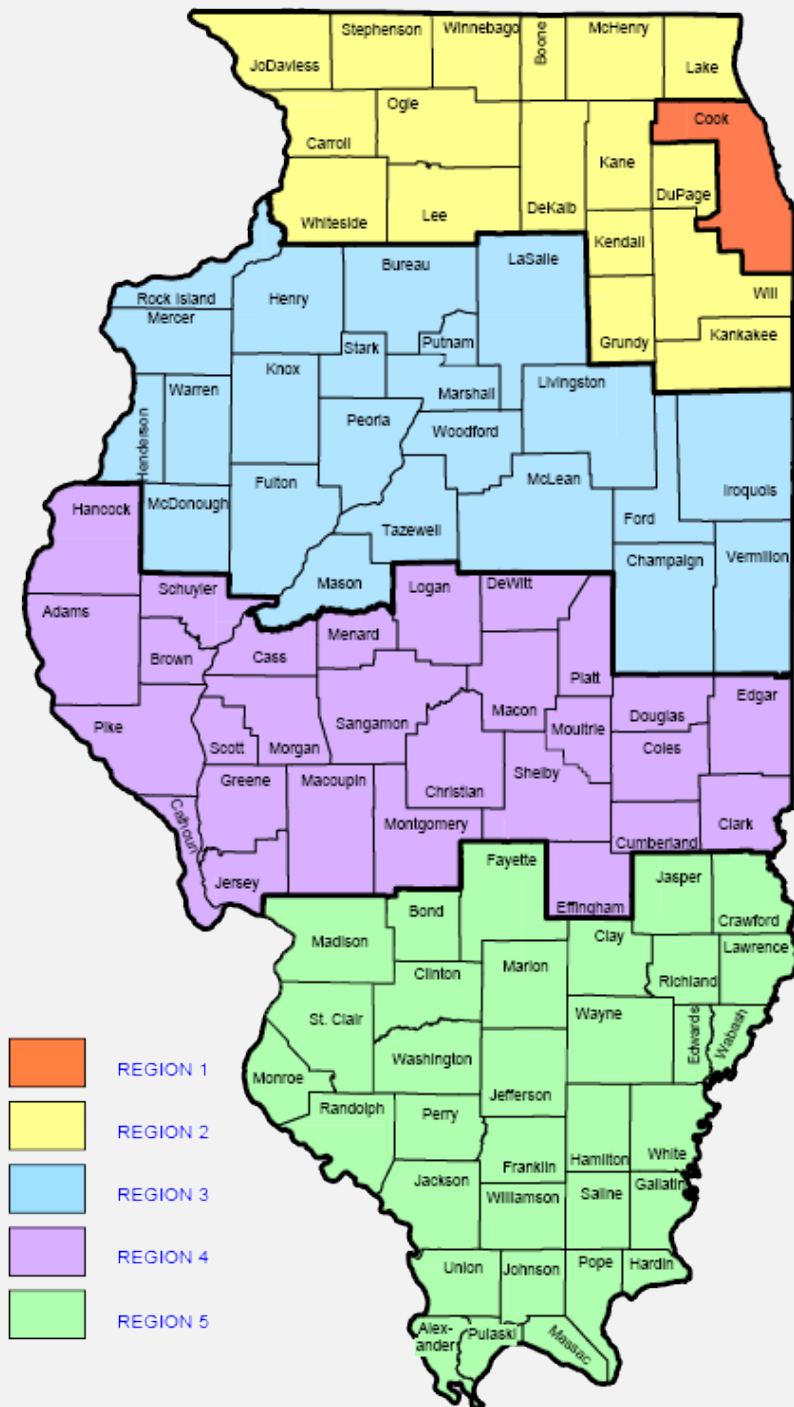
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DHS Roles

CSSC (Community
Support Services Consult)

Fiscal Staff

OCA (Office of Contract
Administration)



Program Introduction

The primary focus of all Bureau of Maternal Child Health (BMCH) programs is to reduce maternal and infant morbidity and mortality rates. This is achieved through coordination with community-based programs such as Local Health Departments, Federally Qualified Health Centers, and Community Based Organizations.

The primary goals of these programs are to:

- Promote health through increased access to high quality medical care and prevention services
- Provide education and information to assist clients to achieve maximum self-sufficiency; link to services based on clients' needs through integration with other programs
- Strengthen communities by coordination and linkage of community and state resources to provide the clients with the best possible care offered



ILCS FCM Act

Purpose of this Act- Provide wrap-around services targeted toward reducing the incidence of infant mortality, very low birthweight infants, and low birthweight infants within the State

Family case management services are proven to be effective in improving the health of women and infants and lowering the incidence of infant morbidity and mortality

Family case management improves the health and development of children and families by providing the earliest identification of their needs and promoting linkages to address those needs

Coordinator Job Resources

IDHS: Illinois Department of Human Services
Streamlined access to integrated services

IDHS: Cornerstone Reference Material
Consent Forms
User Manual

Community Health Training Center | Springfield Urban League
Training
Distance Learning
Resources

Illinois BMCH Policy & Procedure Manual
Administration
Case Management
Family Case Management Program
High-Risk Infant Follow-Up
Better Birth Outcomes Program

ILCS FCM Act

APORS

How do you find your agency's caseload and funding assignment?

Send an email to DHS.BMCHEDF@illinois.gov for funding and Pamela.D.Johnson@illinois.gov for caseload and copy your RN Consultant.

Where Can You Find the BMCH Policy and Procedure Manual?

The IDHS Website

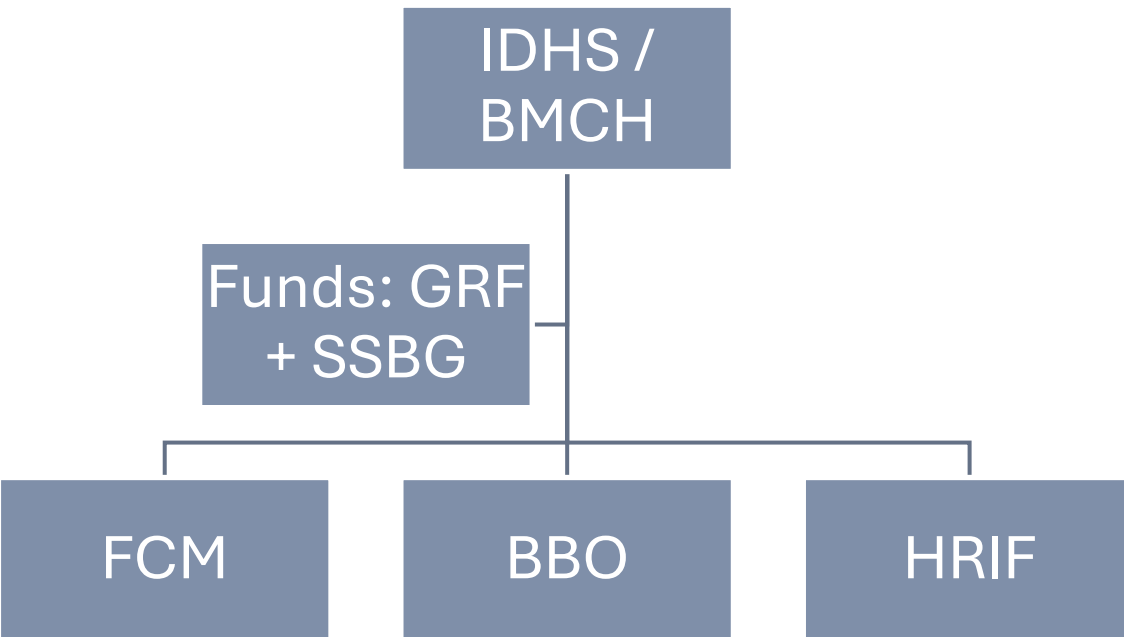
[IDHS: Quality Assurance Review Tools \(state.il.us\)](https://state.il.us)

How would I know if there are changes or new program requirements?

