Illinois Early Learning Council Health and Home Visiting Committee

June 5, 2023

GETTING STARTED

If you have a public comment, please send a message directly to Jean Davis via chat.

All participants will be muted upon entry to minimize background noise.

Participants are welcome to post questions in the chat and there will be time to unmute and ask questions. If we are not able to get to your question today, please email your question to Jean.Davis@Illinois.gov after the meeting.

Agenda Review

- Welcome
- Review and Approve Minutes
- Medicaid Listening Sessions
- Medicaid, Home Visiting, Doula, and Universal Newborn Supports
- Children's Behavioral Health
- Aligning Home Visiting and Doula Services
- Public Comments

Review of Minutes

All attendees are welcome and encouraged to participate in discussions. For the purposes of voting on minutes and recommendations, these appointed members will vote.

- Cindy Bardeleben
- Elissa Bassler
- Gaylord Gieseke
- Dan Kotowski
- Laura Phelan
- Diana Rauner
- Martina Rocha
- Joanna Su

Centering Equity and Family Voices

ELC Racial Equity Definition

A racially equitable society values and embraces all racial/ethnic identities. In such a society, one's racial/ethnic identity (particularly Black, Latino, Indigenous, and Asian) is not a factor in an individual's ability to prosper. An early learning system that is racially equitable is driven by data and ensures that:

- Every young child and family regardless of race, ethnicity, and social circumstance has everything s/he/they need to develop optimally;
- Resources, opportunities, rewards, and burdens are fairly distributed across groups and communities so that those with the greatest challenges are adequately supported and not further disadvantaged; and
- Systems and policies are designed, reframed, or eliminated to promote greater justice for children and families.

Medicaid Listening Sessions

Pre/Post-Natal Medicaid Service Delivery & Experiences

Nikki Wegner, Ali Schoon, Regina Cason-Collins

June 5, 2023

Children's Home & Aid is now Brightpoint

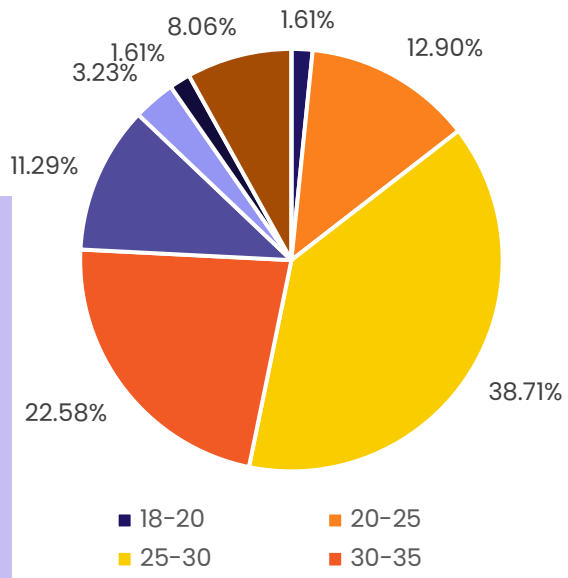
Brightpoint

Strong Families • Thriving Children

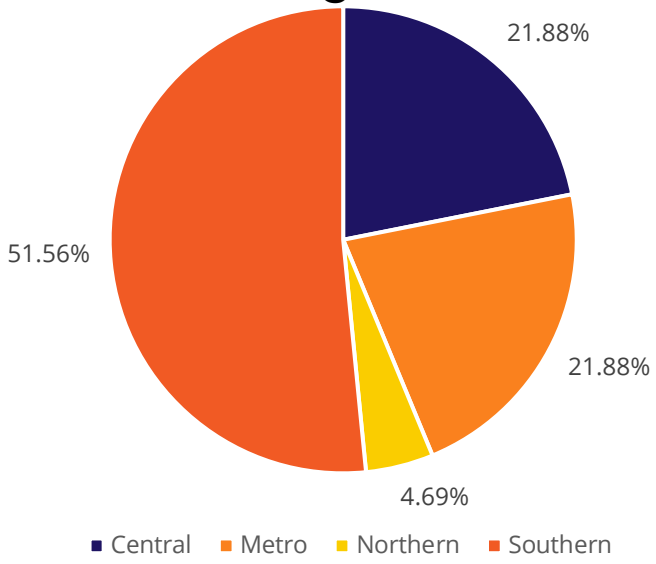
Participant Interview Demographics

63 Participant and 3 provider interviews completed

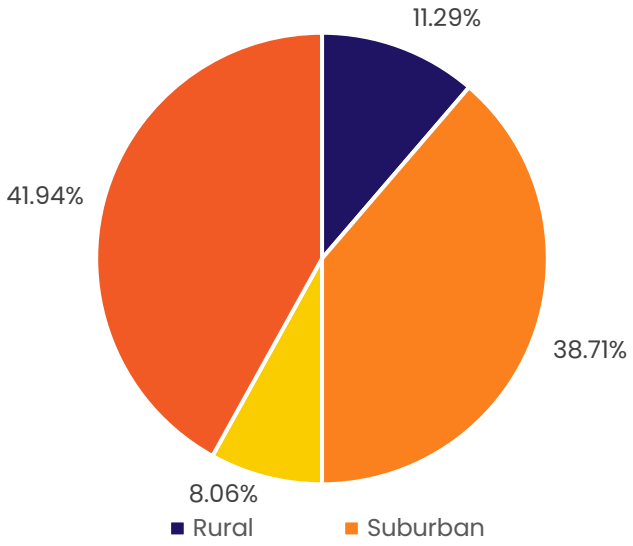
Participant Age Range



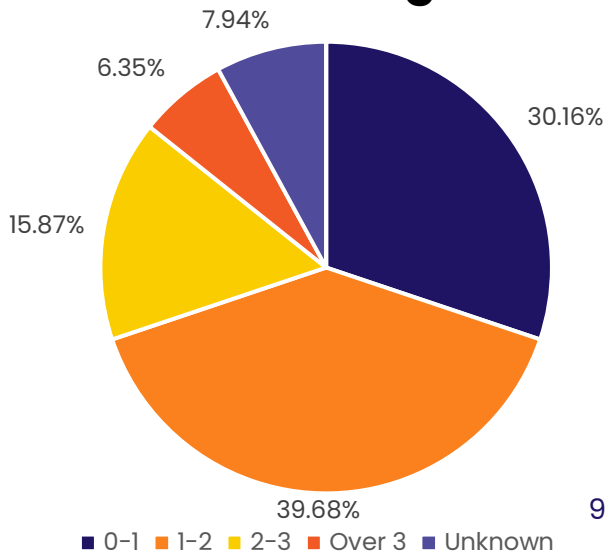
Region



Community Type



Child's Age



Key Themes

Coverage & Ease of Access

- Many participants expressed it was easy to find and access services on Medicaid in their area
- Impressed there were no out of pocket costs
- Received quality care throughout pregnancy

Application Process

- Conflicting experiences with applying for Medicaid
- Some said it was easy to apply online or in-person
- Many noted challenges including- documents needed, poor service in-person, difficulty understanding/navigating online application, call lines not answered

