N.B., et al.

v.

Theresa Eagleson, et al.

Report of the Expert

May 2024

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N.B., et al. v. Theresa Eagleson, et al.

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Fourth Annual Subject Matter Expert Report
May 2024

Introduction

The N.B. lawsuit was filed in 2011 on behalf of Medicaid-eligible children under the age of 21 in the State of Illinois seeking certain mental and behavioral health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement of the federal Medicaid Act. Federal EPSDT statute and policies require the states to provide comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

On February 13, 2014, the United States District Court for the Northern District of Illinois certified the case as a class action for the following individuals: "All Medicaid-eligible children under the age of 21 in the State of Illinois: (1) who have been diagnosed with a mental health or behavioral disorder; and (2) for whom a licensed practitioner of the healing arts has recommended intensive home- and community-based services to correct or ameliorate their disorders."

To address the class action, the Department of Healthcare and Family Services (HFS) developed the Pathways to Success (Pathways) program. As indicated in previous reports, the pandemic and negotiations between HFS and the Centers for Medicare and Medicaid services delayed the implementation of Pathways. Pathways was officially launched in January of 2023. Therefore, CY 2023 represents the first full year of implementation. The State has taken an approach, similar to other states, to enroll youth on a more gradual basis. This approach allows the State to closely monitor the quality of care coordination and other Pathways services as the capacity of the service system grows. During FY 2023, HFS projected approximately 3,000 youth meeting class certification would be referred for Pathways services. During CY 2023, HFS reports that 3,227 youth were referred to Pathways. HFS also reports that an additional 2,537 youth who are eligible for Pathways have yet to be referred but has committed to referring these youth by the end of CY 2024.

The N.B. Consent Decree requires the Department to develop, through an Implementation Plan, a behavioral health delivery "Model" to provide Class Members with a continuum of Medicaid-authorized and required mental and behavioral health services, including home- and community-based services. The Implementation Plan was developed by the Department with input from the Expert, Class Counsel, and stakeholders, and was finalized by agreement of the parties on December 2, 2019. A first revised implementation plan was developed and agreed to by the Parties and Expert in October 2022. The State provides updates to the plaintiff's attorneys and the Expert on a quarterly basis. The plan was filed with the court and published on October 24, 2022. The link to the plan is available at:
https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/nbconsentdecreefirstrevisedimplementationplanoctober242022.pdf

The N.B. Consent Decree also requires an Expert to evaluate, provide input, and report to the parties and the Court during implementation of its requirements. The Consent Decree requires the Expert to file a written report to the Court and parties within sixty (60) days after the first anniversary of the approval of the Implementation Plan and annually thereafter. The report is to provide information regarding the Defendant's progress on implementing the requirements of this Consent Decree and the Implementation Plan as necessary to meet the Benchmarks in the Consent Decree. This is the fourth report of the Expert, encompassing the timeframe of January 1, 2023, through December 31, 2023.

Overview of Report

The report provides an assessment by the Expert regarding the progress the Department has made regarding key activities in the original and revised Implementation Plans that were to be completed in Calendar Year (CY) 2023. This report also provides an assessment of whether HFS is complying with the substantive paragraphs of the Consent Decree. The initial section of the report summarizes the recommended activities and progress on these activities recommended by the Expert for HFS to complete for CY 2023. This section also recommends activities HFS should undertake in CY 2024 to further the implementation and quality of services provided by youth in the class and participating in Pathways.

The next section provides information regarding HFS's efforts to address the relevant paragraphs of the Consent Decree. This section also provides recommendations from the Expert to the Department regarding policy and additional implementation activities that the Expert believes will ensure the Department meets its goals and objectives set forth in the Implementation Plan and overall Consent Decree.

Progress on Implementation During CY 2023

The Consent Decree requires the Department to implement various provisions to ensure the availability of services, supports, and other resources of sufficient quality, scope, and variety to meet the obligations of the Consent Decree through the development of a Medicaid behavioral health delivery model ("Model") for Class Members. Both Implementation Plans consist of several sections that provide additional details of the Model components, the action steps required to implement this plan, and the federal and state authorities under which the Model components are authorized and funded. This section of the report is structured to describe the activities the Department proposed for CY 2023, the progress made on those activities over the past year, and the Expert's recommendations for subsequent activities for CY 2024.

There were many activities HFS was to complete during this reporting period. Progress was made on many of the activities set forth in the initial and first revised Implementation Plan. With the exception of a final quality plan for the first year of implementation, HFS completed all activities recommended by the Expert and set forth in the initial implementation plan. HFS did not complete some important activities in CY 2023 and the Expert recommends these be completed in the next calendar year. Below is a summary of activities the Department was to

complete during the reporting period, the activities the Department undertook, and activities the Expert recommends for CY 2024:

Model Component #1--Ongoing Class Member and Family Input

- Activities recommended for CY 2023:
    i. Continue to meet with the N.B. Subcommittee on a regular basis. It was recommended HFS take steps to leverage the knowledge of the Subcommittee for key aspects of Pathways.
    ii. Request and review MCOs' 2023 Plans for Family Driven Care, including their implementation of Family Leadership Councils. The Expert recommends the Department or MCOs present key activities that target youth and caregivers in Pathways.
    iii. Finalize the DCFS process flow and present the flow to the N.B. Subcommittee.
    iv. Integrate co-chairs from each MCO Family Leadership Council into the N.B. Subcommittee.
- Accomplished Activities:
    i. HFS met with the N.B Subcommittee on a scheduled basis. The Department convened this Subcommittee every month during CY 2023.CY2023. The cadence of meetings seem to be sufficient. However, participation of members was generally limited to operational issues experienced by providers rather than overall program issues raised by family members. There is no youth participation on the Subcommittee.
    ii. HFS established regular agenda items for the Subcommittee. This included providing monthly implementation updates of Pathways, reviewing the initial Pathways provider communication plan, soliciting feedback on data that would be publicly reported for Pathways and recruitment strategies for other providers of Pathways services (e.g., intensive in home, therapeutic mentoring) and strategies to recruit workforce for these services.
    iii. HFS required and obtained the MCOs' 2023 Plans for Family Driven Care. HFS and the Expert have reviewed these plans, which do include strategies to serve youth and caregivers in Pathways and to determine if these plans incorporate strategies to improve access and quality of Pathways services. Per the Expert review, these plans do incorporate specific strategies to improve access to and quality of certain services offered to youth enrolled in Pathways, including oversight and monitoring of MCR providers, discharge and transition processes for youth receiving children's behavioral health services, efforts to promote the Family Stabilization Program, and the community stabilization processes for Children's Behavioral Health Services.
    iv. HFS has yet to integrate the N.B. Subcommittee and MCO Family Leadership Council and therefore has not integrated the co-chairs.

- Activities recommended over the next 12 months:
    i. Continue to meet with the N.B. Subcommittee on a quarterly basis. HFS should develop substantive agendas for these meetings and seek targeted feedback on several activities, including the process, outcome, and baseline measurement strategies for the CY 2024 and 2025 quality assurance plan and the DCFA pathway to care.
    ii. HFS should also review the current membership of the N.B. Subcommittee and solicit youth and caregivers who have direct experience with Pathways. This would provide substantive information regarding the experience of care for individuals participating in Pathways. The Expert recommends this be done by the third quarter of CY 2024.
    iii. HFS should continue the process of reviewing the MCO's Family Driven Care Plans to ensure they are addressing Pathways services.
    iv. HFS should finalize the integration of the N.B. Subcommittee and the MCO Family Leadership Council.

Model Component #2-- Managed Care Organizations

- Proposed activities for CY 2023:
    i. Develop medical necessity criteria for admissions to Psychiatric Residential Treatment Facilities (discussed in Model Component 5) prior to implementing their Psychiatric Treatment Residential Facility (PRTF) strategy.
    ii. Finalize the initial Pathways services quality assurance plan and review the plan with the N.B. Subcommittee.
    iii. Track internally, but not publicly report, the number of care coordinators (providing each level of care coordination) by CCSO to ensure caseload sizes are consistent with the expectations set forth in state rules and other guidance.
    iv. Begin to collect and publicly report information quarterly, or annually as noted below, reflecting the initial implementation progress, including:
        i. The number of individuals under the age of 21 who had a completed Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) uploaded to the portal that included at least one behavioral health need.
        ii. The number of youth tiered into High-Fidelity Wraparound, as of the last day of the quarter.
        iii. The number of youth tiered into Intensive Care Coordination, as of the last day of the quarter.
        iv. The number of providers enrolled in the Illinois Medicaid Program Advanced Cloud Technology (IMPACT) and approved to offer Pathways services, including Intensive Home-Based and Children's

Services.

v. The number of staff who have been trained to provide each of the Pathways' services.
vi. Annual number of providers that submitted claims for each of the Pathways' services statewide.
vii. Annual number of class members for which claims were submitted for each of the Pathways' services including Mobile Crisis Response.
viii. Annual total Pathways expenditures to date.

v. Develop policies and processes for MCO care coordinators' interaction with the Child and Family Team.
vi. Begin monitoring MCOs' provider network for other services included in the Pathways' services as well as structural and process measures for care coordination and other services.