As a coordinator you must attend the quarterly Program Coordinator meeting. This is where you could learn new things. Attending other meetings with your agency's different departments to be informed of the changes.



Case Management Programs





Training for Case Managers

- Training provided by Springfield Urban League
 - Within three months of working as a new Case Manager
- Any time as required by:
 - The RN Consultant
 - Your Program Coordinator
- Cornerstone Security
- Implicit Bias
- iCAN

Implicit Bias Training Inventory

Free resource which includes a list of training options for health care providers to help with licensure requirements effective 01/01/2023 (IL Public Act 102-0004).

For each training, we provide: sponsoring organization, duration, cost, and a short content summary.

Scan here to access the inventory
Last updated: March 2023



Illinois Implicit Bias Awareness

What is ICAN?

Illinois Contraceptive Access Now (ICAN!) works to de-silo, de-stigmatize, and normalize birth control as basic health care.

We believe that everyone should have the freedom to do what they want with their own body—no matter where they live, how they identify, or how much money they make. We believe in a simple truth: reproductive freedom is for everyone!

ican! choose the birth control best for me

In Illinois, anyone 12+ can get birth control and STI testing on their own. Ask your provider to help you find the method that's right for you.

Hormonal Methods

	 PILL	 PATCH	 RING	 SHOT	 PROGESTIN IUD	 IMPLANT
THICKENS CERVICAL MUCUS & PREVENTS OVULATION	91% effective	91% effective	91% effective	94% effective	99% effective	99+% effective
FREQUENCY	At the same time daily	Weekly for 3 weeks. No patch 4th week	Wear three weeks, remove 4th week	Every three months	Every 3-7 years	Every five years
USE	Take daily by mouth, Rx required	Apply on the back, butt, belly. Rx required.	Insert anywhere in the vagina (like a tampon). Rx required.	Injection into arm, butt, belly usually by a provider.	Inserted into uterus via the cervix by a provider.	Inserted under skin in upper arm by provider.
HORMONES	Combined (estrogen + progestin) or progestin only	Estrogen + progestin	Estrogen + progestin	Progestin	Progestin	Progestin
THE PROS	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced PMS, cramps, bleeding & acne. Lowers risk of repro cancers.	Reduced or no bleeding after several months.	Treatment for heavy, painful bleeding. Reduced or no bleeding after several months.	Reduced or no bleeding after several months.
THE CONS	Nausea, breast soreness early on.	Nausea, breast soreness early on. One color- beige.	Nausea, breast soreness early on, store in fridge if >3 months.	May change appetite. Irregular bleeding and spotting early on.	Increased vaginal discharge. Insertion may cause heavy cramps	Unpredictable spotting more common, mild pain with insertion.
OTHER INFO	Progestin only pills for those that cannot take estrogen.	Hormones secreted through sticky band-aid, may irritate skin.	Monthly and yearly rings. Can remove with sex but < 3 hours daily.	Longer time to return to baseline fertility.	Effective as EC within 5 days of unprotected sex.	Not visible to others but you can feel it.


Non-Hormonal Methods

	 EXTERNAL CONDOM	 INTERNAL CONDOM	 WITHDRAWAL	 FERTILITY AWARENESS	 DIAPHRAGM, CAP, SPONGE	 COPPER IUD
PREVENTS SPERM FROM SWIMMING TO AN EGG	85% effective	79% effective	78% effective	76-88% effective	71-88% effective	99+% effective
FREQUENCY	Every time you have sex	Every time you have sex	Every time you have sex	Daily via tracking app or calendar	Every time you have sex, during and for a few hours after	Every twelve years
USE	Rolled onto an erect penis	Inserted into the vagina or anus	Remove penis before ejaculating	Daily tracking of temperature, vaginal mucus, and periods	Inserted into vagina to cover the cervix	Inserted into uterus via cervix by a provider
THE PROS	ONLY method that prevents HIV/STIs. Pair w/another method for dual protection.	ONLY method that prevents HIV/STIs. Pair w/another method for dual protection.	Doesn't affect your cycles. Available anytime with cooperative partner.	Doesn't affect your cycles. Good for tracking ovulation if trying to get pregnant.	Doesn't affect your cycles and can be used for many years without replacing.	Doesn't affect your cycles, lowers risk of repro cancers. Effective as EC within 5 days.
THE CONS	Requires careful removal after each use. Add lube to avoid tears.	Requires careful removal after each use. Add lube to avoid tears.	Requires control to ejaculate outside of, away from vagina	Must have regular cycles. No sex (or use a condom) during most fertile days.	Must be used with spermicide foam or gel which may irritate the vagina.	May increase cramps and bleeding. Effective as EC within 5 days of unprotected sex.


NEW METHOD ALERT! Ask your provider about Phexxi -hormone-free, vaginal gel suppository inserted each time with sex to stop sperm movement.

Permanent Methods

VASECTOMY: 99+% EFFECTIVE


 Non-scalpel procedure done at a clinic to cut the vas deferens, no sutures needed. Normal non-sperm ejaculations several months after procedure. Requires local numbing medicine and up to 2 days for recovery.

TUBAL LIGATION: 99+% EFFECTIVE


 Surgical procedure via belly button w/2 small incisions, done at a hospital to cut or remove fallopian tubes. Requires anesthesia and up to 2 weeks for recovery.

Emergency Contraception

THE MORNING AFTER PILL

 Two types: 1) Plan B (comes in many names) is available without Rx for any age. 2) Ella requires Rx and is best if >155 lbs. May cause nausea & irregular period. Take ASAP within 5 days after unprotected sex.

THE IUD

 Copper or progestin IUDs are more effective than EC pills. Insertion should be ASAP within five days of unprotected sex. Provides birth control for 7-12 years after use as EC.

Family Case Management

Family Case Management (FCM) is a statewide program that provides comprehensive service coordination to improve the health, social, educational, and developmental needs of pregnant & postpartum individuals and infants (0 – 12 months) from low-income families in the communities of Illinois (410 ILCS 212/15).

[IDHS - Family Case Management](#)





High-Risk Infant Follow-Up

The High-Risk Infant Follow-Up Program (HRIF) is a statewide program for infants and children (ages 0- 2) who are referred via the Illinois Department of Public Health (IDPH) Adverse Pregnancy Outcomes Reporting System (APORS) or based on assessments done in the FCM program.

We will now talk about some of these assessments.

Primary Goals of HRIF:

Minimize

- Minimize Disability in high-risk infants by early identification of possible conditions requiring further evaluation, diagnosis and treatment

Promote

- Promote optimal growth and development of infants

Teach

- Teach family care of the high-risk infant

Decrease

- Decrease stress and potential for abuse in the family setting with high-risk infant





HRIF

Case Manager is a Registered Nurse.

Voluntary Program.