Discrimination

- Participants highlighted experiences with discrimination based on their race/ethnicity, size, and being on Medicaid
- This led to challenges of not feeling heard/listened to, brushed aside, and marginalization

Knowledge/Awareness

- Many interviewed expressed that they would have loved a Doula or Home Visitor but had no idea how to access or if they did try, the waitlists were long
- Having doctors or insurance providers discuss resources would have been helpful

Transportation

- Participants highlighted challenges with getting to and from services, especially when doctors taking Medicaid were not located close to their homes/areas and public transportation was the primary mode of getting to/from
- Many who attempted to access transportation services noted that wait times were long/service was inconsistent

Additional Services

- Many participants highlighted issues with receiving Dental care due to a lack of network and long wait times for complex procedures
- Accessing high-risk doctors, paying for certain needed medications and specialists (e.g., physical therapists) were mentioned as barriers
- Behavioral/Mental Health consistently brought up as needs pre/post-partum and felt coverage was not there/did not know how to access

Participant Interview Highlights

Positive

- *I had Medicaid and it saved us. Once they have your information it is in the system for good which makes it easy.*
- *Felt safe and comfortable throughout the process with doula and care team of doctors/nurses*
- *Stronger Beginnings helped me throughout my pregnancy, and after-It was a relief to find this kind of help and support. Truly a blessing. This is what makes This program so awesome. The love and support and the desire to want the parents to get as much help as possible with no judgment makes a mother's job that much easier.*
- *Being on Medicaid was so helpful financially but wish there were more services to access and less of a hurdle to navigate the Medicaid system*
- *Molina was a great insurance and made sure opportunities for additional services was shared with participants*

Challenges

- *I felt I didn't have support from nurses or doctors while I was seeing others get that support. I felt like I wasn't given the services I really needed*
- *One thing that is difficult is the biases that come with receiving Medicaid. People often assume you are on Medicaid because you are lazy or have an addiction. I feel companies try to take money from patients on Medicaid or want them to be high risk to have more appointments.*
- *Difficult to navigate the process of finding a doctor, insurance, additional services as a first-time mom*
- *I would call my insurance and they would send me a list of places to contact, and the list wouldn't be accurate. The places were closed or didn't even take pregnant women or take the insurance anymore. It was hard for me to find a place to go to.*
- *There's only one dentist in my area that will take Medicaid and it took over 6 months to get in and I didn't even like the provider.*
- *OBGYN did not adhere to her birth plans after her Doula and her shared that information-OBGYN appeared in a hurry, and she felt pressured to have an epidural after wanting a natural birth*

Contact Information

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Medicaid Home Visiting and Doulas

Children's Behavioral Health

BLUEPRINT FOR CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION

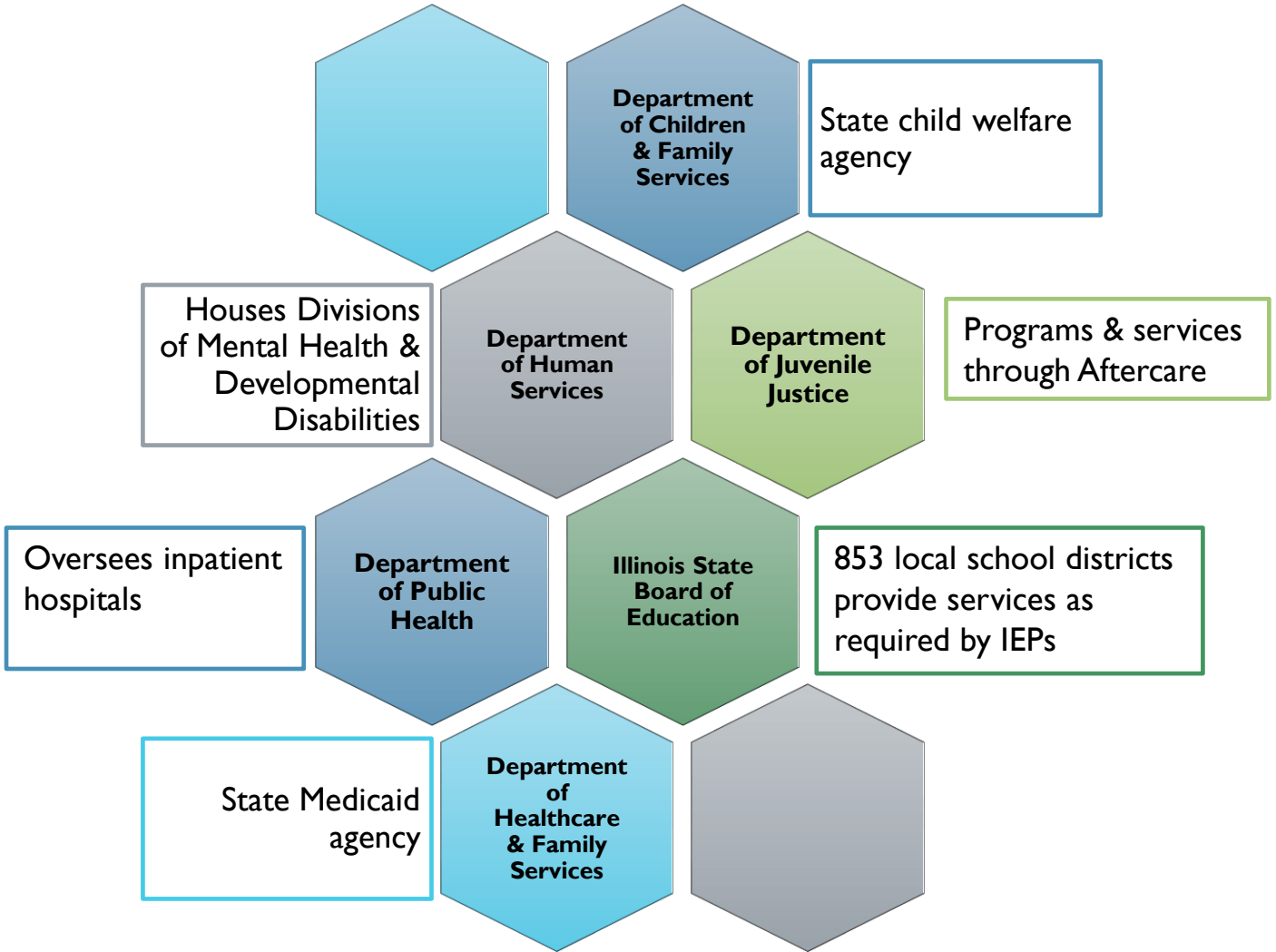
DANA A. WEINER, PH.D.