- Accomplished Activities:
  i. HFS has finalized structural process measures for care coordination and other Pathways services.
  ii. HFS has not finalized process measures for care coordination and other Pathways services.
  iii. HFS tracks on a monthly basis the number of care coordinators (providing each level of care coordination) by CCSO and ensures caseload sizes are consistent with the expectations set forth in state rules and other guidance.
  iv. HFS has not developed medical necessity criteria for admissions to Psychiatric Residential Treatment Facilities. As indicated in paragraph 15, HFS should complete the needs assessment and finalize the PRTF model prior to developing the medical necessity criteria.
  v. HFS has not finalized the initial Pathways services quality assurance plan and therefore has not reviewed the plan with the N.B. Subcommittee.
  vi. HFS began to publicly post information regarding Pathways in December 2023. As previously indicated, HFS has shared the format and the information regarding information in i-v in the previous section for Model Component #2. They have yet to publicly provide information on vi-viii of Model Component #2.
  vii. HFS has developed policies and processes for MCO care coordinators' interactions with the Child and Family Team.
  viii. HFS monitors and has provided data to the N.B. Subcommittee regarding the MCOs' provider network for other Pathways services.

- Activities recommended over the next 12 months:
    i. HFS should complete the needs assessment and finalize the PRTF model. Once completed, HFS should provide the findings of the needs assessment and proposed PRTF Model to the N.B. Subcommittee for review before finalization.
    ii. HFS should complete the first Pathways services quality assurance plan and review the plan with the N.B. Subcommittee.
    iii. HFS should continue to track the number of care coordinators (providing each level of care coordination) by CCSO and ensure caseload sizes are consistent with the expectations set forth in state rules and other guidance. This has been helpful in determining the number of referrals that should be made to each CCSO.
    iv. HFS should publicly post information regarding Pathways, including the annual number of class members receiving each Pathways service, service utilization, and expenditures. HFS should also report on the number of providers that submitted claims for each youth by Pathways services to determine if providers are beginning to use a sustainable Medicaid funding source rather than relying on ARPA funds.
    v. HFS should finalize process and outcome measures for care coordination and other Pathways services and share those with the N.B. Subcommittee for their input. As discussed in paragraph 9, HFS should also begin efforts to collect and analyze information regarding service utilization and expenditures, assessing youths' needs against service capacity, and develop the baseline for class members use of emergency departments (EDs), inpatient psychiatric hospitals, substance use disorder (SUD) residential, and other out-of-home placements. This is an activity central to the Quality Assurance Plan.
    vi. HFS should initiate oversight of the implementation of its established policies and processes for MCO care coordinators' interactions with the Child and Family Team to ensure consistency in practice and solicit feedback to fine tune guidance as needed.
    vii. HFS application of the MCO's network adequacy should commence once there is an ability to refer eligible youth in real time to Pathways and there is a substantial increase in organizations providing other Pathways services. Rationale for this recommendation is discussed in paragraph 9.

Model Component #3—Care Coordination

- Proposed activities for CY 2023:
    i. Continue the gradual process to identify and refer youth to CCSOs for providing the necessary care coordination. The Expert would expect 3,000 youth to be referred for care coordination over the next calendar year.

ii. Identify, recruit, and enroll CCSOs for the remaining Designated Service Areas (DSAs) by the end of CY 2023.
iii. Facilitate contract execution between the remaining CCSOs and MCOs.
iv. Report the information referenced in paragraph 9 of this report to track Pathways' services roll-out and to identify initial and ongoing CCSO access issues. This reporting may be phased in over CY 2023, given the availability of claims and other administrative data may be more robust later in the calendar year.
v. Continue to provide monthly information on the results of decision support criteria to the Expert. This should include specific information on the number of youth who are identified for both tiers of care coordination.
vi. Provide the Expert with information discussed in paragraph 15 regarding efforts if there are lower than anticipated referrals for Tier 1 High Fidelity Wrap Around Care Coordination.
vii. Conduct a review to determine if any adjustments to the decision support criteria are required after six (6) months of implementation.
viii. Report on the number of youth and caregivers who appeal service eligibility determinations and requests for changes to care coordination tiers to identify if there are systemic issues indicated by these appeals and strategies to address these issues. If significant, the Expert recommends the Department provide this information to the N.B. Subcommittee for their review and feedback.

- Accomplishments:
  i. HFS continues the gradual process to identify and refer youth to CCSOs for providing the necessary care coordination. HFS referred 3,227 youth for care coordination during CY 2023, exceeding the number of individuals recommended by the Expert (i.e., 3,000 youth).
  ii. HFS also reports that an additional 2,537 youth who are eligible have yet to be referred for Pathways.
  iii. HFS did identify but has yet to enroll CCSOs for the remaining DSAs by the end of CY 2023.
  iv. MCOs have not executed the contract with the remaining CCSOs during CY 2023.
  v. HFS has coordinated efforts with their technical assistance vendor, the Provider Assistance and Training Hub (PATH) to track Pathways' services initial roll-out and to identify initial CCSO access issues. In addition, HFS and PATH have developed and implemented a process for performing a quality review of CCSOs to identify strengths and areas for improvement. Based on initial efforts, PATH has developed a training and individualized CCSO coaching strategy. This is discussed in paragraph 17.f.

vi. HFS worked with the Expert's team and PATH to develop and undertake an on-site review strategy for CCSOs during CY 2023. Additional information regarding these site visits is described in paragraph 17.f. As discussed in this paragraph, HFS has developed and implemented recommendations to improve the quality of care coordination provided to youth participating in Pathways.

vii. HFS provides monthly information on the results of decision support criteria to the Expert including specific information on the number of youth who are identified for both tiers of care coordination. A review of this information indicates referrals for Tier 1 High Fidelity Wrap Around Care Coordination are at or above the 3% threshold developed for Pathways.

viii. HFS has yet to conduct a review to determine if any adjustments to the decision support criteria are required after six (6) months of implementation.

ix. HFS reports on the number of youth and caregivers who appeal service eligibility determinations and requests for changes to care coordination tiers. As indicated in Appendix A, there are few requests to change care coordination tiers.

- Activities recommended over the next 12 months:
  i. HFS should ensure that all youth who are eligible for Pathways are referred to the Pathways program by the end of the calendar year.
  ii. HFS should continue to report the number of youth referred to CCSOs (by tier) and the number of youth who are actively receiving care coordination and other Pathways services.
  iii. HFS should enroll CCSOs for the remaining DSAs by the end of CY 2024.4 Once enrolled, HFS should ensure MCOs execute contracts with the remaining CCSOs.
  iv. HFS should review the quality of the care coordination offered by CCSOs in the following areas:
    1. At a minimum, this should include the reasons youth who are referred to CCSO are not engaged in Pathways. As indicated by data provided by HFS, 1,436 or 43% of youth referred to CCSOs declined all Pathways to Success services or the CCSO was unable to engage the youth and family.
    2. The timeliness of engagement into services upon referral, particularly as a lack of timely engagement could be contributing to the high number of youth not engaged in Pathways as noted above.
    3. The amount of care coordination services by tier to ensure that the amount of care coordination required is being delivered.

v. HFS, based on the efforts of PATH, should report on whether CCSOs are fulfilling their care coordination activities consistent with the Model. This is discussed in more detail in paragraph 9.
vi. HFS should begin to track the timeliness of care coordination activities as established by HFS standards.
vii. HFS should continue to provide monthly information on the results of decision support criteria to the Expert, including specific information on the number of youth who are identified for both tiers of care coordination.
viii. HFS should review the decision support criteria as required and determine if any adjustments to the decision support criteria are needed.

Model Component #4--New Services, Providers, and Policies to Enhance Access to Behavioral Health Services

- Proposed activities for CY 2023:
  i. Continue to convene the PCP working group members and develop specific recommendations for the screening tool and process that primary care providers should use to screen, report the results of the screening, and make a timely referral to a follow-up CANS to identify need and connect to ongoing behavioral health services when appropriate.
  ii. Develop disposition measures for screening performed by PCPs serving Medicaid youth, including referrals for youth for the completion of the IM+CANS to determine if ongoing community-based services are needed and if they are eligible for Pathways.
  iii. Develop a targeted provider recruitment strategy for each of the other Pathways services beyond care coordination services provided by CCSOs. This will require a cooperative approach between HFS and each MCO to have a consistent and clear strategy for network development.
  iv. Implement the communication plan developed in cooperation with the N.B. Subcommittee.
  v. Provide information to the Expert on a quarterly basis beginning in Q3 of CY 2023 regarding the network, by DSA, of intensive home-based, therapeutic mentoring services and family peer support.
  vi. Based on findings from vii. above, identify service gaps and work across MCOs to immediately address these gaps.
- Accomplishments:
  i. The PCP working group was convened and proposed recommendations for the screening tool and process that primary care providers should use to screen youth for behavioral health issues.
  ii. HFS has worked with Illinois Chapter of the American Academy of Pediatrics (ICAAP) are to review the current screens used by pediatricians and primary

care providers (PCPs) and have determined these screens comport with the American Academy of Pediatricians (AAP) Bright Futures screens which are encouraged to be used by the Centers for Medicare and Medicaid Services (CMS) for EPSDT behavioral health screens.

iii. HFS has developed a process for conducting screens, reporting the results of the screening, a referral tool kit for pediatricians and PCPs, and reimbursement strategies to incentive screening.

iv. HFS has not yet developed disposition measures for screening performed by PCPs serving Medicaid youth, including referrals for youth for the completion of the IM+CANS to determine if ongoing community-based services are needed and if they are eligible for Pathways.

v. HFS has developed a targeted provider recruitment strategy for each of the other Pathways services beyond care coordination services provided by CCSOs. This is discussed in more detail in paragraph 9.

vi. HFS has reviewed and implemented the provider communication plan developed in cooperation with the N.B. Subcommittee.

vii. HFS has provided information to the Expert on a quarterly basis beginning in Q2 of CY 2023 regarding the Pathways provider network, by DSA, of intensive home-based, therapeutic mentoring services and family peer support. However, as indicated in Appendix A, there are very few providers of other Pathways services in almost all DSAs.

viii. HFS is very aware of the service gaps in providers of other Pathways services and, as discussed in iv above and in paragraph 9, is working with MCOs to immediately address these gaps.