Services provided include but are not limited to:

- Needs assessment (general, and other barriers);
- Individualized care plan;
- Collaborating with Primary Care Physicians, MCO, WIC, EI, etc.
- Assuring EPDS completed with birth mothers of enrolled high-risk infants and referred to services as appropriate.
- Ensuring enrolled infants received developmental screening like the ASQ.
- Completing required Face to Face.
 - Physical Assessment
 - Immunization Education
- Completing required Home Visit.
 - Home Assessment
 - Safe Sleep Education
- Any children in DCFS custody eligible for HRIF receive HRIF .

Ages of clients.

- F2F (0-1, 2-5, 6-9, 10-15, 16-20, 21-24)
- HV (0-4)



HRIF

To **summarize**, stress to your staff the importance of:

- **Paying attention to the timeline, document** an attempt to establish contact within seven business days of the APORS report
- Documenting six (**806**) well-child appointments in Cornerstone.
- Documenting six **Face to Face** visits on the SV02, the first F2F within 14 business days of the APORS report
- Documenting six **IMED** service entries on the SV02 (Immunization education)
- Make sure staff are **completing assessments and making referrals (RF01)**, especially to **WIC (Within 45 days of enrollment)** and **Early Intervention** and completing **home visits** per the program policy manual
- **Care plans** goals on the CM02 and updating the CM03 quarterly

BBO

(Better Birth Outcomes)

BBO Services are to be offered to individuals eligible according to the guidelines below:

High risk as determined by the Department of Healthcare and Family Services Medicaid claims data indicating Medicaid individuals with a prior poor birth outcome.

High risk as determined by the presence of two or more risk factors as identified by the Cornerstone assessment or one risk factor when approved by the RNC.



Better Birth Outcomes

This program offers a standardized prenatal education curriculum that emphasizes the importance of:

Regular prenatal medical visits

Home visits each trimester active in the program

Monthly engagement with the BBO Case Manager for continued prenatal education

Care coordination

Communication with the client's prenatal medical provider.



15 Minute Break

Grants & Contracts





A C R O N Y M

2-CFR-200

Code of Federal Regulations - Primary regulation governing grants and cooperative agreements issued by the US Government

GATA

Grant Accountability and Transparency Act (GATA)

NOFO

Notice of Funding Opportunity

CSA

Continued Service Agreement

CRV

Centralized Repository Vault

SAM

System for Award Management

Grants Opportunities

IDHS is committed to ensuring the grant application process is accessible and equitable for all existing and potential IDHS community partners throughout the State.

They aim to increase the number of organizations eligible to respond successfully to competitive State funding opportunities.

[IDHS Grants Administration](#)

[Find Funding Opportunities](#)

[Pre-Qualification Instructions & Resources](#)

[Application Requirements](#)

[Expectations When Registering for GATA](#)

[Utilize the Timeline](#)

[Obtain FEIN/EIN Number](#)

[Create New Illinois.Gov Account](#)

[Explore NOFO Funding Opportunities](#)

[Complete Internal Controls Questionnaire](#)

[SAM Registration & Renewal](#)



What Is a NOFO?

- NOFO – Notice of Funding Opportunity.
- Assessing program services
- Extended for three fiscal years
- Anytime

*Caseload is a factor for funds distribution.





Budget



Planning Your Program Budget

Consult [2CFR200](#) as well as guidance from the BMCH Policy manual on allowable expenses

Plan/Consult

Work closely with your agency's fiscal team

Leverage existing resources internally and in the community (both paid and free)

Different systems: CSA, CRV, GATA portal

Allowable vs Unallowable Costs

Allowable Costs



Staff Salary



Program Related Travel Cost



Office and Copy Equipment



Office Supplies (Items costing less than \$100 each)



Rent or Lease/Utility/Insurance



Phones



Outreach

Unallowable Costs



Employee Recognition



Transportation for MCH Participants



Exam Tables



Any Supplies for Well-Child Exams



Billing Services



Food or Incentives

Revising Your Budget



- Why would you revise your budget?
- Re-assess your program budget quarterly
- Why & when to revise (Amend before you spend!)
- Make Budget Revisions
- [How To Request A Revision](#)

Contract Agreement



Published in CSA after approval

Not finalized until signed by all parties

A – Scope of Services

B – Deliverables

C – Payment Terms

E – Performance Measures

F – Performance Standards

G – Specific Conditions

Included in the Contact Agreement

System support defined in the contract

Relationship with resources in the community and internal resources within the agency

Care Coordination

Linking of services within your referral sources

Racial Equity Lens

IDHS provides Illinois residents with streamlined access to integrated services, especially those striving to achieve economic independence and facing challenges to self-sufficiency. Ensures equitable access to social and human services. Part of the Racial Equity Lens is collecting and analyzing information on who we are serving.

Levels of Integration for Programs

- Wrap around services
- Easy referral
- Convenient to the client
 - No extra commute
 - No extra day to schedule the appointment

*Know the different service providers in your community

*WARM HAND-OFF





What is a Fiscal Audit, and Why is it Important?

What is a Fiscal Program
Review?

Annual Review of Allowable &
Unallowable Costs &
documentation



Types of Fiscal Review

Federal Acquisition
Regulatory Council
(FAR)

Periodic Financial
Report
(PFR)

Expenditure
Documentation
Form
(EDF)

Grant Exclusive
Line Item
(GELI)

[Code of Federal Regulations \(2CF200\)](#)

[Fiscal Reporting/ reviews](#)

Inventory Management



The Local agency must tag all equipment valued at \$100 or greater at purchase with a unique identification number.

- An inventory of all tagged items purchased in full or partially with program funds must be maintained. The inventory must include:
 - Tag number/Inventory Number
 - Item description
 - Model Number/Serial Number
 - Date of Purchase
 - Unit Cost
 - Location

Agencies using a blended inventory of all items must have a method for indicating items purchased with program funds.

QUALITY ASSURANCE



- What? According to Oxford:
"The maintenance of a desire level of quality in a service or product, especially by means of attention to every stage of the process of delivery or production."
- Why do you think QA is important?
-Shared by group
- How do we do the QA?
We have QA Tools for the different case management programs.
[IDHS: Quality Assurance Review Tools \(state.il.us\)](#)
Clinical Review Tool
Chart Audit Tool

Quality Assurance

All agencies contracted with the DHS BMCH are expected to maintain an internal Agency Policy & Procedure Manual that aligns with DHS Policy and Procedures and contract guidelines. Must include:

- **Specific steps to be followed for abnormal findings on Child Physical Assessments, Developmental Screenings and Depressions Screenings.**
- **Quarterly communication from the Department in which quarterly performance data and trends are highlighted**
- **Biennial programmatic clinical reviews as directed by the Clinical & Chart evaluation tools, including chart audits**
- **When a review contains a finding of the noncompliance the Department will require the provider to submit a CAP, failure to comply may result in grant suspension or termination**



Internal Clinical and Performance Monitoring

Local Agency

- Internal Policies of Agency
- Standing Order for CHD and FQHC
- Protocols on abnormal assessments or screenings for CBO, FQHC and CHD
- Protocols for situations requiring urgent intervention for client safety.
- Tracking time and attendance for the program
- Client transfer
- Client referral
- Updating the policies to align with the current BMCH Policy & Procedure Manual

Program Review Process

- Informal Message
- Formal Introduction Letter
- Documents to review before Onsite visit
- Onsite Visit
 - Technical Assistance
 - Observation of Services
 - Remaining Documents
 - Exit Review – if not, a follow-up date will be scheduled.
- Review Outcome
 - No CAP – Formal letter of completed review
 - With CAP – 20 business days to respond to CAP
 - CAP is good – formal letter and date of follow-up on CAP
 - CAP is not approved – a meeting with BMCH Leadership.