OFFICE OF GOVERNOR JB PRITZKER

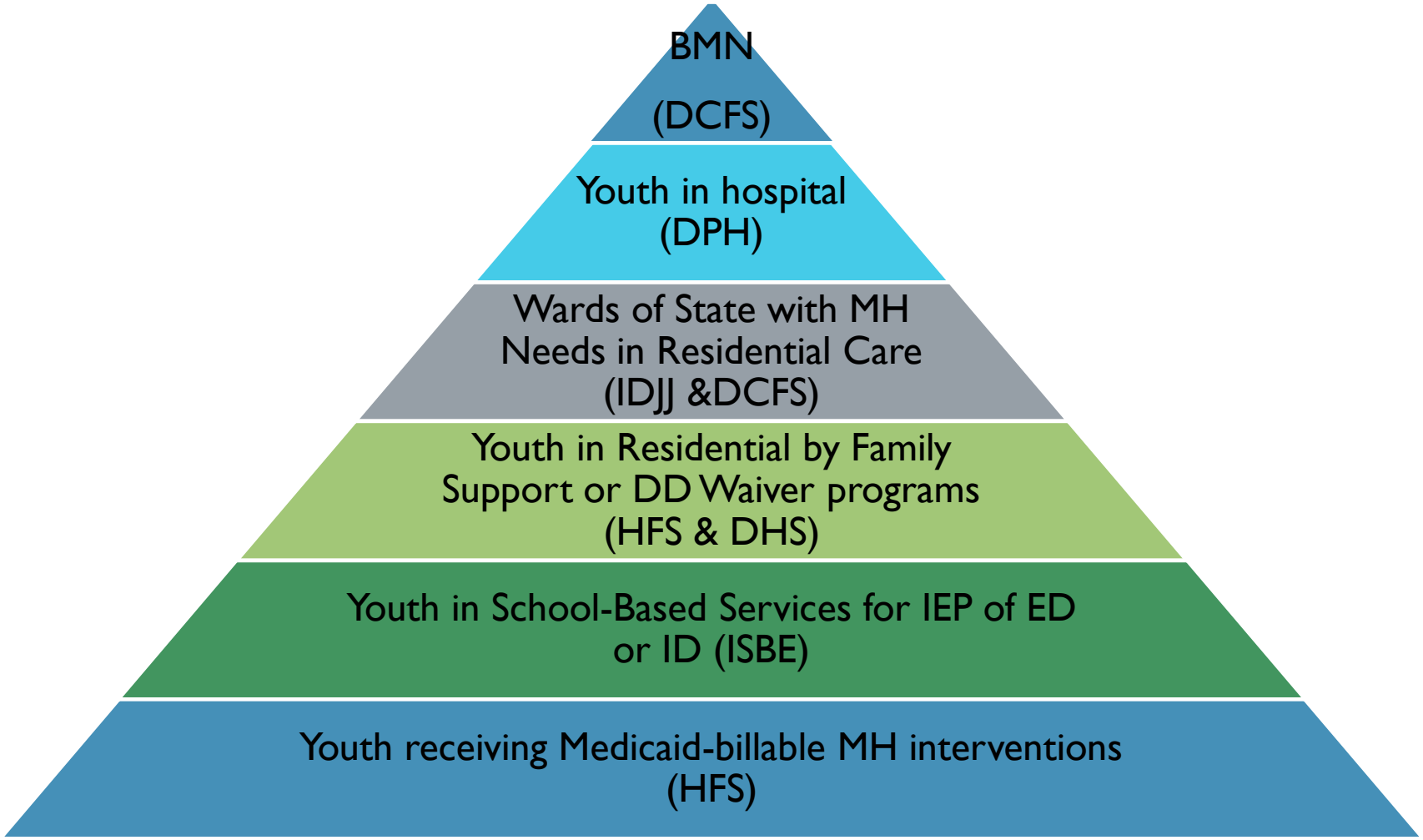
CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION INITIATIVE - GOALS

- Young people with significant behavioral health needs receive the community and residential services they need to thrive.
- Caregivers have transparency and clarity about how to get help for their children and the process for finding and getting placed in appropriate services.

ILLINOIS CHILDREN'S BEHAVIORAL HEALTH CARE SYSTEM – SIX CHILD-SERVING AGENCIES



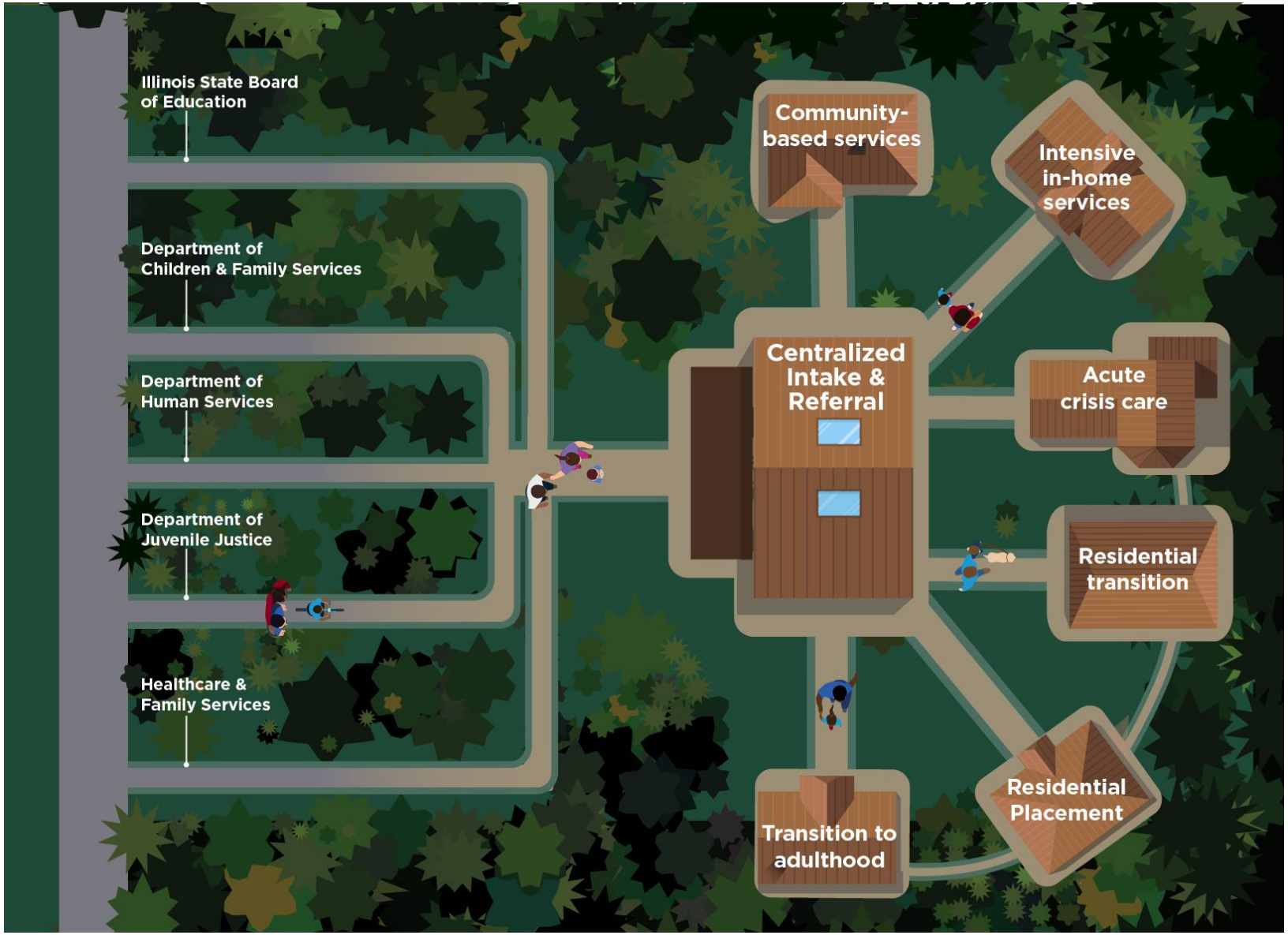
HOW DO WE KNOW WHO NEEDS AND RECEIVES MH SERVICES IN ILLINOIS?