- Activities recommended over the next 12 months:
  i. HFS should implement the policies and procedures for EPSDT screening for youth behavioral health conditions, referral tool kits for referrals and collaborate with ICAPP to implement proposed training for pediatricians and PCPs.

  ii. HFS should develop the disposition measures for EPSDT screening discussed in paragraph 17.b and c.

  iii. As indicated in paragraph 9, HFS and MCOs should immediately address the gaps in other Pathways services. This includes successfully recruiting and enrolling providers into the Medicaid provider network responding to CY 2024 Requests4 for Application, ensuring they receive ARPA funding on a timely basis, and commence efforts to serve youth and caregivers as identified in the POC. HFS and MCOs should continue to monitor and address DSAs with no Pathways providers.

Model Component #5--PRTFs

- Proposed activities for CY 2023:
    i. Finalize the needs assessment and determine the potential number of PRTF beds needed and locations of these facilities.
    ii. Develop a model for PRTFs based on other states' successful efforts to offer these services, consistent with the Building Bridges approach that ensured that these services have been provided consistent with the amount and duration needed by youth in the exemplary states. In addition to BBI, HFS will need to ensure that the PRTF model addresses how PRTF services are accessed within its System of Care, how community services are activated as part of successful transitions from PRTF, and expectations for how PRTF providers and the CCSOs work together before and during a youth's stay in a PRTF. HFS should work with the Expert team to identify these models and determine their applicability to the Department's efforts to develop these facilities in-state.
    iii. Develop a selection process for PRTFs that is consistent with the exemplary models identified in ii. above.
- Accomplishments:
    i. HFS has yet to finalize the needs assessment to determine the potential number of PRTF beds needed and locations of these facilities. HFS reports they continue to work with a contractor to finalize this assessment and make recommendations regarding the number of PRTF beds needed and the potential location of these facilities.
    ii. HFS has not developed a model for PRTF services.
    iii. HFS has yet to develop a selection process for PRTF services. HFS states the selection process is dependent on finalizing the needs assessment and the PRTF service model.

- Activities recommended for next 12-month period:
    i. HFS should finalize the needs assessment to determine the potential number of PRTF beds needed and locations of these facilities by July of 2024.
    ii. HFS should develop a model for PRTF services by July 2024. As indicated in paragraph 13, several states have recently implemented PRTFs and have developed models that are consistent with the Building Bridges philosophy.
    iii. HFS should develop the process flow for youth who will be referred to in-state PRTF, including the role of CCSOs in the transition into and from these facilities. This process flow should provide a clear path for youth who are ready for discharge to be rapidly connected to CCSOs or other services.
    iv. HFS should identify the Target Population for PRTF services. For instance, the state may choose to initially focus on youth served by the Interim Relief

Program or the Family Support Program and/or other youth identified by the needs assessment as benefiting from PRTF services.

v. HFS should develop a selection process for PRTF services by December 2024 for implementation in FY 2025.

vi. HFS should develop a training and oversight process to ensure that PRTFs deliver the model as designed.

Model Component #6: Implementation Training and Technical Assistance

- Proposed activities for CY 2023:
  i. Continue to provide initial training for the remaining CCSOs who will go live in CY 2023.
  ii. Solicit feedback from individuals and agencies that participated in the training and, using this feedback, develop the necessary changes to the curriculum.
  iii. Develop a process to meet with providers of Pathways services during the initial months of implementation (similar to the recommendations regarding CCSO start up) to identify and address initial implementation issues on a timely basis. This process should identify the roles of the Department, PATH, and MCOs.
  iv. Continue for PATH to train enrolled providers of other Pathways services.
  v. Develop an initial feedback process for CCSOs. This process should focus on whether care coordination is being delivered on a timely basis and how well CCSOs are providing critical care coordination functions (e.g., initial engagement and assessment, identification and facilitation of the Child and Family Team).
- Accomplished activities:
  i. HFS, through PATH, has provided initial training for CCSOs who went live in CY 2023.
  ii. HFS and PATH implemented a process to meet bi-weekly with CCSOs during the initial months of implementation (office hours). Given the limited number of providers of other Pathways services, HFS has yet to develop and implement a similar approach for these other services.
  iii. PATH has the capacity to train enrolled providers of other Pathways services but there are few providers that require this training. Therefore, HFS has not developed a process to meet with providers of these services.
  iv. During CY 2023, HFS and PATH have developed an initial quality review process for CCSOs. This process includes how well CCSOs are providing critical care coordination functions. Specifically, PATH has assessed 19 CCSOs on four critical care coordination areas: Strengths, Needs and Cultural Discovery, Crisis Prevention and Safety Planning, CFT Meeting Agendas and

Individual Plans of Care. Additional information regarding the feedback from PATH is provided in paragraph 17.f and Appendix C.

v. HFS and PATH have developed and implemented a technical assistance approach to address issues based on this initial feedback process. This is discussed in paragraph 17.f.
vi. PATH solicits feedback from individuals and agencies that participated in the training and, using this feedback has developed the necessary changes to the curriculum.

- Activities recommended for the next 12-month period:
  i. HFS should ensure initial training for the remaining CCSOs who will go live occurs in CY 2024.
  ii. HFS and PATH should continue to meet with CCSOs monthly to identify and address ongoing implementation issues.
  iii. HFS should develop a process to meet with providers of other Pathways services during the initial months of implementation (similar to the recommendations regarding CCSO start up) to identify and address initial implementation issues on a timely basis. This process should identify the roles of the Department, PATH, and MCOs.
  iv. HFS and PATH should continue the feedback process for CCSOs similar to efforts implemented in CY 2023. In addition to reviewing the quality of the care coordination activities, HFS should begin to review the timeliness of these activities. More detailed recommendations by the Expert are offered in paragraph 17.f.

Model Component #7: Cross-Agency Collaboration on Model Development and Implementation

- Proposed activities for CY 2023:
  i. Solicit feedback from state child service agencies regarding the measures recommended in Model Component #2 for the N.B. Consent Decree to ensure alignment with the State's overall approach for children's behavioral health services.
  ii. Develop a process for developing critical reports for other state agencies that includes information referenced in paragraph 9 of this report. The Department should meet with leadership from the other child-serving agencies to identify the information, format, and frequency of these reports.
  iii. Develop referral and participation protocols for other state and local child-serving agencies to use for referring children to Pathways. The protocols should also specify the expectations of participation by the other state child-

serving staff (e.g., participation in Child and Family Team meetings, conflict resolution process, etc.).

iv. Finalize the DCFS flow and begin referrals into the Pathways services consistent with recommendations from the Expert in paragraph 17.

- Accomplished activities:
  i. HFS and DCFS have developed and began to implement protocols for DCFS involved youth for Pathways. HFS reports this process began in fall of CY 2023 and has resulted in 21 youth involved in DCFS care to be referred to Pathways.
  ii. HFS and DCFS are tracking the number of DCFS involved youth who are referred and actively participate in Pathways and the number of youth who decline Pathways and the reasons for declining participation. Initial data indicates 11 youth or 52% of initial referrals decline participation in Pathways.
  iii. HFS has yet to solicit feedback from state child service agencies regarding the structural measures recommended in Model Component #2, given the initial quality assurance is still under development.
  iv. HFS has developed a process for reporting efforts to DCFS regarding youth in their care who are participating in Pathways. As discussed in paragraph 17.a, HFS and DCFS have finalized the process flow into Pathways for these youth. Referrals of youth in DCFS care began in late summer with a small number of youth.
  v. HFS has yet to develop reports for other state agencies that include information referenced in paragraph 9 of this report, given the quality assurance measures and approach has yet to be finalized.
  vi. As indicated above, HFS has developed referral and participation protocols for DCFS youth. HFS has not developed similar referral and participation protocols for other state and local child-serving agencies.
- Activities recommended for next 12-month period:
  i. HFS should solicit feedback from state child service agencies regarding the measures (structural, process, and outcome) recommended in Model Component #2 once the quality assurance plan is drafted. Feedback from these agencies should be incorporated into the final quality assurance plan.
  ii. HFS should identify reports for other state agencies that include information from the quality assurance plan and referenced in paragraph 9 of this report. The Department should meet with leadership from the other child-serving agencies to identify the information, format, and frequency of these reports.
  iii. HFS should develop referral and participation protocols for other state and local child-serving agencies, similar to protocols developed for DCFS to use

for referring children to Pathways. The protocols should also specify the expectations of participation by the other state child-serving staff (e.g., participation in Child and Family Team meetings, conflict resolution process, etc.).

iv. HFS and DCFS should expand the number of youth involved with DCFS referred to Pathways during CY 2024. Both agencies should develop a target for these referrals and track these referrals. It is likely that 2,500 youth eligible for Pathways but have yet to be referred represent a sizable portion of these youth.

v. HFS and DCFS should continue to track barriers and other reasons youth referred to Pathways decline enrollment and develop strategies to address these barriers.