Performance Data

FCM	BBO	HRIF
Prenatal Care	Prenatal Care	
Depression Screening	Depression Screening	
Reproductive Life Plan	Reproductive Life Plan	
Postpartum Medical Follow-Up	Postpartum Medical Follow-Up	
Postpartum Health Education	Breastfeeding	
Face to Face	Face to Face	Face to Face
Home Visit	Home Visit	Home Visit
Well Child Visit		Well Child Visit
Immunization Education		Immunization Education
Safe Sleep Education		Safe Sleep Education
Developmental Screening		Developmental Screening

Knowing Your Staffing

- **Staffing Qualifications for Each program role**
 - FCM, BBO, HRIF
- **Training required for CM**
 - Cornerstone Security (at hire and yearly)
 - Implicit Bias (at hire and yearly)
 - ICAN (within 3 months of hire)
- **Other agency-required training for MCH**
 - Customer Service
 - Communication and Motivational Interviewing
 - Clinical Competencies and Skills
- **Staff evaluation**

***Inform DHS ASAP with any staffing changes/shortages or in case of extended clinic closures**



Effective Communication with Clients



Key Strategies:

- It is essential to know your **clients' backgrounds, needs, and preferences.**
- **Active listening** is crucial. Maintain eye contact, nod, and summarize what the client says.
- Be clear and concise with clients and avoid technical jargon.
- Build trust and rapport with clients based on solid relationships.
- Non-verbal communication using body language, facial expressions, and tone of voice.
- Handling difficult conversations, managing conflict, and delivering bad news.
- Follow-up and Documentation

Any questions?

Motivational Interviewing Techniques

Motivational Interviewing is a collaborative, person-centered form of guiding to elicit and strengthen motivation for change. It is to support individuals in making positive changes by exploring and resolving their own ambivalence.

- Express Empathy – Use reflective listening to understand the individual’s perspective.
- Develop Discrepancy – Help the individual see the gaps between their current behaviors and broader goals.
- Roll with Resistance – Avoid arguing or confronting resistance directly.
- Support Self-Efficacy – Encourage belief in the possibility of change.



Techniques:

- Open-Ended Questions
- Affirmations
- Reflective Listening
- Summarizing

Examples of Reflective Listening

Simple Reflection:

Client: "I feel so overwhelmed with everything going on."

Practitioner: "You're feeling very overwhelmed right now."

Complex Reflection:

Client: "I know I need to exercise more, but I just can't find the time."

Practitioner: "It sounds like you understand the importance of exercise, but your schedule is really full."

Double-Sided Reflection:

Client: "I want to eat healthier, but I love junk food too much."

Practitioner: "On one hand, you want to improve your diet, but on the other hand, you really enjoy junk food because it tastes good."

Amplified Reflection:

Client: "I guess I could try to quit smoking, but it's going to be really hard."

Practitioner: "You think quitting smoking will be so difficult that it might not be possible."

Reflecting Feeling:

Client: "I'm really nervous about starting this new job."

Practitioner: "You're feeling quite anxious about beginning your new job."

Summarizing:

Client: "I've been thinking about going back to school, but I'm worried about the cost and the time commitment."

Practitioner: "So, you're considering further education, but you're concerned about the financial and time investments."



Clinical Competencies & Skills for Non-Nursing Case Managers

Providing a clear and concise guide for non-nursing case managers to handle basic clinical tasks when healthcare staff is not available:

Basic Vital Sign monitoring

- What to do when vital signs are abnormal?

Basic First Aid

- Responding to minor injuries
- Cleaning wounds
- Applying bandages
- Documentation of incident

Emergency Protocols

- When to call for help
 - Severe pain, difficulty breathing, chest pain, sudden weakness, and confusion
- Using an AED/CPR
- Following organizational protocols for emergencies
- Documentation of incidents

Documentation and Reporting

- Accurate record keeping
- Reporting to the appropriate healthcare staff/supervisor



Leadership





What kind of leader are you?

5 Types of Leadership Styles

Laissez-Faire

- Leaders are relaxed and hands-off, allowing their teams more ownership over their schedules, performance, and professional development.

Autocratic

- The leader makes decisions unilaterally, without much input from team members. This type of leader has full control over decision-making and expects subordinates to follow instructions without questioning.

Participative

- Leaders have the authority to make the final decision, but the team is involved in the decision-making process.

Transactional

- Managers outline tasks and detail how those tasks should be performed, as well as outline goals and what steps should be taken to ensure those goals are achieved.

Transformational

- Leaders can motivate and inspire followers to direct positive changes in groups.



How do you build a team?



How do you build trust with your team?

S

SPECIFIC

Define your goal in detail. Be as specific as possible.

*

M

MEASUREABLE

Decide how you will measure success.

G

A

ATTAINABLE

Set realistic goals that challenge you but are achievable.

O

R

RELEVANT

Ensure your goal is results-oriented.

A

T

TIME-BOUND

Set a clear deadline and monitor your progress.

L

I

INCLUSIVE

What new perspectives would non-represented groups bring?

S

E

EQUITABLE

How can you change the goal to incorporate equity and inclusion?

*



SCENARIO

Jamie: “I just can’t seem to get everything done. I feel like I’m always behind, and it’s really stressing me out.”

Alex (YOU): “Let’s work on setting a SMARTIE goal to help you manage your time better. What would you like to achieve specifically?”

Jamie: “I want to be able to finish my homework on time, take care of the baby, and still have some time to relax.”

Interactive Question





10 Best Goals for Managers

Learn to deal
with criticism

Learn to give
constructive
feedback

Build
relationships
within the team

Easily adapt to
change

Build internal
talent

Delegate tasks

Enhance
communication
skills

Recognize your
team's efforts

Run more
effective
meetings

Improve systems
for knowledge
sharing



Ways to Attract and Retain Valuable Employees?

- FLEXIBILITY
- Financial Benefits
- Room For Advancement
- Positive Work Environment
- Health And Wellness
 - (Insurance, Gym, Etc.)