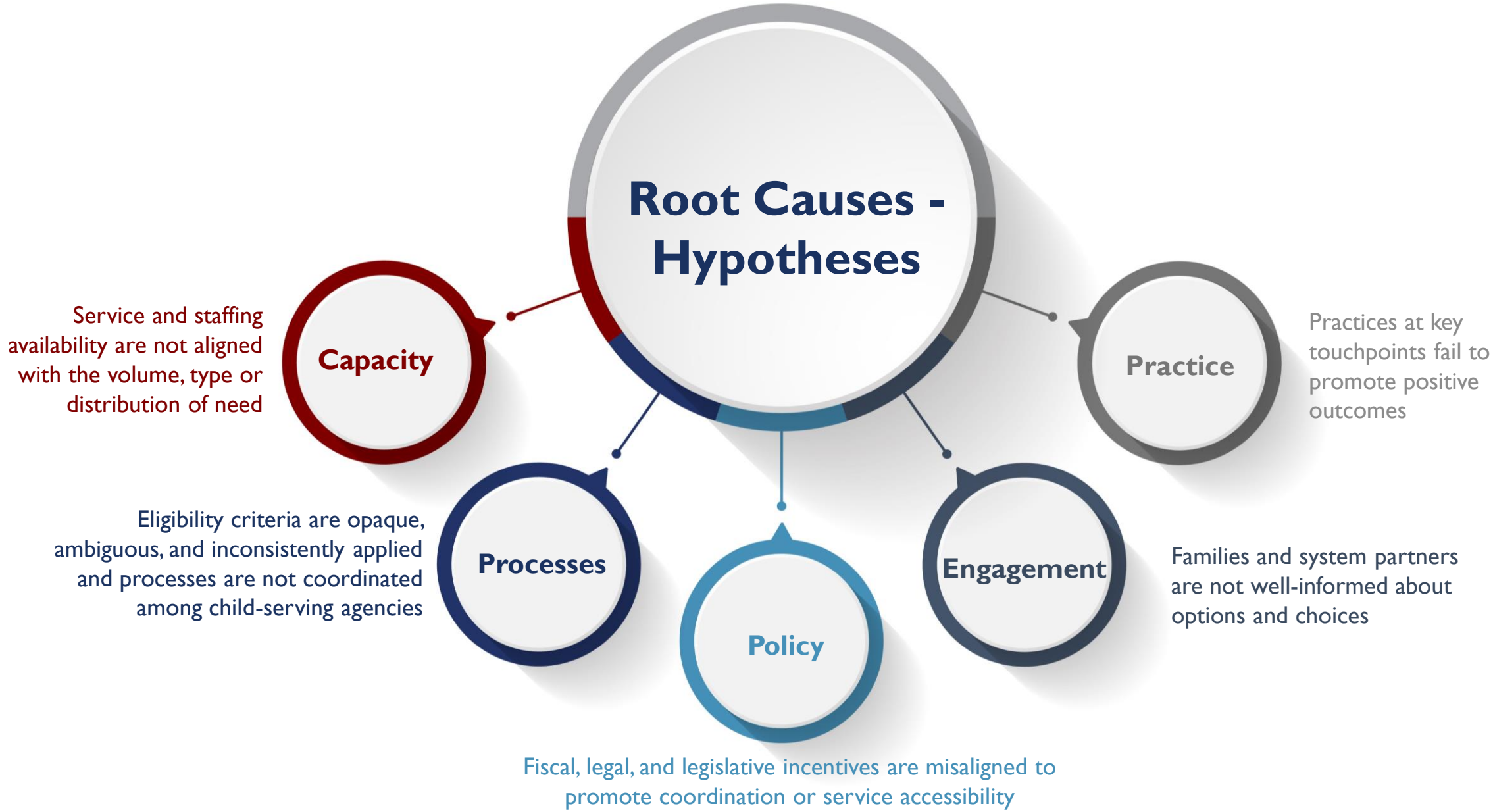
TODAY, NAVIGATING THE PATH TO INTENSIVE SERVICES IS CONFUSING AND SCARY FOR FAMILIES.

A TRANSFORMED SYSTEM WILL PROVIDE CLEAR GUIDANCE AND OPTIONS BASED ON NEEDS OF YOUNG PEOPLE.

FAMILIES WILL NAVIGATE THIS NEW SYSTEM WITH EASY-TO-FOLLOW DIRECTIONS (A "TRAIL MAP' AND HELP ALONG THE WAY)



Root Causes - Hypotheses



OVERVIEW OF ACTIVITIES

Engagement

- Engaged over 700 unique stakeholders from over 100 unique organizations
- Regular collaboration with state agency staff and leaders
- Interviewed subject matter experts & parents
- Surveyed residential providers on staffing and capacity
- Distributed monthly Bulletin to engage the field in progress
- Updated key stakeholder groups regularly

Analysis

- Developed business process maps for family access to services
- Analyzed needs of youth awaiting residential placement
- Developed interactive map of provider agencies
- Mapped estimates of mental health need by county
- Analyzed policies for monitoring, access, and coordination
- Reviewed best practices in IL & nationwide

Coordination

- Developed Intake Portal and consent for interagency cases
- Facilitated weekly interagency crisis staffing calls
- Promoted creative solutions in individual cases
- Facilitated focused discussions on transition to adulthood
- Worked with providers to refine new programming proposals

GOALS FOR SYSTEM IMPROVEMENT

Adjust CAPACITY

so that we have *enough* of the services we need

Streamline PROCESSES

so that services can be *easily accessed*

Intervene EARLIER

so that acute crises can be *prevented*

Increase ACOUNTABILITY

so that there is *transparency* in service delivery

Develop AGILITY

so that systems can be *responsive* to the changing needs of the youth population

TWELVE RECOMMENDATIONS TO ADDRESS IDENTIFIED BARRIERS

Centralize & Streamline

1. Develop Care Portal as centralized resource for families seeking services for children with significant and complex needs.
2. Improve coordination of service delivery.
3. Centralize oversight of residential beds.
4. Implement resource referral technology.