Progress on Key Provisions of the Consent Decree

As indicated earlier in this report, the Consent Decree was approved by the court in January 2018. The revised implementation plan was approved in CY 2022. The N.B. Consent Decree requires HFS to develop, through an Implementation Plan, a behavioral health delivery "Model" to provide Class Members with a continuum of Medicaid-authorized and required mental and behavioral health services, including home- and community-based services. The Consent Decree sets forth various provisions that frame the purpose of the Consent Decree, implementation requirements, benchmarks for success, and other areas. Listed below are the key paragraphs from the Consent Decree, the Department's progress toward meeting the requirements in the paragraph, and recommendations set forth by the Expert.

V. The System for Providing Mental and Behavioral Health Services to Children under the EPSDT Requirements

7. The purpose of this Consent Decree is to design and implement a systemic approach through which Class Members will be provided with reasonable promptness the Medicaid-authorized, medically necessary intensive home- and community-based services, including residential services, which are needed to correct or ameliorate their mental health or behavior disorders.

In CY 2023, HFS began implementation of the Model. The Model provides a systemic approach meeting the expectations of this paragraph. Through the creation and implementation of Pathways, the State is to offer an array of services and supports to Class Members. These services include:

- *Integrated Assessment and Treatment Planning (IATP)*--IATP is the process HFS has developed for assessing the needs and strengths of all Illinois Medicaid-eligible children seeking behavioral health services, including potential N.B. Class Members, using the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS). As described in the previous reports, the IM+CANS is a standardized framework for assessing the needs and strengths of all Medicaid youth that present with a mental health condition, including potential Class Members who require mental health treatment. All Medicaid enrolled providers who want to offer behavioral health services to Medicaid eligible children and families are required to be trained and certified annually to render the IM+CANS.
- Mobile Crisis Response (MCR)—MCR includes face-to-face crisis screening, short-term intervention, crisis safety planning, brief counseling, consultation with other qualified providers to assist with the client's specific crisis, referral, and linkage to community services, and, in the event that the client cannot be stabilized in the community, facilitation of a safe transition to a higher level of care. Youth enrolled in Pathways will have access to MCR, although this service is not exclusive to Pathways.
- Crisis Stabilization—Crisis Stabilization was created and offered to youth following an MCR event. Crisis Stabilization includes observing, modeling, coaching, supporting the

implementation of the client's Crisis Safety Plan, performing crisis de-escalation, and responding to the behavioral health crisis, when necessary. Crisis Stabilization is to be provided in the youth's home or other community setting where the crisis has occurred. Youth enrolled in Pathways will have access to Crisis Stabilization, although this service is not exclusive to Pathways.

- Care Coordination—including two levels of care coordination intensity to meet the behavioral health needs of Class Members: High Fidelity Wraparound (high intensity level) and Intensive Care Coordination (moderate intensity level).
- Intensive Home-Based Services—services provided to children and their caregivers in home and community settings to 1) improve child and family functioning; 2) improve the family's ability to provide effective support for the youth; and 3) promote healthy family functioning. Interventions are designed to enhance and improve the family's capacity to maintain the child within the home and community, and to prevent the child's admission to an inpatient hospital or other out-of-home treatment settings.
- Respite—including activities to relieve stress and maintain individuals in the home and community, as respite services provide safe and supportive environments on a short-term basis for children with mental health conditions when their families need relief.
- Family Peer Support—including activities that assist the family to engage in services and supports, assisting the family in self-advocacy, assisting in systems navigation, providing information about the child's behavioral health needs and strengths, identifying and building natural supports, and promoting effective family-driven practice.
- Therapeutic Mentoring—including activities that assist the child or youth with improving their ability to navigate various social contexts, observing and practicing appropriate behaviors and key interpersonal skills that build confidence, improving emotional stability, demonstrating empathy, and enhancing positive communication of personal needs without escalating into crisis.
- Therapeutic Support Services—helping children and youth find a form of expression beyond words or traditional therapies in an effort to reduce anxiety, aggression, and other clinical issues while enhancing service engagement through direct activity and stimulation.
- Individual Support Services—providing non-traditional activities, services, and goods that offer therapeutic supports to children with significant behavioral health needs in support of the child's person-centered service plan and serve as an adjunct to traditional therapeutic services the child receives.
- Psychiatric Residential Treatment Facilities—generally, a PRTF is a non-hospital facility that provides inpatient services benefit to Medicaid enrolled youth under the age of 21. PRTF is a federal Medicaid benefit and designation. Commercial payers do not have a similar benefit. The Centers for Medicare and Medicaid Services (CMS) require PRTFs to be accredited by JCAHO or any other accrediting organization and meet various federal requirements, mostly focusing on restraint and seclusion.

The following paragraphs discuss the initial implementation status, issues, and strategies deployed or considered by HFS to address these issues.

9. Defendant shall ensure the availability of services, supports and other resources of sufficient quality, scope and variety to meet their obligations under the Consent Decree and the Implementation Plan as necessary to achieve the Benchmarks required in Paragraph 35. Defendant shall implement sufficient measures, consistent with the preferences, strengths and needs of the Class Members, to provide the services required by the terms of this Consent Decree.

This paragraph focuses on two issues. First is the extent to which the services, supports, and other resources discussed in paragraph 7 are sufficient to meet the obligations under the Consent Decree. Second is the requirement that these services are of sufficient quality to achieve the benchmarks in paragraph 35. This paragraph requires HFS to implement measures that are consistent with the terms of the Consent Decree.

There are several proxies for the first issue regarding the sufficiency of services and supports. First is the extent to which services identified in paragraph 7 exist and are generally available to Pathways youth and caregivers in each Designated Service Area (DSA). HFS has established 32 DSAs, which are smaller geographic service areas of the state to promote local access to services offered through Pathways. Appendix B provides maps of the state's DSAs. In CY 2023, HFS began to provide information regarding the presence of providers for Pathways services. This information is included in Appendix A. This information indicated:

- HFS reports 21 CCSOs have completed Medicaid enrollments and are serving Medicaid youth referred for care coordination. These 21 CCSOs cover 29 DSAs.
- HFS reports one provider has completed Medicaid enrollment and is providing Intensive home-based services (IHBS
- HFS reports there are three providers of other Pathways services (e.g., therapeutic mentoring, respite, etc.) who have completed Medicaid enrollment and are serving youth enrolled in Pathways

While this information indicates that care coordination offered through CCSOs is available in most DSAs, IHBS and other Pathways services are not available in almost all areas of the State. HFS reports they have taken the following steps in CY 2023 to increase the presence of both CCSO and providers of other Pathways services:

- HFS continues efforts to recruit CCSOs in the two remaining DSA areas (19 and 14).14 As of December 31, 2023, HFS has identified potential CCSO providers in these two areas. There is an identified provider in DSA 1010 (Kankakee), but that provider has not yet started operations. HFS indicates they should have the providers for DSAs 19 and 14 enrolled and operations started in DSA 10 well before the end of CY2024.
- HFS and their MCOs completed a survey of all Community Mental Health Centers and Behavioral Health Clinics in summer of 2023 to solicit interest in providing Pathways

services and other Medicaid behavioral health services. This process identified 23 organizations interested in providing IHBS and 4141 providers of other Pathways services.

- In fall of 2023, HFS engaged interested organizations (identified through the survey) to determine the likelihood and feasibility of offering Pathways services. Through this process, HFS reports they have one provider 1 that is interested in IHBS and two providers 2offering other Pathways services.
- HFS reports that in early 2024 these organizations will be enrolled in Medicaid, offered ARPA funds for start-up, and referrals to the services will be initiated.

The low number of providers offering new services has generally occurred in the initial start-up year. However, the Expert is concerned regarding the low number of organizations enrolled and providing Pathways services other than care coordination. The lack of these services impacts youth and their families who need these services but do not have access to these services. These youth and families may need to rely on other community-based mental health services (e.g., Medicaid Rehabilitation Option) that may provide in-home services but are not always available in the intensity needed. In some instances, services available may be office-based and organizations may not have flexible schedules (after-hours and weekends) or the ability to provide services out-of-office.

The lack of services also creates difficulties for CCSOs and their CFTs who identify needs but do not have local organizations to address these needs. This can result in CCSO care coordinators trying to "jerry rig" formal and natural supports to address needs identified by the CFT. In some instances, care coordinators may attempt to offer clinical and other supports to the family, which detracts from their other care coordination efforts. HFS has developed and implemented current strategies to recruit and enroll organizations to offer Pathways services in the third and fourth quarter of CY 2023. HFS has stated they will release an opportunity early in CY 2024 to provide the necessary financial and technical supports to onboard these providers.

A major barrier to staffing and implementing Pathways services continues to be staff shortage. Staff shortages, especially of licensed clinicians, continue to create service delays and disruptions. To address the lack of available licensed clinicians, the Department developed requirements for services in Pathways to align staffing requirements to ensure the most qualified but appropriate staff persons deliver these services. The requirements for most Pathways services do not require licensed clinicians, but rely on paraprofessionals, known as Rehabilitative Service Associate(RSARSA) and family peer support specialists to deliver Pathways services. However, there continues to be a significant need for these staff as well and Pathways provider organizations continue to struggle with recruitment efforts even with ARPA funds provided by HFS.

The second proxy is the number of youth eligible but not referred to Pathways. As indicated in previous reports and as encouraged by the Expert, HFS has done a deliberate roll-out of Pathways to ensure the quality of care coordination and other services is not compromised.