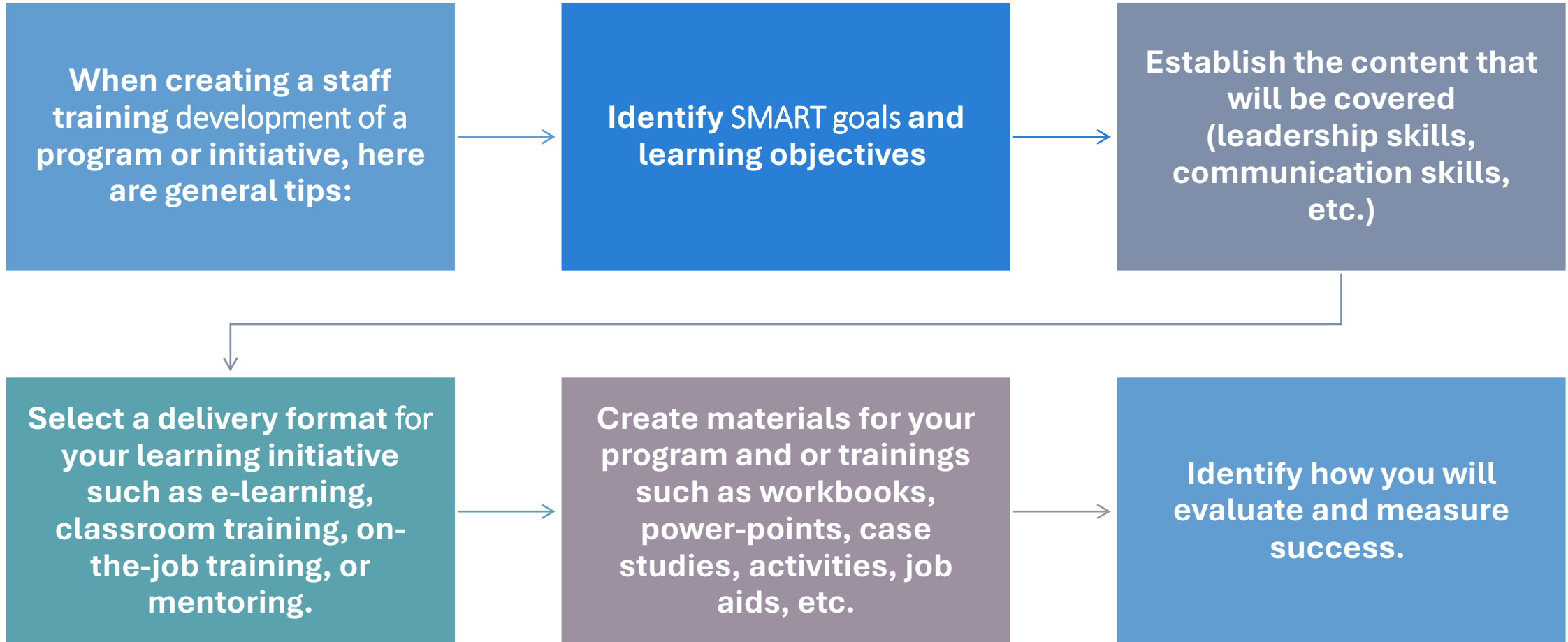
Communication Activities



Communication

- Maintain an open line of communication
- Be a good listener
- Be respectful of other's opinions
- Establish clear goals







Problem Solving and Decision Making

A central red pin is positioned in the middle of a dark, textured surface. Five colorful arrows (cyan, yellow, pink, green, and white) radiate from the red pin, pointing towards other pins. There are four yellow pins: one at the top, one on the left, one at the bottom, and one on the right. The arrows are: a cyan arrow pointing up-left to the top yellow pin, a yellow arrow pointing up-right to the top-right yellow pin, a pink arrow pointing left to the left yellow pin, a green arrow pointing down-left to the bottom yellow pin, and a white arrow pointing down-right to the bottom-right yellow pin.

Delegation & Passing the Problem

Delegation

- Identify Tasks
- Choose the right person
- Provide clear instructions
- Empower and trust
- Monitor progress
- Feedback and recognition

Passing the Problem

- Identify when to escalate
- Choose the right person/department
- Communicate clearly
- Follow up
- Learn from the process

Recognizing Staff for Meeting Goals

By recognizing staff in these ways, you can foster a positive work environment and encourage continued excellence.

- Public acknowledgement
 - Team meetings
 - Social Media
 - LinkedIn Endorsements
 - Company newsletter
 - Employee of the Month
 - Team celebrations
- Rewards & Incentives
- Personalized Recognition
- Professional development opportunities
- Career Advancement



How to Rectify Staff Not Meeting Goals

- Identify the root cause
- Set clear and achievable goals
- Provide necessary training & resources
- Implement regular check-ins and feedback
- Foster a supportive environment
- Adjust workloads and responsibilities
- Develop a performance improve plan (PIP)
- Encourage self-reflection and accountability



Time Management



Prioritize
Tasks

Set realistic
goals

Create a daily
schedule

Avoid
multitasking

Learn to say
NO

Practice Self-
Care

Utilize time
management
tools

Reflect and
adjust

Self-care, Stress Management, & Building Morale

- Understand stress triggers
- Practice mindfulness & relaxation exercises
- Affirmations
- Maintain a healthy lifestyle
- Prioritize sleep
- Set boundaries
- Connect with others
- Engage in activities you enjoy
- Practice self-compassion





Team Building Activities

Planning Activities



SCAVENGER
HUNT



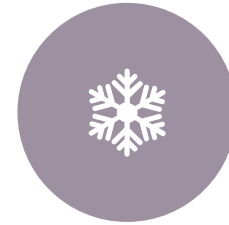
COOK-OFF



OFFICE
TRIVIA



RETREATS



ICE
BREAKERS



PICTIONARY

Effective Leadership

How to lead effectively:

- 1:1 staff check-ins, how to have difficult conversations
- How to lead staff meetings, in-service trainings, sharing updates
- Coordination/Communication with other agencies





A person's hands are shown holding an open book. The background is a collage of white icons on a dark grey background, including a graduation cap, gears, a magnifying glass, a person silhouette, a calculator, a chess knight, a padlock, a recycling symbol, a star in a circle, and a document with a checklist. A large, central octagonal icon with a dashed border contains the text "CONTINUING EDUCATION".

**CONTINUING
EDUCATION**

In Service
Trainings &
Finding
Opportunities



Coordination & Collaboration with Other Agencies



Outreach

Outreach: Any activity to find and inform potential program clients of available services.

Methods

- Case finding
- Doctors & Clinics
- Inner-agency referrals (WIC)

Marketing

- Social Media
- TV
- Radio
- Brochures

Plan

- Budget
- Develop Resource List
- What type of outreach will work best for your agency
 - Know your population





Office Vs Hybrid Vs Remote



CORNERSTONE ADMINISTRATIVE COURSE

Reminder:

Let's make the most of our time together by focusing on the training content rather than the technology itself.

If you have specific questions, issues, or concerns about the electronic health record system, please contact us privately after the session.

This will not only help us respect everyone's time but also demonstrate our consideration for the state's choice of software.

We appreciate your cooperation!



Cornerstone

- **AD10** -- Beginning of Day (BOD)
 - **AD11** -- End of Day (EOD)
 - **AD15** – Employee Information Screen (Establishing CS ID)
 - **AD16** – Assigning Screen Access
 - **AD17** – Caseload Reassignment
 - **AD30** – Add New Employee
 - **AD32** – Security Coordinator Training
- **HSPRO747:** Participant Risk Report
 - **HSPR0705:** The Participant's with Expected Delivery Date this Month
 - **HSPR0707:** Infants who will turn 1 year old this Month
 - **HSPRO604:** AD HOC Mailing Register Report
 - **HSPR0724:** Case Findings
 - **SC05 & SC06:** Staff Scheduling
 - Auto Termination 70 and 16 descriptions

How to get access to Cornerstone for a New Employee



Go to AD30 in CS

Add new Employee
Checkbox (this will
create new active
Citrix username)

Only time that you
use same CS ID is if
you are working at
multiple sites.

If Terminated from all
sites and get rehired
somewhere else, will
need new ID.

AD30 - SECURITY ACCESS REQUEST

CORNERSTONE SECURITY ACCESS REQUEST

Current Cornerstone ID (if any for existing employee):

Last Name: First Name: MI:

Start Date(for new employee):

Add New Employee Change, using Employee's existing Cornerstone ID

Title: Supervisor's ID:

No Citrix Access Needed Should employee be given Admin rights?