Adjust Capacity

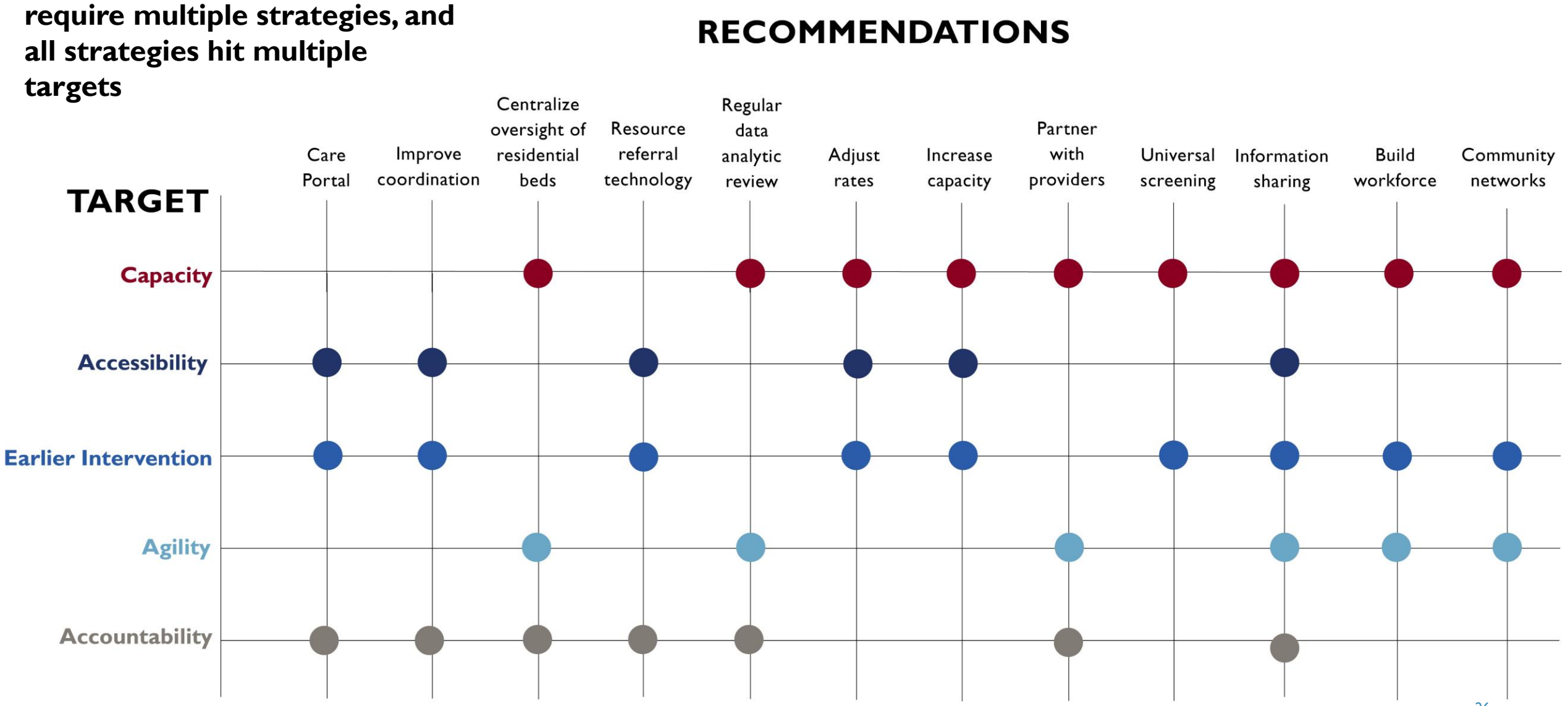
5. Conduct regular data analytic review to inform capacity adjustments.
6. Adjust rates, including standardizing rates for similar services.
7. Increase capacity by expanding eligibility and developing new service types.
8. Partner with providers in a standard protocol.

Intervene Earlier

9. Offer universal screening in education and pediatrics.
10. Facilitate information sharing across agencies.
11. Build workforce using paraprofessionals and other roles.
12. Fortify community networks by investing in local communities and parent leadership.

Structural Changes: Centralized Hub, Coordinated Advisory Groups, Interagency Coordination, Data Analytic Support

No "silver bullet" – all targets require multiple strategies, and all strategies hit multiple targets



PHASING AND SEQUENCING OF STRATEGIES

Short Term (6-12 months)

- Build and staff care portal to be public facing
- Reframe the role of advocacy organizations (CRSA, Partnership, Parent Leadership)
- Begin changes to eligibility, reimbursement, or duration for specific services
- Landscape scan to understand the extent of school-based MH screening
- Require information sharing among providers regarding residential capacity

Medium Term (1-2 years)

- Stand up regional parent leadership
- Fortify regional infrastructure through CCSO leadership
- Consolidate oversight for residential beds
- Adjust residential and inpatient bed capacity

Long Term (2-5 years)

- Build workforce with additional roles and incentives
- Implement risk adjustment, case mix approach, and no dismiss/no decline for residential providers
- Universal screening for MH problems in schools

PHASES OF IMPLEMENTATION

Design
- Engage with subject matter experts
- Develop specifications and business processes
- Refine with key stakeholders

Plan
- Operationalize
- Develop job descriptions and staffing plans
- Develop technology and program plans

Install
- Test new strategies
- Train key participants
- Communicate to raise awareness

Implement
- Require all participants to adopt new processes and use tools
- Monitor key indicators
- Adjust and refine

REC 1: CENTRALIZED CARE PORTAL FOR FAMILIES

Design

- Develop business process map and requirements
- Procurement
- Develop approach to triaging Portal submissions

Plan

- Transition CRSA to resource navigation
- Establish Portal staff roles at State agencies
- Build/modify technological components