This titrated roll out allows the State to provide better oversight of the implementation of care coordination and allows CCSOs to recruit and retain staff given the overall workforce shortage.

As indicated earlier in this report, HFS referred 3,227 in CY 2023 to Pathways, 227 or 7.4% more than HFS projected. The Expert is encouraged by these referrals. However, there are 2,537 youth as of December 31, 2023, who are eligible for Pathways but have yet to be referred. HFS has agreed that all youth eligible for Pathways will be referred to CCSOs in real time by the end of CY 2024. In addition to referrals, HFS tracks the number and percentage of youth who are actively engaged in Pathways. Information from Appendix A indicates 1,612 youth or families (47%) declined engagement in Pathways. This is a large number and percent of referrals to Pathways.

The third proxy regarding access is whether the network adequacy standards for these services exist and if MCOs and providers are meeting these standards. As reported in the third report, HFS has included access standards for Pathways services in their MCO contracts. In addition, CMS is in the process of finalizing access standards (that will apply to MCOs offering 1915i services). HFS will need to review current access standards to ensure they align with CMS new regulations to be finalized later this calendar year. However, it is likely too soon for Pathways to provide that level of detail given the existing HFS data indicates there are significant gaps in services.

The fourth proxy is reviewing plans of care to determine if youth are receiving the services in the stated amount and intensity. HFS is required by the 1915i approved application to review a sample of these plans to ensure they meet the assessed needs of the youth.

The Department has separate reporting processes for several services that are available to all Medicaid enrolled youth such as IATP, MCR, and Crisis Stabilization Services.

IATP is provided by individuals certified to render an IM+CANS. Since 2018, the Department, through an external vendor, has had over 15,000 non-unique attendees participate in an IM+CANS training .to render the IM+CANS and, currently, there are over 5,500 individuals with active certification to render IM+CANS. HFS reports there are no issues regarding Medicaid enrolled youth accessing an IM+CANS.

HFS requires all Medicaid enrolled youth with a mental health condition receive an IATP and therefore an IM+CANS. The IATP will be helpful to identify youth who could participate in Pathways. As discussed in previous reports, the volume of Medicaid enrolled youth with a mental health condition and receiving an IM+CANS was less than the number of Medicaid-enrolled youth receiving Medicaid behavioral health services. However, HFS has increased the total number of youth receiving an IM+CANS with an indicated behavioral health need. During the first quarter, HFS identified almost 7,000 youth with an IM+CANS with an indicated behavioral health need. In December 2023 there were double (14, 602) the number of youth

with an IM+CANS with an indicated behavioral health need. This is encouraging progress and allows for HFS to identify more youth who may be potential class members.

HFS continues efforts to provide Mobile Crisis Response to all Medicaid enrolled youth who experience a crisis, including youth participating in Pathways. HFS reports that organizations offering MCR are available to youth in all DSAs. From January 2023 through December 2023, HFS reports there were 2020,527 unduplicated children and youth under the age of 21 who received MCR. 452 of these youth were enrolled in Pathways.

HFS continues efforts to provide Crisis Stabilization to all Medicaid enrolled youth who need time-limited intensive supports following an MCR event. Crisis Stabilization services are designed to prevent additional behavioral health crises from occurring by providing strengths-based, individualized direct supports for youth in their home or community settings. From January 2023 through December 2023, there were 1,527 unduplicated children and youth under the age of 21 who received Crisis Stabilization. 61 youth were enrolled in Pathways and receiving Crisis Stabilization.

In previous reports, the Expert recommended the Department develop measure sets for various measure categories (structural, process, and outcomes). HFS has drafted an initial quality assurance (QA) plan which was shared with the Expert in December of 2023. The Expert provided comments on this QA plan. The Department has yet to finalize this QA plan. As indicated in the previous report, it will be important for the Department to develop these measures to inform standards necessary to meet paragraph 35 of the Consent Decree. Discussed below are the measure sets that are consistent with the Expert's recommendations.

Structural Measures

Structural Measures developed by HFS for Pathways encompass areas the Department tracks on a monthly basis to ensure that the provider network and other supportive systems necessary for the operations of Pathways to Success are developing efficiently and effectively. The structural measures include:

- CCSO capacity by Designated Service Area
- Provider capacity of other services offered through the Pathways to Success Program
- Youth with behavioral health needs indicated on their IM+CANS and information about how many of those youth were eligible for Tier 1 and Tier 2
- Youth referrals to CCSOs
- Engagement of youth referred in care coordination provided by the CCSO
- The number of youth and caregivers declining care coordination offered by CCSOs
- Requests from youth, caregivers and providers to re-tier youth in different levels of care coordination
- Trainings provided and staff trained.

Appendix A includes information from CY 2023 regarding these measures. HFS uses these structural measures to monitor the implementation of Pathways services and supports and adjusts implementation activities to address any areas that require intervention.

HFS has shared the data in Appendix A with the N.B. Subcommittee to obtain additional feedback and will finalize the data and format in early CY 2024.

Process Measures

Process Measures assess whether specific activities are implemented consistent with standards set forth by the Department. Process measures indicate what a provider (e.g., CCSO) does to maintain or improve a youth's behavioral health condition and often reflect generally accepted recommendations for clinical practice (e.g., adherence to wrap around philosophy and standards).

In the third report, the Expert recommended HFS perform an initial review of a sample of youth participating in Pathways. Specifically, the Department should perform this review in partnership with PATH on all CCSOs in operation for more than three months.

In CY 2023, HFS began efforts to determine if CCSOs were implementing care coordination according to program standards. HFS, in cooperation with PATH, developed and implemented an initial process to ensure that care coordination was provided in accordance with key components of the Pathways to Success Model. The process measures were gathered through a record review-based coaching and technical assistance process conducted by PATH. This process is intended to identify areas of strength and areas in need of improvement for CCSOs. Initially, PATH reviewed the following areas:

- Strengths, Needs and Cultural Discovery (SNCD). Various areas assessed included, but were not limited to whether:
    - Core family members and primary caretakers were engaged in the process and explored what brought the family to Pathways
    - Family voice and vision was captured in the process
    - Needs and strengths for the youth and family were identified and prioritized
    - Youth and family cultural assets were explored
    - People were identified who were important to the youth and family.
- Crisis Prevention and Safety Planning. Various areas assessed included, but were not limited to whether the planning:
    - Identified crisis triggers and assesses the needs of the youth and family when the crisis occurs
    - Includes a crisis plan including specific action steps to be taken during a crisis.
- Child and Family Team Convening. Various areas assessed included, but were not limited to:
    - Identification and inclusion of all team members during the CFT meeting
    - Representation of youth and family voice, choice, and preference

    - Exploration of the available resources and supports (formal and informal) that could assist the youth and family.
- Individualized Plan of Care. Various areas assessed included, but were not limited to:
    - Plans of care exist and goals and actions steps are clearly identified
    - Plans ensure that steps are taken to monitor the implementation of the services identified in the plan
    - Plan identifies formal and informal supports.

Information from these initial efforts are included in Appendix C. The Expert's team finds this initial data to be very encouraging given that CCSOs are learning how to deliver a new service and have been doing so only a short time. Almost all activities across the four areas were generally rated positive or needed modest improvements.

There were specific items in each of the other areas that were particularly strong. For instance, information and updates from different perspectives to capture an accurate depiction of the youth and family were strong during the initial stage of SNCD. In addition, updates to the family story as they naturally occurred were present and clear in almost every youth and family reviewed.

As indicated by this review, CCSOs seem to be doing very well in their plan of care efforts. This includes having clear goals and actionable steps to address the recommendations from the CFT. Plans reviewed identify both formal and informal supports. In addition, these plans also take into account current family functioning, harness the strengths and culture of the family, and the plan is well monitored.

Overall, the most significant areas indicating the need for improvement were ensuring family voice was captured and youth and families cultural assets were explored during the SNCD.

HFS and PATH reports they have used information collected from these reviews to develop and implement additional training efforts and new coaching strategies. Training efforts have been implemented during regular bi-weekly calls with all CCSOs. The efforts focused on several key areas:

- Improving youth and family engagement strategies
- Improving crisis and safety plans and individualized plans of care
- Ensuring adherence to the Wrap Around Process and Guiding Principles
- Identifying and engaging community partners in delivering services identified in the IPOC.

In addition, HFS, in cooperation with PATH, have created coaching opportunities for each CCSO. This coaching occurred during fall of CY 2023 and was consistent with addressing the results of the record review. Coaching was provided 1:1 and focused on:

- Enhancing CCSO's engagement efforts into Pathways and care coordination
- Enhancing efforts to improve the IPOC and crisis safety plan

- Improvements in information gathering and exploration during the SNCD process, including ensuring the family voice was captured and youth and family voice were explored during this process.

HFS and PATH will continue their efforts to review records and other information from youth and families participating in care coordination during CY 2024 to determine if training and coaching provided improved various activities in certain areas and to determine whether additional training and coaching efforts should be developed to address these reviews.