Additional Site(s) where access is requested:

Program Access:

Entered by:

Telephone Number: Ext:

AD30



AD30



Cornerstone
Approval



Cornerstone
Access with User
ID and Password



Employee
Access to
Cornerstone
Screen



AD32 - Security Coordinator Training

DUTIES AND RESPONSIBILITIES

INFORMATION DISPOSAL

INCIDENT REPORTING

CERTIFICATION

DUTIES AND RESPONSIBILITY

The Security Coordinator's duties:

- * Coordinate system access for staff and determine appropriate access levels.
- * Ensure that State-owned equipment and resources are secure and equipment is accounted for by conducting an annual inventory.
- * Report security incidents to the Cornerstone Service Desk immediately.
- * Ensure continued operations during system disruption.
- * Ensure new Cornerstone Users complete initial security training to gain access to the system and for all other users, annual security training requirements are met.
- * Underscore and review confidentiality policies.
- * Establish reasonable use policies (e.g. games, pornography).
- * Discuss password & ID sharing.

If it is determined that a User's access should be revoked it should be done as soon as possible after separation from the agency, disciplinary action, or change of business need. If the Cornerstone Security Coordinator cannot complete this task they are still responsible for ensuring it is done in a timely fashion.

I have read and understand the information on this page

AD32

AD15

The Employee Information (AD15) screen establishes the Cornerstone user ID for all users of the Cornerstone system. New employee information is added to the Cornerstone system using the Security Access Request Screen (AD30). Once added, the site supervisor can edit information on the (AD15) screen as needed.

- The (AD15) is no longer used to reactivate a terminated employee (see AD30).
- This screen must be completed for all employees who will be using the Cornerstone system



AD15 - EMPLOYEE INFORMATION

Clinic: 043002 DUPAGE CHD - WHEATON

Employee ID: 111111117

Name (L,F,MI): DEMO

CSTONE

Title:

Status: A ACTIVE

Start Date: 01/23/2011

Term. Date: / /

Supervisor:

Tax ID:

Cornerstone Liaison:

Date last update: 05/01/2012

Modified by: HORTON-S

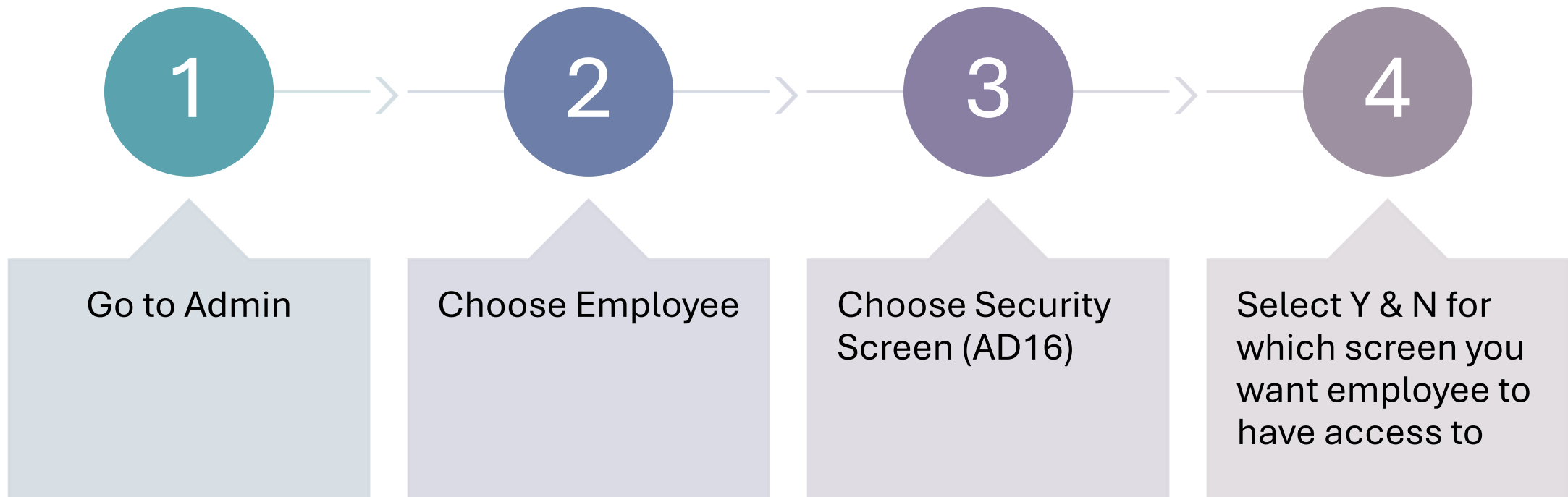
PAULINA

F9=ADDRESS PGUP PGDN

PROGRAMS

	PROGRAM	STATUS	EFFECTIVE DATE	TERMINATION DATE
▶	APORS WITH IDR	ACTIVE IN PROGRAM	01/23/2011	/ /
	BREAST & CERVICAL CANCER PGM	ACTIVE IN PROGRAM	01/23/2011	/ /
	FAMILY CASE MANAGEMENT	ACTIVE IN PROGRAM	01/23/2011	/ /
	CLOSING THE GAP	ACTIVE IN PROGRAM	01/23/2011	/ /
	EARLY INTERVENTION	ACTIVE IN PROGRAM	01/23/2011	/ /
	FETAL INFANT MORTALITY REVIEW	ACTIVE IN PROGRAM	01/23/2011	/ /
	GENETICS	ACTIVE IN PROGRAM	01/23/2011	/ /

Changing a Case Manager's Rights in Cornerstone



AD16 - SECURITY SCREEN

Empl ID: 300006060 **Last Name:** HARRISON **First Name:** MELISSA **MI:**
Clinic: 300006 TRAINING CENTER - **Title:**

AD16 Screen

*RNC has access to the screen as well

Not Assigned Screens

AD00-AUTOMATED EOD-BOD	▲
AD01-PROVIDER MAINTENANCE	
AD02-PROVIDER SERVICE MAINTENANCE	
AD04-CLINIC SCHEDULES	
AD11-END OF DAY PROCESSING	
AD12-REINDEX TABLES	
AD13-FOLLOW-UP REPORTS	
AD14-CLINIC ADMINISTRATIVE DATA	
AD15-EMPLOYEE INFORMATION	
AD16-EMPLOYEE SCREEN SECURITY	
AD17-CASELOAD REASSIGNMENT	
AD18-GENERATE MEDICAID BILLING	
AD19-SCHEDULE CLOSED DATES	
AD22-EMPLOYEE EXPENSES	
AD23-CLINIC OPERATING EXPENSES	
AD26-RESET LOGIN FLAG	▼

Current Screens Security

AD00-AUTOMATED EOD-BOD		*		Y		*	▲
AD01-PROVIDER MAINTENANCE		Y		Y		*	
AD02-PROVIDER SERVICE MAINTENANCE		Y		*		Y	
AD04-CLINIC SCHEDULES		Y		Y		Y	
AD11-END OF DAY PROCESSING		*		Y		*	
AD12-REINDEX TABLES		*		Y		*	
AD13-FOLLOW-UP REPORTS		*		*		*	
AD14-CLINIC ADMINISTRATIVE DATA		*		Y		*	
AD15-EMPLOYEE INFORMATION		Y		Y		*	
AD16-EMPLOYEE SCREEN SECURITY		Y		N		*	
AD17-CASELOAD REASSIGNMENT		*		Y		*	
AD18-GENERATE MEDICAID BILLING		*		*		*	
AD19-SCHEDULE CLOSED DATES		Y		Y		Y	
AD22-EMPLOYEE EXPENSES		Y		Y		*	
AD23-CLINIC OPERATING EXPENSES		Y		Y		*	
AD26-RESET LOGIN FLAG		*		*		*	▼

ADD UPD DEL

* Y *

Move

Move All

Default

Remove

Remove All

Caseload Reassignment

The Caseload Reassignment (AD17) screen is used by an administrator (supervisor) to assign unassigned participants who have a program record in Case Management to an appropriate case manager. All participants must be assigned to a case manager.