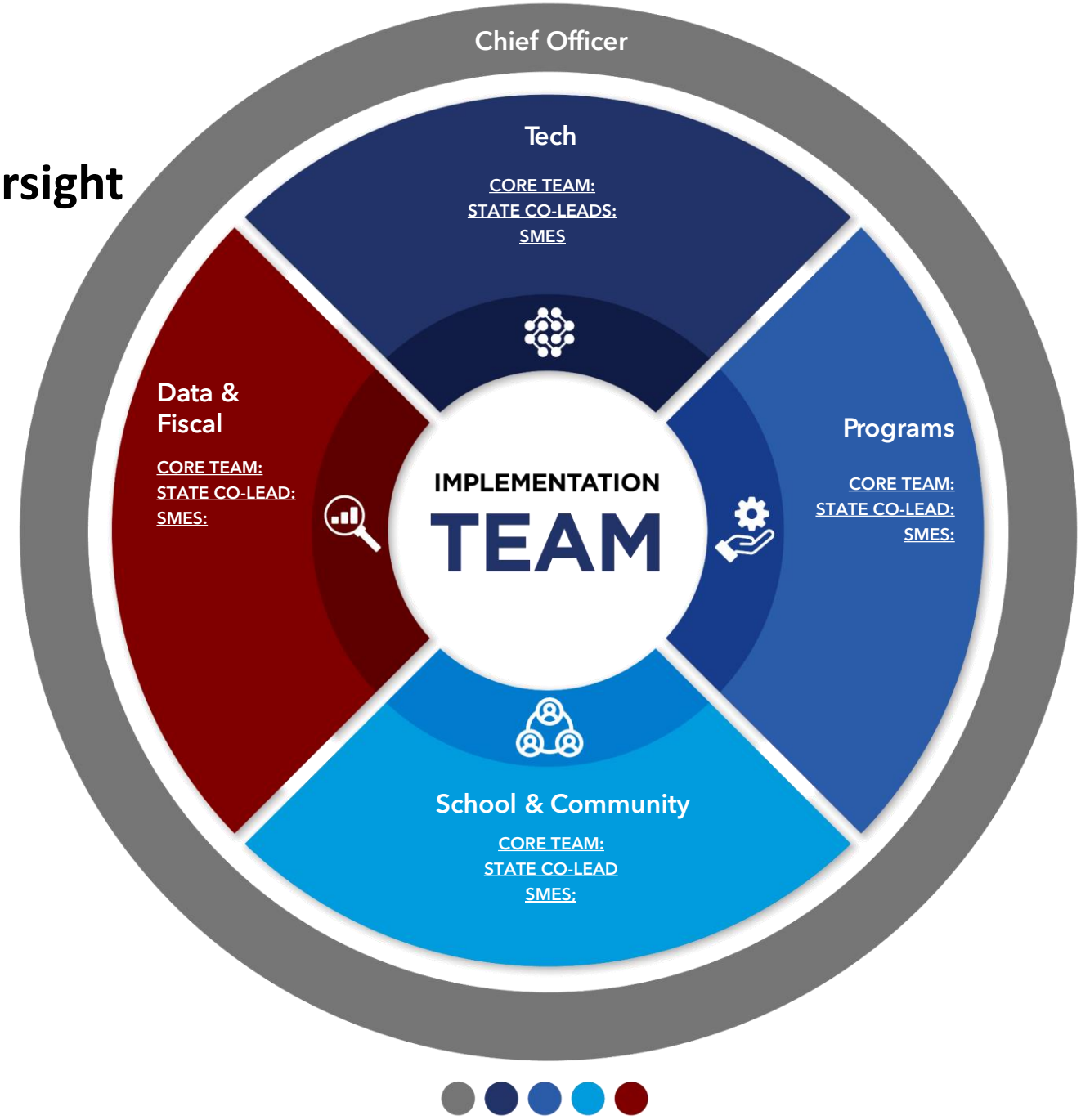
Install

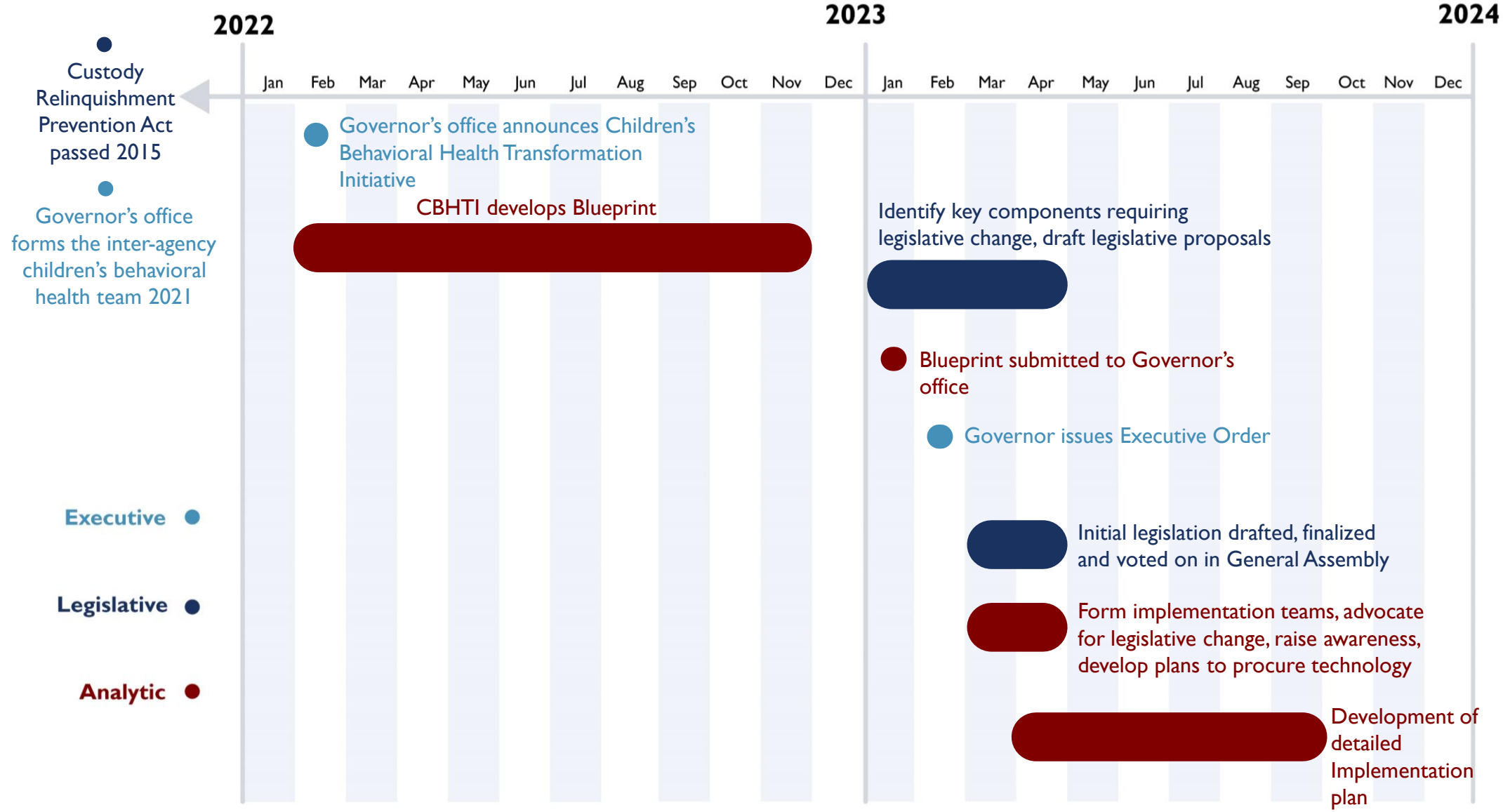
- Connect Portal to data on residential capacity
- Automate reports on key metrics
- Showcase Portal to referral sources, providers, and families

Implement

- Track metrics for evaluating response times and quality of care
- Evaluate user experience and Portal's effectiveness
- Adjust technology and training tools

Planning for Implementation – Governance and Oversight





Ongoing (2022-present)

- Legislative engagement
- Facilitation of interagency staffing calls
- Engagement of key stakeholders
- Ongoing communication with system leaders including agency heads and legislators