In addition, there are additional process measures that are used to measure whether the activities are having some of the intended impact. CMS is required by statute to identify and publish a core set of health care measures that include behavioral health care quality measures for youth enrolled in the Medicaid program. The children's core set is comprised of quality measures collected by State Medicaid Agencies, including HFS. The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act requires HFS to report several behavioral health quality measures for FY 2024. These include:

- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17
- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17
- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17

<u>Outcomes Measures</u>

Outcome measures assess whether the Model is achieving its intended results. These measures are more challenging to develop since there is not a national set of outcome measures for most Pathways services. However, HFS is proposing to mirror several states that have developed and are using outcome measures. Areas HFS is proposing to focus on for measuring outcomes include:

- Increased school attendance.
- Decreased involvement with the juvenile justice system.
- Increases in a child or youth's functioning in key areas. This can be done by analyzing changes in IM+CANS scores.
- Satisfaction with services (child, family, and caregivers). This can be done by families self-reporting their ability to meet the needs of their child (CANS).

Most of these measures can be collected given they are reported through the initial and revised IM+CANS.

<u>Utilization and Expenditures</u>

HFS is also proposing to review utilization and spending for youth participating in Pathways. This information can be used to identify both under and over utilization (and therefore spending) for youth participating in Pathways. HFS reports this review will include all Medicaid behavioral health services (e.g., Medicaid Rehabilitation Option and outpatient services).

Assessing Need Against Capacity

On a regular basis, HFS reviews the capacity of all CCSOs to determine the number of care coordinators for each tier. This information is then used to determine referrals of youth eligible for Pathways to be referred for care coordination. As part of this analysis, HFS reports they review the caseload of each CCSO care coordinators monthly to determine if they comport with the caseload requirements established by HFS. In the Expert's opinion, HFS has an appropriate process for reviewing a youth's need for care coordination against CCSO.

As recommended in the past three reports, the Expert requested HFS develop projections regarding the number of children, youth, and caregivers that will likely need Intensive Home-Based services in the first and subsequent years of Pathways. The Expert recommended the Department project the need for this service in CY 2022 and closely monitor the number of Intensive Home-Based providers to ensure a preliminary network of these providers is available to N.B. Class Members. HFS has yet to complete this analysis. HFS has stated as part of their draft quality plan they are intending to review the IHBS capacity by DSA as provider enrollment for this service increases.

Baseline Reporting

An outcome of Pathways' efforts should determine whether utilization patterns of high cost and out-of-home services are being reduced. An underlying conclusion of the Consent Decree is that youth and families relied on services such as Emergency Departments (for behavioral health issues), Inpatient Psychiatric Hospitalizations, Substance Use Disorder Inpatient and Residential services, and other out of home placements as an alternative to services needed but not available in the community. At a minimum HFS is considering baseline reporting for youth enrolled in Pathways and discharged from Pathways (separate report) in CY 2023 for the following services:

- Admission to Emergency Departments for youth presenting with behavioral health issues
- Admission to an inpatient psychiatric hospital
- Admission to an SUD inpatient facility (or hospital with a distinct part unit) or SUD residential treatment facility
- Family Support Program services for youth in out of home placements
- Interim Relief Placement, including out of state facilities
- Admission to in and out of state PRTFs
- Lengths of stay in each of these services.

HFS reports they will track this utilization for CY 2021 and CY 2022. Efforts prior to CY 2021 may be affected by the pandemic and may not result in an accurate baseline for these youth.

Recommendations

- HFS should analyze and develop strategies for addressing the high number of youth who decline participation in Pathways. While there are current efforts discussed in paragraph 17.h to improve CCSO engagement, additional analysis and strategies are needed to reduce the number of youth and families who are referred but do not engage in Pathways.
- HFS and their partners (e.g., OMI and PATH) should immediately deploy efforts discussed in this paragraph to ensure all DSAs have an operational CCSO.
- HFS and their MCO partners should immediately deploy efforts discussed in this paragraph to increase the number of organizations that offer other Pathways services. This information should be reported by sub-regions of the State on a quarterly basis.
- HFS should develop a plan to ensure that all DSAs have at least one provider of other Pathways services. This plan should be developed in the third quarter of CY 2024 and have specific implementation dates.
- HFS should continue to assess the workforce in CY 2024 to identify and address gaps in services due to workforce shortages and determine alternative staffing strategies (including the use of telehealth) to ensure consistent access to quality services offered to N.B. youth and their caregivers.
- HFS should continue to examine which of Pathways' enrolled youth had multiple separate MCR episodes of care and received crisis stabilization services. This examination will continue to prioritize referrals to CCSOs for care coordination as well as the need for intensive home based services, therapeutic mentoring, family support, and other Pathways services.
- HFS should profile data by CCSO collected by PATH during the record reviews. This will allow HFS and PATH to individualize coaching and other supports to CCSOs in addition to the current training and coaching. The Expert's team recommends HFS stratify data by tier of care coordination (Tier 1 and 2) rather than reporting data for all tiers combined.
- HFS should consider additional process measures for youth enrolled in Pathways consistent with CMS requirements to report on Core Measures for youth enrolled in Medicaid.
- HFS should use CY 2024 to finalize outcome measures, identify data sources for each of these measures, and test these measures by collecting and reviewing a cohort of youth who were initially enrolled in Pathways. This should allow sufficient IM+CANS updates to track changes in these outcome measures.
- HFS should collect and analyze utilization and expenditure information on per child utilization and spending. This information should be used to review each CCSO and other Pathways service providers, especially IHBS, to determine if there are any patterns across these providers that may reflect utilization or spending issues that HFS should address. The timing of efforts to review other Pathways services should be aligned with sufficient service capacity discussed earlier in this report.
- HFS should collect information on the need for other Pathways and Medicaid behavioral health services. One strategy HFS could consider is surveying CCSO care coordinators to

identify services youth and caregivers need but that were not available in the DSA. This should provide information on the number of youth by CCSO that needed but did not receive a specific Medicaid behavioral health service. The Expert recommends an initial report on IHBS and other Pathways service capacity by December 2024.

- HFS should finalize and collect information regarding the baseline discussed above and report this information to the N.B. Subcommittee in late CY 2024.
- HFS application of the MCO's network adequacy should commence once there is an ability to refer eligible youth in real time to Pathways and there is a substantial increase in organizations providing other Pathways services.
    - HFS should review several key data points for the MCR to ensure that MCR is sufficiently available to youth enrolled in Pathways. This includes Call wait time
    - Time from call to MCR dispatch (when appropriate)
    - Time from MCR dispatch to a face to face visit with the youth in crisis.
- HFS should request PATH review the areas identified in CY 2023 and begin efforts to determine if various activities are being performed consistent with HFS service and Wraparound Fidelity requirements. These efforts should focus on whether:
    - Families are engaged in a timely manner in the SNCD once referred
    - Initial in-home assessments are occurring within the established timeframes
    - Child and family teams are occurring as required for both levels of care coordination.
- HFS should report process measures in the CMS Core Child set for youth in the Pathways program.
- HFS should report information regarding the need and availability of IHBS by DSA including:
    - The number of IHBS providers
    - The number of youth for whom a CFT recommends IHBS
    - The number of youth for whom the CFT recommends IHBS and receive IHBS.

10. Annual budgets submitted by Defendant on behalf of her agency shall request sufficient funds necessary to develop and maintain the services, supports and structures described in the Consent Decree for which Defendant's agency has statutory and regulatory authority. Nothing contained in this Paragraph shall be deemed to create or operate as (a) a condition or contingency upon which any term of the Consent Decree depends; or (b) a circumstance entitling Defendant to alter, amend or modify the implementation or timing of Defendant's obligation under the Consent Decree.

HFS has stated their CY 2024 budget for Pathways is $300 million.

As described earlier in this report, the Department provided $18 million to support CCSOs in their efforts to implement Pathways. These one-time ARPA funds are available through

March 2025. HFS is proposing to allocate an additional $25 million to support the implementation of these services in CY 2024.

11. Subject to the provisions of this Consent Decree, Defendant will make available to Class Members a continuum of medically necessary mental and behavioral health services authorized and required by the EPSDT requirement of the Medicaid Act (see 42 U.S.C. §§ 1396a(a)(43); 1396d(a)(4)(B); 1396d(a)(13)(C), 1396d(a)(16), and 1396d(r)(5)).

12. The continuum of care will be provided through the development of a Medicaid behavioral health delivery model ("Model"). The process and principles of the Model shall be set forth in the Implementation Plan. Among other matters, Defendant shall be allowed to incorporate SOC, care coordination, case management, and community integration into the Model and Implementation Plan.

13. The Model shall be developed and implemented in phases and the Medicaid services included in the continuum of care under the Model shall be set forth and defined in this Consent Decree and the Implementation Plan. The continuum of care available to Class Members shall include all medically necessary home- and community-based services and supports, as well as inpatient psychiatric services in a Psychiatric Residential Treatment Facility ("PRTF"), that are authorized, approved, and required under 42 U.S.C. § 1396d(a)(16), 1396d(h) and implementing federal regulations and that are eligible for Federal Financial Participation. The Implementation Plan shall describe a method to triage or otherwise phase in the utilization of PRTF services during the development of home- and community-based services in the Model so as to serve Class Members in the least restrictive appropriate setting and avoid the unnecessary institutionalization of Class Members. Nothing in this Consent Decree shall require or authorize any particular service to be covered or made available to any Class Member if such service is beyond the federal Medicaid provisions that authorize services. This Consent Decree shall not override or supersede applicable Medicaid law, and nothing in this Consent Decree shall require the provision of any type of service prior to approval from CMS.