From the AD17 screen:

- enter 999999999 into the from field
- Enter CM
- Enter the employee ID
- F6 to edit
- Select a participant from the list & save



Caseload Reassignment (AD17)

- Go to Admin
- Then Employee
- Then to Caseload Reassignment (AD17)

- Put in first employee ID
- Input the ID that the client is moving to
- It will then list both of their clients
- F6 to Edit

- Click and highlight the name and press enter.
- Then Press F4 to save.

AD17 - CASELOAD REASSIGNMENT

Employee	Name	Title	Cases	Prog
From: 300006001	CORNERSTONE, DEMO 1	DEMO	11	CM
To: 300006020	CORNERSTONE, DEMO 20	DEMO	2	

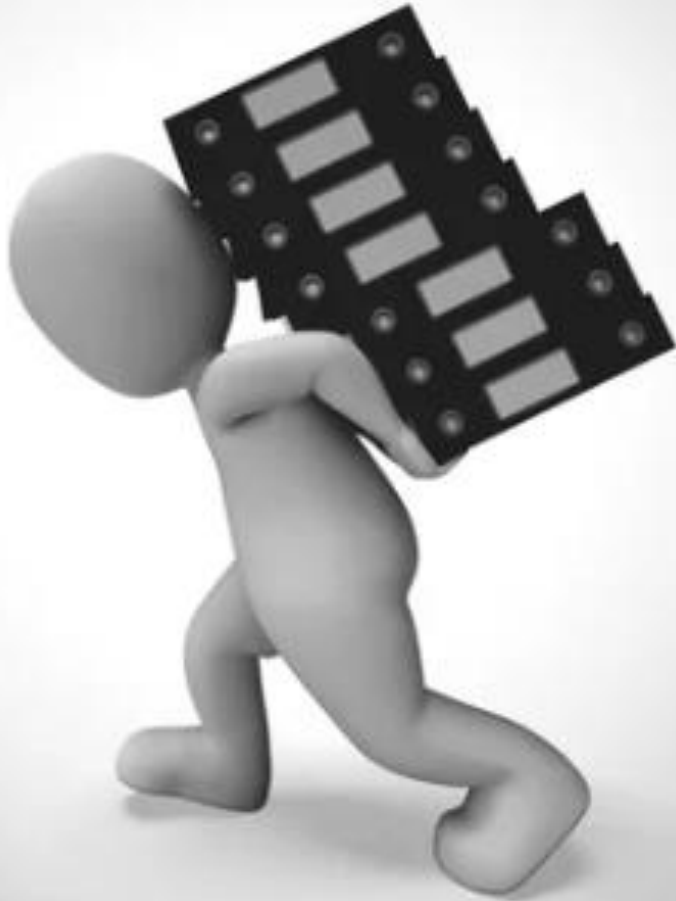
From Employee Case Assignments: CORNERSTONE, DEMO 1 All

A53623A9413800	ANDERSON, CODY	MI	08/15/2022	CM			▲
A53624L0392600	ANDERSON, COLLETTE	FI	11/16/2003	CM			
H25222L0492800	HIGGINS, KEISHA	FI	11/18/2004	CM			
H25225D2279900	HIGGINS, KENYA	FI	07/13/2022	CM			
L25216L9562500	LOGGINS, BRITTANY	FI	08/01/2022	CM			
M32416M9562500	MITCHELL, BRITTANY	FI	08/01/2022	CM			
Q25062Q9236000	QUICKEN, RASHAD	MI	11/15/2021	CM			
R63516R9562500	RARDON, BRITTANY	FI	08/01/2022	CM			▼

To Employee Case Assignments: CORNERSTONE, DEMO 20 None

F26016F9562500	FESSER, BRITTANY	FI	08/01/2022	CM			▲
M60062M9236000	MEAR, RASHAD	MI	11/15/2021	CM			

Caseload Management



Assigned Caseload

Achieved Caseload

- HSPR1734

Monitoring caseload

Managing low caseload

Managing high caseload



Things to consider when assigning a case manager

Does the participant
already have another
family member
assigned to them?

Language Barrier

Acuity

Culture Sensitivity

Best practice would be
to assign case
managers to certain
areas consistently to
decrease travel time.



Security Requirements

**Annual training (AD32) Security Coordinator
Training**

Updating CM list in CS

**Submit the updated list to DHS when new staff
is hired or no longer affiliated with company**



15 Minute Break

Reports





HSPR0747: **Participant Risk** **Report**

- This report will only show those active clients that have had either the 711 or 712 assessment completed
- Participants will auto-term if the 711 or 712 is not completed
- Does not show terminated clients
- Good overview of caseloads
- The first page is the unassigned list and should regularly be reviewed to ensure clients are assigned

HSPR0747: Participant Risk Report

Selection Information:

Cornerstone 12.6p3

DEMO, CSTONE 043002 CORNERSTONE 10/17/2012

Report ID: HSPR0747 Report Name: Family Case Management Participant Risk Report

Grp/Part. ID: C350-3501-2663-00 Clinic ID: 043002 Loc. Code: 01

Provider ID: Employee ID: 111111117 Pgm. Code:

Pgm. Status: Pgm. Category: Assess. Type:

Schedule ID: Code:

Service Code: No/Yr: 03/0300

Select/As of Date: Date: / /

Minimum Age in Years: Annual:

Vendor ID:

Print Options: **F3**

SELECTION INFORMATION

Please Select One of the Following Options to Run the Report:

A. All Participants

B. All Participants Grouped by Case Managers

C. Participants by Selected Case Manager

OK CANCEL

Editable Fields

Field Name	Format	Type	Required
Report ID	XXXXXXXX	Alpha/Numeric	Mandatory
Loc. Code	99	Code	Optional
Employee ID	XXXXXXXXXX	Numeric	Optional
Selection Information:			
Please Select One of the Following Options to Run the Report	Checkbox	Choice	Mandatory

Frequency

The Family Case Management Participant Risk (HSPR0747) report is run as needed or required.



HSPRO705

- The Participants with Expected Delivery Date This Month (HSPRO705) report creates a list of participants whose EDC dates fall in the month specified.
- This report can assist case managers in preparing their pregnant participants (and their newborns) for delivery
- The report runs both automatically and manually.



HSPR0707

Infants who will turn one year old this month report creates a list of all infants who will turn one year of age within the requested month

Runs automatically during the end of the day on the last day of the month or may run as needed on the RP01.