KEY INVESTMENTS: $22.8 MILLION FOR TRANSFORMING CHILDREN'S BEHAVIORAL HEALTH CARE

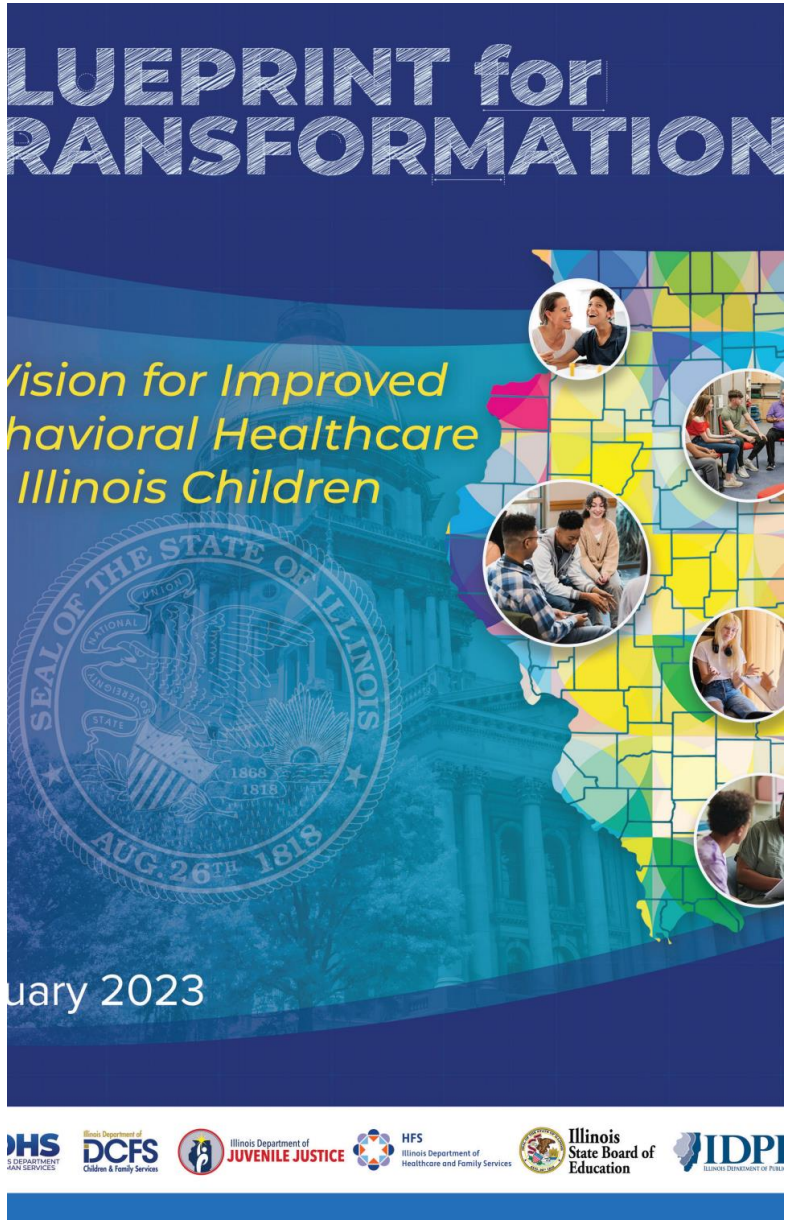
- Expansion of Comprehensive Community Based Youth Services (CCBYS) – (DHS; $10M)
- Pediatric mental health training and consultation (IDPH; $2M)
- Expanded service delivery to youth with developmental disabilities who are on the Prioritization of Urgent Needs (PUNS) list (DHS)
- Implementation of robust technology to support coordinated and streamlined service delivery – (DHS & HFS; $9.5M)
- Continued support for the work of the Transformation Initiative - $1.3M

LEGISLATIVE SUPPORT – SENATE BILL 724

- Establishing Children's Behavioral Health Transformation Officer to lead systems change efforts
- Creating Interagency Children's Behavioral Health Services Team, consisting of DHS, HFS, DCFS, DJJ, DPH, and ISBE;
- Creating a public-facing, centralized intake portal (the "Portal") housed at DHS to triage cases, manage information, and provide parents with guidance to access state programs;
- Broadening supports and length of placement without custody that Comprehensive Community Based Youth Support (CCBYS) can provide to youth in crisis at risk of entering the child welfare system or juvenile detention
- Modifying the Community and Residential Services Authority to operate as a Parent/Guardian Navigator Assistance Program
- Requiring ISBE to build the foundation for annual mental health screenings for students in grades K-12 by conducting a landscape scan of current district-wide screening practices;
- Requiring all residential and institutional providers who receive reimbursement for children's mental health, substance use, and developmental disability services from HFS, DHS, DJJ, ISBE, or DCFS to submit staffing and occupancy numbers to the state for the purpose of establishing state need and placement availability;
- Requiring HFS to identify leading indicators for elevated behavioral health crisis risk and share them with Medicaid Managed Care Organizations (MCOs) and other HFS care coordination entities.

ACCESS THE BLUEPRINT

- Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children



Snapshot: Community Feedback on Accessing Infant and Early Childhood Mental Health Services

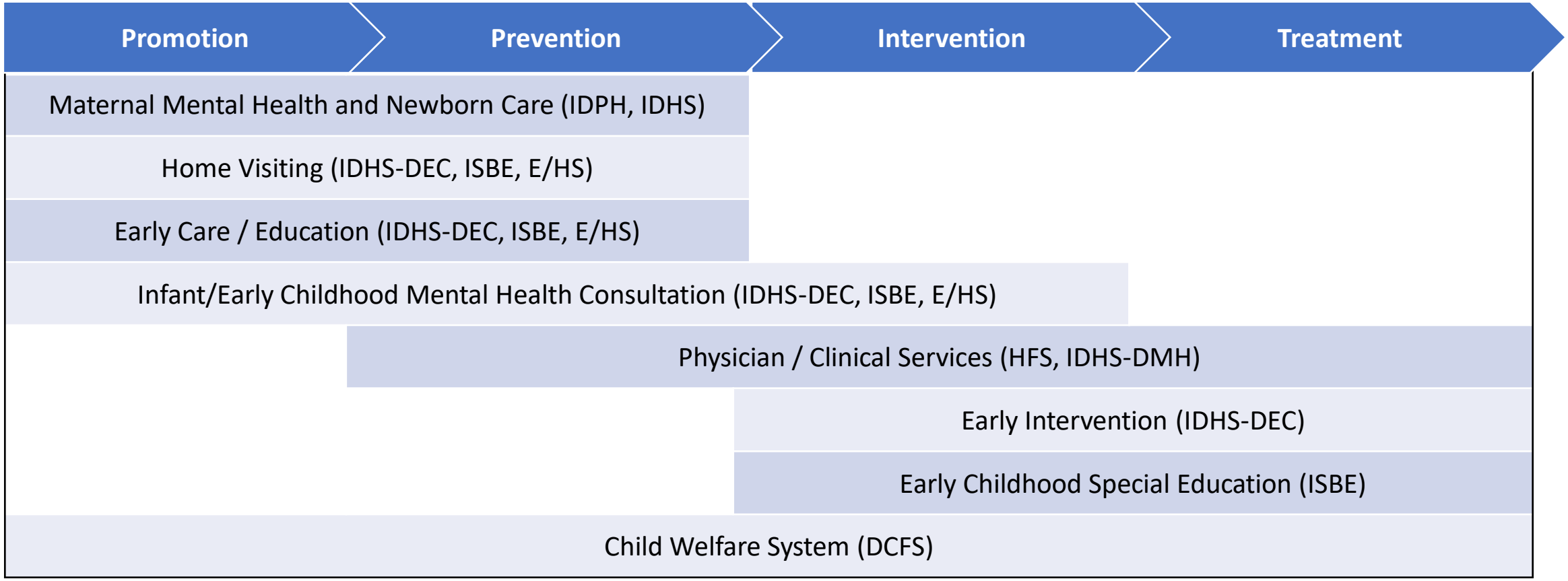
Presentation to ELC Health and Home Visiting Committee