Paragraphs 11 through 13 are addressed together. As indicated in the previous Expert report and as discussed in paragraphs 7 and 9, the Department has developed a Model that sets forth the specific services and supports that will be provided to the N.B. Class. This Model was described in the Department's Initial Implementation Plan (December 2019), as well as the First Revised Implementation Plan (October 2022), and in the final approved 1915i application for Pathways in June 2022. Services available through Pathways are discussed in paragraph 7.

As indicated in the first annual Expert report, in the opinion of the Expert, the Department has set forth the necessary possible services for the members of the N.B. Class. However, as indicated in paragraph 9, there are significant gaps in other Pathways services that need to be addressed.

As discussed in previous Expert reports, the Medicaid program in Illinois does not include systemic coverage of behavioral health PRTFs, thus there is no behavioral health PRTF Medicaid provider network. The Department does fund services in PRTFs in other states for N.B. Class Members. The Department also expanded resources in its Interim Relief program to support N.B. Class Members to identify appropriate providers and receive these out-of-state PRTF services. Currently, there are 54 youth whose services are funded by HFS in these out-of-state facilities. This is a 56% increase in the number of youth who utilize resources from the interim relief program. HFS cites the reason for the increased referrals is due to referrals from the Children's Behavioral Health Transformation Portal that was implemented in CY 2023. The Children's Behavioral Health Transformation initiative has increased awareness of resources for youth who need out of home placement.

HFS states they are continuing efforts to identify the in-state PRTF capacity needed in CY 2023. They have contracted with a national consulting firm to provide detailed analytics on emergency department, inpatient behavioral health utilization and interim relief placements to conduct a needs assessment for PRTF. As indicated in previous reports, the Expert believes a data informed approach is necessary to identify the number of beds and locations for PRTFs. However, the analysis has been delayed for the past eighteen months while HFS focused their efforts on developing CCSO and other Pathways service capacity. HFS has indicated they intend to increase their planning efforts regarding PRTFs in CY 2024.

The initial and First Revised Implementation Plans do indicate HFS will utilize clinical and treatment concepts from the Building Bridges Initiative and quality requirements from the Family First Prevention Services Act to develop the PRTF Model and treatment expectations for time-limited PRTFs and will work in close collaboration with the Department of Children and Family Services in this process[1]. As stated in the past several annual reports, the Expert is willing to assist HFS in the initial design of the PRTF benefit and implementation strategy.

Recommendations

- HFS should begin a process to identify if Pathways and other Medicaid behavioral health services should be developed based on children, youth, and caregiver information and preferences. HFS may consider a process to collect information regarding these service needs based on the CCSO care coordination survey outlined in paragraph 9.
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- HFS should collect and analyze information regarding the need for PRTF beds during the first 180 days of CY 2024.
- HFS should commence efforts to develop the PRTF Model in early 2024 and be developed no later than the third quarter of CY 2024. As indicated in the third Expert report, this includes exploring other states' efforts to implement the Building Bridges Initiative as part of the design and specifications for this service. In addition to BBI, HFS

[1] https://www.buildingbridges4youth.org,

will need to ensure that the PRTF model addresses how PRTF services are accessed within its System of Care, how community services are activated as part of successful transitions from PRTF, and expectations for how PRTF providers and the CCSOs work together before and during a youth's stay in a PRTF.

- HFS should seek comments regarding the PRTF Model from the N.B Subcommittee and other stakeholders, as necessary, no later than December 2024.
- Once the Model is finalized, the Expert continues to recommend HFS develop necessary PRTF policies, procedures, and administrative rules.

15. Services provided through the continuum of care shall be based on clinical decisions and medical necessity criteria as determined by Defendant, consistent with applicable law. Defendant may make medical necessity determinations and establish utilization control procedures through the use of such entities as Quality Improvement Organizations or other entities chosen by Defendant. Defendant shall retain the authority to establish medical necessity criteria and cost sharing as permitted under Title XIX and, where applicable, approval by CMS. Defendant may require Class Members to enroll with a managed care entity for any or all care coordination, case management and services. Nothing in this Consent Decree shall prohibit Defendant from using managed care entities as determined by Defendant and authorized or required under applicable law. Any services provided pursuant to this Consent Decree shall remain subject to all applicable requirements herein, even if arranged through managed care entities or other third parties.

As indicated in previous Expert reports, HFS has developed and implemented criteria and processes for identifying N.B. Class Members and determining eligibility for Pathways. The IM+CANS and decision support model are the primary methods the Department will use to determine eligibility for services in Pathways. The current decision support criteria can be found at:

https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/01232023behavioralhealthdecisionsupportmodeldescriptionfinal.pdf

The initial decision support criteria was provided to the Expert and Class Counsel for their review and approval as required under the Consent Decree. While the initial decision support criteria was thorough, application to current IM+CANS data resulted in what the Expert and Class Counsel observed as fewer youth than projected to be referred to Tier 1 High Fidelity Care Coordination. The Expert and the Class Counsel recommend at least 3% of youth for whom an IM+CANS indicates a behavioral health need should be stratified by the decision support criteria into Tier 1 Care Coordination provided by CCSOs. This threshold is based on reviews and discussions with the IM+CANS developer and other states. The Expert and the Class Counsel recommended HFS move forward with the current decision support criteria and process developed to date for identifying N.B. Class members and eligibility for Pathways.

The Expert and Class Counsel requested information on a monthly basis in CY 2023 that closely tracks HFS application of the decision support criteria regarding assignment of care coordination tiers. HFS has provided the Expert with monthly information regarding the percent of youth who are stratified into Tier 1 Care Coordination. The percent is based on the number of youth who were stratified into Tier 1 Care Coordination (numerator) divided by the denominator which is the total number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS (includes N.B. Class Members and non-Class Members). HFS provided information on a monthly and quarterly basis. There were slight variations among months and for the purpose of this report the Expert used quarterly data to track Tier 1 Care Coordination decisions. The table below shows these decisions.

Quarter	Percent of Youth Recommended for Tier 1 Care Coordination
Quarter 1 (January-March 2023)	3.02%
Quarter 2 (April-June 2023)	2.98%
Quarter 3 (July—September 2023)	3.14%
Quarter 4 (October-December 2023)	3.29%

As this information indicates, with the exception of Quarter 2, decisions regarding youth who are stratified into Tier 1 Care Coordination have been higher than 3%. Information reported by HFS indicates a continued increase in the percentage of youth stratified in Tier 1 during the last 6 months of CY 2023.

A significant number of youth participating in Pathways are enrolled in a Health Choice Illinois MCO and receiving care coordination through these MCOs. The Department implemented a process in CY 2023 for MCO care coordinators to interface with each child's CFT. Specifically, these care coordinators serve as the liaison between the MCO and the youth's CFT and will provide education and navigation, as needed, of the MCO's processes and requirements regarding covered benefits. In addition, the MCO care coordinator assists the CFTs in their efforts to identify providers in their networks and to identify other resources to ensure access to services set forth in the youth's plan of care and assists the CFT to identify and reduce barriers to accessing care. The MCO care coordinator is invited to attend the CFT as requested by the youth and family. Policies and procedures were developed and provided in the CCSO provider manual. The Expert requested HFS gather information in CY 2023 from CCSOs, MCOs, and Child and Family Teams to determine if this policy is being implemented uniformly and producing the intended results. HFS has gathered information from these entities to determine if the role of the MCO Care Coordinator is value-added. HFS reports information indicates MCO Care Coordinators are a value-add and provide the necessary guidance and navigation to the youth, family, and CCSO Care Coordinator regarding MCO processes applicable to Pathways.

The Department requires Respite, Therapeutic Support Services, Individual Support Services, and Psychiatric Treatment Facility Services to be prior authorized. Other than PRTF, HFS developed and has implemented criteria for prior authorizing these services. HFS has included

prior authorization criteria in the CCSO provider manual for TSS and ISS. The Expert has reviewed and concurs with the criteria.

For PRTF services, medical necessity criteria will be applied as part of prior authorization and should be developed during the Department's efforts in Paragraph 13 regarding PRTFs.

Recommendations

- HFS should continue to track and report information on youth stratified into Tier 1 during CY 2024.
- HFS should implement a review process set forth in the third Expert report if the percent of youth for whom the IM+CANS indicates a behavioral health need and that are stratified into Tier 1 falls below the 3% threshold.
- HFS should develop the medical necessity criteria for PRTFs and review this criteria with the Expert before finalization.

16. After the Approval Date and before final approval of the Implementation Plan, the parties agree to work collaboratively to address the needs of Class Members who require PRTF services on an emergent basis.

As indicated in paragraph 7, the HFS does not have in-state PRTF capacity and relies on the Interim Relief Program to address the needs of Class Members who require the level of care provided by PRTFs. The initial and First Revised Implementation Plans set forth the specification of the Interim Relief Process. The Expert has reviewed this process and concurs with the Department's Interim Relief approach. During CY 2023, 111 youth were referred to facilities providing the level of care often provided in a PRTF. 54 of the 111 received these services in out-of-state facilities. The 57 youth who were referred but did not receive placement through the Interim Relief Process were either placed under other programs/state agencies or did not respond to requests for information. In CY 2022, the Department developed and implemented a process to increase case management resources to assist Interim Relief participants in locating appropriate providers and support them and their families during participation in the process, including transition back to their community. During CY 2023, HFS began to refer youth who were referred for Interim Relief services but not yet placed in out-of-state facilities to a local CCSO to assist with community-based service planning for these youth while they were awaiting residential placement. HFS reports that 2525 youth were referred to CCSOs. 2020 of these youth were engaged with a CCSO during CY 2023. In CY 2024CY2024, the Department will begin enrolling youth who are in out-of-state residential placement into Pathways to assist with transition planning and community-based services upon the youth's discharge.