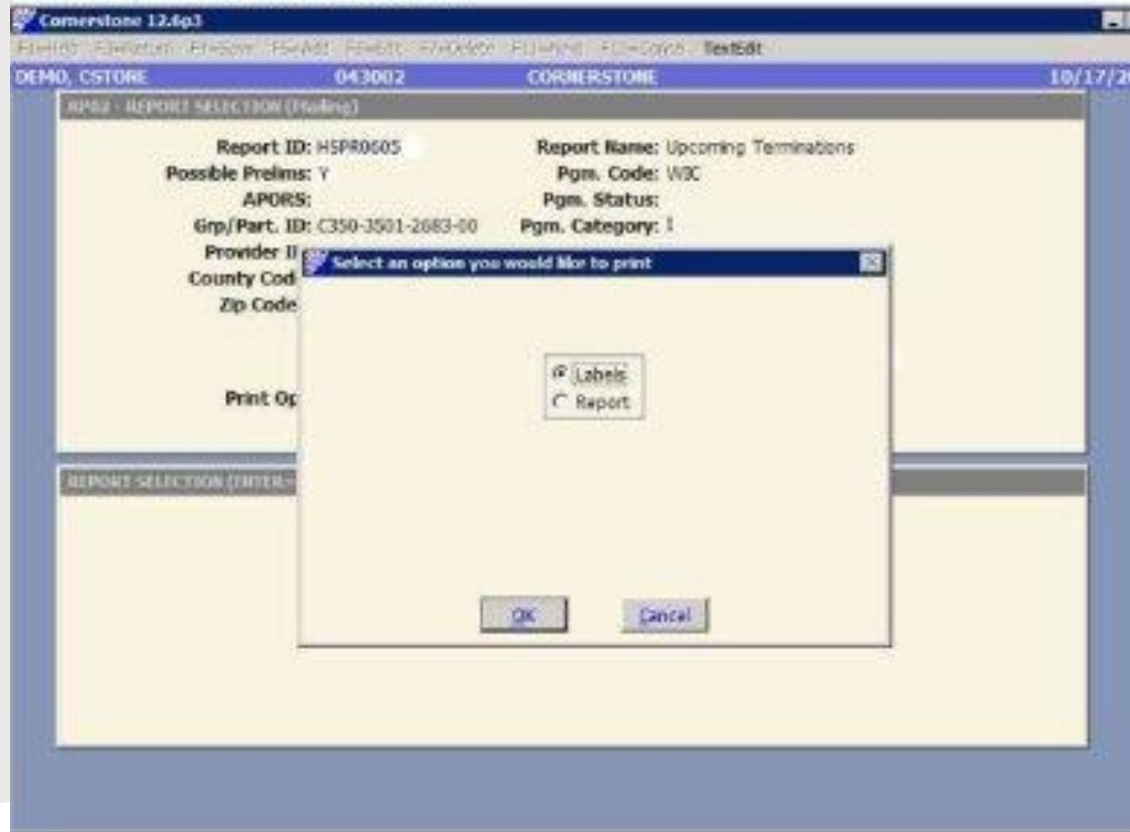


AD HOC Mailing Register Report

HSPR0604

- Produces a list of participants who match the criteria entered on the RP02 screen
- Based on parameters specified: code, program status, program category
- Can be used regardless if 711/712 was completed
- May be used for audit purposes, tracking materials mailed to participants

Select an Option You Would Like to Print:



AD HOC Mailing Register Report

HSPR0604

Editable Fields

Field Name	Format	Type	Required
Report ID	XXXXXXXX	Alpha/Numeric	Mandatory
Possible Prelims	X	Choice	Optional
Loc. Code (if defined)	99	Code	Optional
Date Range	99/99/9999	Date	Mandatory
Select an Option You Would Like to Print:			
Labels/Reports	Radio Button	Choice	Mandatory



Case Findings: HSPR0724

- Case Findings Report- Run on Mondays
- Can be printed out monthly as well
- Choose the clients with P, I, or D category codes.

11.82 CASE FINDING LIST (HSPR0724)

Overview

- The Case Finding List (HSPR0724) report lists all participants who have a case management program record with a status of 'N – New Medicaid Recipient' and a program status date within the date range specified. DCFS wards will be included on the report.
- The sort order on this report groups the participants by Medicaid Case ID. This means the infants and guardians will be printed together. Participants are no longer displayed on the report once they have been activated in case management [as documented on the [Activity Entry \(SV02\)](#) screen].
- The report runs automatically as well as manually.

Details

Sort By:

After pressing <F9> to run the report, users are prompted to select a sort choice. The report can be sorted by "Last Name, First Name" or by "Group Number / Case ID." Select an option and press the "OK" button or press the "Cancel" button to run the report without a selection.

Screen Layout

Sort By:



The screenshot shows a software window titled "CONNECTION 14.1" with a menu bar (File, Edit, Format, View, Window, System, Print, Help) and a toolbar. The main area displays report parameters: Report ID: HSPR0724, Report Name: Case Finding List, Grp/Part. ID: 999999, Clinic ID: 99999, Loc. Code: CONNRS008, Employee ID: 601062, Pgm. Code: 000000, and Date: 01/23/2017. A "SORT BY" dialog box is open, showing two radio button options: "Last Name, First Name" (selected) and "Case ID". The dialog has "OK" and "Cancel" buttons at the bottom.



HSPR0724 Case Findings



BEGINNING OF DAY PROCESS (AD10)

- Is the process of updating all the local files with the information from the central office

END OF DAY PROCESS (AD11)

- Is used to manually execute the End of Day (EOD) process that updates Central Office files with information from the local site.

****MAKE SURE ALL STAFF MEMBERS ARE LOGGED OUT OF THE CORNERSTONE SYSTEM SO END OF DAY CAN RUN****

- Staff can possibly be kicked off, but that does not always work
- Why is this important??
- The report will not run, and therefore, transfers and records will not be transferred if the report is not run. This could potentially cause someone to auto-term, which will cause issues in completing the final steps of the transfer process.

Screen Layout

End of Day Process



Field Definitions

Field Name	Length	Field Type	Definition
Last Successful Upload Date	8	Date	The date of the last successful upload of data from the site to Central Office.
Ready to Run End of Day	1	Choice	A Yes/No field used to indicate if a user is ready to run the End of Day process.
Override Upload Begin Date	8	Date	This field is used by Central Office to change the Begin Date.
Override Upload End Date	8	Date	This field is used by Central Office to change the End Date.



Auto Termination

Termination Reasons:

Code 70: Auto Term - No Recent Activity

- Has not had a recent activity with proper contact type.

Code 16: Automated Termination

- For all other auto-term reasons.



Cornerstone PA15

This screen must be completed for each program that the participant is in.



This is also used for other processes such as transfers, terminations and re-certifications.



This screen can be used to change participants status from active to inactive.



Make participant active in FCM then when appropriate make them active in either APORS or HRIF.



Once they are active, you can't back date in the activity entry.



Case Management Assignment History (CM01):

Used to view a specific participant's previously and currently assigned case manager for each program. Coordinators must ensure their CMs add an “end” to prevent extra-long lists.

Caseload Inquiry (CM05):

It is recommended that Coordinators have staff regularly look at the CM05 because this lists the CM’s entire caseload (i.e., active, terminated, income-eligible) so the CMs can keep an eye on their caseload (and have some accountability for their caseload). If they see a client has been terminated, they can reactivate as soon as possible after a successful contact.

Compliance for Contact code “04”

The Failed Home Visit “04” will keep the client active but will not count as compliance with the performance expectations.





Community Health Training Center

Any
Questions?

Resources

DHS Website Navigation for Resources

- [DHS Family Case Management Programs](#)

Springfield Urban League Navigation of Website for Resources and Training schedule

- [Community Health Training Center](#)
-