June 5, 2023

Governor's Office of Early Childhood Development

The Infant and Early Childhood Mental Health (IECMH) system includes various State agencies and services that span the mental health continuum

Publicly funded mental health service areas for children under the age of six (agencies)



Barriers to accessing services: feedback from community members*

Identify concern / Screening → Referral / search for MH services → Assessment / qualify for services → Receive treatment / support

Key concern	Potential causes shared
1 Mental health need is not recognized	• Parent and EC service providers do not know signs of IECMH needs • Service providers don't believe parent's concern • Parent may have a mental health need of their own and doesn't recognize child's
2 No action is taken	• Pediatricians and other professionals are hesitant to act, or don't know how to, at this young age • Adults are slow to leverage early, preventative actions; wait for a crisis event to respond • Providers think parents are worried about stigma for their child or to be labeled as "a bad parent"

"Parents don't always have the knowledge to ask questions around mental health." – Community Mental Health Center (CMHC)

"It's like I had to prove to their teachers and pediatrician that something was wrong. That was really hard on me." – Parent

"Doctors are hesitant to confirm a need for children under five. They say, "Wait," but we know that makes it worse." – Early Childhood (EC) service provider

*Snapshot of community member perspectives; may not represent entire population.

Barriers to accessing services: feedback from community members*

Identify concern / Screening → **Referral / search for MH services** → Assessment / qualify for services → Receive treatment / support

Key concern	Potential causes shared
3 Few mental health professionals serve age 0-5, especially with Medicaid	• It's a niche field; obtaining the deeper expertise needed to treat 0-5 is costly • This field is not promoted enough in colleges • The "whole-systems" approach needed to serve young children is costly; Reimbursement rates and administrative processes deter providers from accepting Medicaid
4 Parents are burdened by the search for providers	• Families are calling MH professional one-by-one to find services, which is daunting • MCO and public systems do not have enough detail to help parents find a Medicaid provider, near them, who serves young children
5 People struggle to optimize services across systems	• Silos between agencies can make the system feel disjointed to families; stand-alone components • Providers don't know the whole system well enough to help parents access all programs

"It's an ongoing challenge to come up with ways that will allow for best practices while balancing the need to make the program fiscally sustainable." – CMHC

"If I hadn't gotten the therapist's name from WIC, I don't know how I would have found someone." – Parent

"Families can be funneled into one system and get stuck there because providers don't know how to move them between systems in a fluid way." - CMHC

*Snapshot of community member perspectives; may not represent entire population.

Barriers to accessing services: feedback from community members*

Identify concern / Screening → Referral / search for MH services → **Assessment / qualify for services** → Receive treatment / support

Key concern	Potential causes shared	
6 Eligibility requirements are too narrow; gap for age 3-5 in particular	• 30%+ delay can be hard to quantify for SE domain in EI; lack of awareness on other ways to qualify for EI • The age window for EI is really small; parents miss the deadline a lot • Special education is perceived to be for only medical conditions and disrupting behaviors • There are few alternatives for age 3-5 if don't qualify for special education since few clinicians serve children under 6	*"In my opinion, the 6 months we missed because she didn't qualify for EI by a smidge were crucial." – Parent* *"It is very hard to get mental health support because the definition and screening criteria are too narrow. We need to expand the list of what accounts for trauma." – EC service provider*
7 Providers lack awareness of tools / policies that expand services	• Common tools (IM+CANS) don't have early-age signs of MH; DC:0-5 helps but it's new • CMHCs may not be aware that they can, or how to, serve a child "at risk" of a diagnosis	*"There are emerging issues that haven't reached the level of diagnosis yet, and so we can't help them." – CMHC*

*Snapshot of community member perspectives; may not represent entire population.

Barriers to accessing services: feedback from community members*

Identify concern / Screening → Referral / search for MH services → Assessment / qualify for services → **Receive treatment / support**

Key concern	Potential causes shared	
8 MH treatment is expensive and hard to get to	• Mental health services are not affordable without insurance; Medicaid copays can be hard to afford too • Families with Medicaid are traveling far, or using out-of-network services, or have long wait times, especially rural areas	*"We need to integrate mental health professionals to where children are already going." – EC service provider*
9 Families need more holistic support, and through age six	• Clinicians feel that diagnosis requirements limit how much they can support family members • Special edu is focused on the child only	*"There needs to be more support for the families. EI had it, but when a child goes into school that parental support is gone." – Parent*
10 There is a shortage in alternatives to therapy as well	• General workforce shortage in ECE limits alternatives for supporting 0-5 mental health • Not all early childhood service providers have the capability to help with mental health; need training	*"We try to work on behaviors in-house since it's so hard to get mental health services." – EC service provider*

*Snapshot of community member perspectives; may not represent entire population.

How can we improve access to services that support IECMH?

Recommendations from community members*

1	**Increase system capacity**	• Grow the number of MH professionals that serve children under 6, and clinicians that accept Medicaid • Broaden eligibility and assessment approach to allow for earlier intervention and to close the service gap for age 3-5 • Provide more equitable access to treatment (geography, language)
2	**Better connect families to services**	• Increase awareness of IECMH to all adults that work with young children (signs of MH needs and services) • Encourage taking action earlier, especially pediatricians • Improve search engines, data systems and support personnel to help families find MH professionals
3	**Broaden service model**	• Expand MH capabilities of ECE workforce • Provide holistic family support in all programs • Increase community-based opportunities for social-emotional development (sub-clinical support)

*Snapshot of community member perspectives; may not represent entire population.

Aligning Home Visiting and Doula Services

Executive Committee Charge to Health and Home Visiting Committee

- Set a table for multiple stakeholders and ensure the table centers women of color. Provide feedback on how to support doulas across programs.

- Review home visiting standards across programs to make recommendations for a more aligned system

Public Comment

Submit request in chat to Jean Davis

Stay Connected

Next Meetings – September 11, 2023, and December 4, 2023

Visit GOECD Health and Home Visiting webpage, Health & Home Visiting Committee (illinois.gov)

Submit agenda items, questions to: jean.davis@illinois.gov

Thank you for joining us today!