In addition, in CY 2022 the Department established a program with a provider in the Northern Illinois area to provide short-term intensive residential treatment services to Interim Relief participants as an initial step to address youth with significant behavioral needs who are at-risk of out-of-state placement. In CY 2022, the Department reports that the provider of this service

has accepted a very limited number of youth who were referred for the service, resulting in minimal utilization of this short-term intensive residential treatment service. This program was discontinued in CY 2023.

17. Defendant shall timely develop and implement a Model in the Implementation Plan that shall, at a minimum:

a) Include a structure to link Class Members to medically necessary services on the continuum of care.

The Department developed and implemented during CY 2023 a process flow that establishes how children and youth (who are not in DCFS care) are identified as a Class Member, enrolled in Pathways, and identifies how youth will be offered either level of care coordination from the CCSO, the CFT process, and the service delivery options. This flow can be found on page 9 of the following link:
https://www2.illinois.gov/hfs/SiteCollectionDocuments/Pathways%20to%20Success%20Program%20Overview.pdf

HFS has also finalized the process for referrals of Class Members in the care of the Department of Children and Families Services (DFS). This process was finalized in the first six months of CY 2023 as recommended by the Expert. In addition, HFS and DCFS developed operations protocols for DCFS caseworkers on how youth in custody can access and participate in Pathways.

In the third report, the Expert recommended HFS work with DCFS in CY 2023 to refer a pre-determined number of youth in DCFS care who meet the Pathways program's eligibility criteria to CCSOs for services. The Expert also recommended HFS collect and analyze information from claims or other administrative data to evaluate youth in DCFS custody and their participation in the Pathways services. During the second half of CY 2023, HFS and DCFS reviewed various data sets to identify youth in custody who may be referred to Pathways. In addition, HFS met with DCFS to discuss and implement initial implementation efforts and determined to "pilot" the process with a small cohort of these youth. Referrals of these youth to CCSOs were initiated in September of CY 2023. HFS reports 21 youth were referred to CCSOs during the last quarter of CY 2023. Ten youth (48%) are engaged or will soon be engaged with a CCSO and eleven youth (52%) declined participation in Pathways. HFS reports there were several reasons youth chose not to be engaged with CCSOs:

- Youth elected not to sign additional consents despite additional engagement attempted
- CCSO or child welfare care coordinator tried to engage the youth but were not successful
- Youth aging out of DCFS care
- Youth and/or family declined services because (a) youth had many additional services; (b) family was not in agreement despite additional coaching.

Recommendation

- HFS and DCFS should expand the number of youth involved with DCFS to Pathways during CY 2024. Both agencies should develop a target for these referrals and track these referrals. It is likely that 2,500 youth eligible for Pathways but have yet to be referred represent a large portion of these youth.
- HFS and DCFS should continue to track whether and why youth are choosing not to participate in Pathways.
- HFS and DCFS should also track barriers of youth referred to Pathways who decline enrollment and develop strategies to address these barriers.

b) Provide statewide medically necessary mental and behavioral health services and supports required and authorized under the EPSDT requirement of the Medicaid Act that are sufficient in intensity and scope and appropriate to each Class Member's needs consistent with applicable law.

c) Provide notice to HFS-enrolled Primary Care Physicians ("PCPs") who perform periodic and medically necessary inter-periodic screenings to offer Class Members and families the opportunity to receive a mental and behavioral health screening during all periodic and inter-periodic screenings;

EPSDT requires states to provide comprehensive services and furnish all Medicaid coverable, appropriate, and medically necessary services needed to correct and ameliorate health conditions, based on certain federal guidelines. EPSDT requires physicians and other practitioners to screen for certain conditions, including developmental and behavioral screening. These screenings are essential to identify possible delays in growth and development, as well as behavioral health challenges. The N.B. Consent Decree recognizes the need to improve behavioral health screening for children and youth who may have mental health or behavioral issues and to create the necessary referral processes for primary care practitioners to refer children for additional assessments or treatment and supports.

During CY 2023, the Illinois Chapter of the American Academy of Pediatrics (ICAAP) completed an analysis of current behavioral health screening implementation for pediatricians and primary care physicians (PCP) across the state in 2023. Their results were published in a report titled ICAAP's 2023 Pediatric Mental Health Care: Needs Assessment for Illinois. This report can be accessed at: ICAAP_PMHC_NeedsAssesment_Dec13_Digital.pdf (illinoisaap.org)

There were various findings and recommendations made in the ICAPP Needs Assessment Report. Generally, ICAPP found that respondents reported that more than a quarter of their patients struggled with mood, behavior, or other symptoms related to mental health and struggled with adverse social determinants of health. In addition, the report identified various screening tools physicians and other health care professionals used to identify youth who may have a behavioral health condition. Most common tools included the Patient Health Questionnaire (PHQ-9) screening tool and the Ages and Stages Questionnaire (ASQ-3). There

were other tools used for youth that focused on autism, anxiety disorders, substance use, depression, and suicide.

The ICAAP Needs Assessment report did indicate 84.5% of health care professionals surveyed routinely "screen my patients for mental health concerns."" This is encouraging given other states results that indicate 68% of Medicaid enrolled youth are screened for behavioral health conditions[2]. However, the Needs Assessment denoted there was some hesitancy in screening for certain conditions such as social determinants of health given the screener did not feel prepared to address these concerns.

A significant concern was the ability to make referrals for youth who had an indicated behavioral health need post-screening. The Needs Assessment found 81.25% of respondents experienced challenges in establishing a network for referrals to other specialized care providers. Many providers strongly expressed frustration in connecting youth and families to resources after identifying mental health concerns during screening. Many felt as though they had insufficient knowledge and ability to follow up on resources. Respondents identified a lack of the necessary resources, especially in rural areas. While respondents indicated that they recognize crisis situations, the respondents felt underprepared to offer referrals or additional supports to address the crisis. The Needs Assessment identified that health care providers needed support to adequately follow-up and connect youth and their families to behavioral health care. Specifically, the gaps analysis found limited access to psychiatric services and supports for youth and, in particular, an inability to connect patients on Medicaid with appropriate psychiatric care.

A significant finding from the ICAAP Needs Assessment indicated there are challenges in school-based providers providing screening to youth. These providers indicated they were perceived to solely focus on physical health versus behavioral health issues.

During CY 2023, HFS developed an implementation plan that requires the establishment of a new code for Bright Futures' screenings, an update to the physician's provider manual, appropriations to cover increased reimbursement and the dissemination of a provider notice. These efforts were informed and aligned with the ICAAP Needs Assessment. In addition, HFS, as a member of ICAPP Advisory Council, is proposing to work with the Council to develop training and ongoing support for primary care practitioners who serve Medicaid enrolled youth who may have a behavioral health need.

HFS reviewed the list of screens identified in the ICAAP Needs Assessment and determined most screens align with American Academy of Pediatrics' (AAP) Bright Futures' recommended screenings. The AAP Bright Futures is recommended by CMS for use in EPSDT screens including behavioral health. The Expert also provided information regarding how other states had aligned their screening requirements with the AAP Bright Futures recommendations. Therefore, there

[2] BH Screen Court Report202111 w 96127 (1).pdf (mass.gov)

are no recommended changes HFS is making regarding the current screening tools used by primary care practitioners. The Expert team's review of these screening tools supports this decision.

HFS reports they are a member of ICAAP's Illinois Pediatric Mental Health Advisory Council. This Advisory Council will be utilized to determine the most efficient training process for pediatricians and PCPs for the new screening and coding procedures. The Advisory Council will also determine ways to offer pediatricians and PCPs additional support to understand which behavioral health issues they can address in their normal course of practice and which behavioral health issues may require a referral to a local provider for additional treatment.

As indicated in the ICAAP Needs Assessment, there are significant issues with primary care practitioners having information regarding appropriate referral sources. As part of its planning efforts, HFS is currently developing a new Resource Referral Tool that will aid pediatricians and PCPs in locating local resources. HFS reports this Referral Tool will be available in CY 2025. While that is being developed, HFS reports pediatricians and PCPs have access to existing provider information databases where they can access information regarding local resources in their practice area that are capable of assisting youth with behavioral health needs.

HFS reports they are developing the infrastructure that will allow the Department to track EPSDT screening activities. HFS reports they will implement specific billing codes for the screenings, a modifier to indicate if the screening was positive for behavioral health needs. Specifically, HFS will follow Massachusetts' implementation strategy by developing new codes for recommended AAP Bright Futures' screenings, modifiers to indicated positive or negative results. HFS reports currently have implemented a specific code for depression screening with a specific indicator for positive or negative results and will utilize this development process to expand the codes for other screenings. HFS is also in the process of determining if additional reimbursement for completion of screening should be offered.

HFS reports they are in the process of developing policies and procedures for pediatricians and PCPs. These policies and procedures will provide information regarding the new screening code(s) and potential changes in reimbursement. These policies and procedures will require AAP Bright Futures recommended screenings must be completed at all well-child visits. HFS indicates they will complete a Provider Notice and an update to the Medicaid provider manual to include specific instructions on the completion of the screening and submission of the billing code(s) and modifiers. HFS reports this will be done by October 2024.

HFS also reports they are partnering with ICAAP regarding the format of various pediatrician and PCP educational opportunities, content of the curriculum, informal peer-to-peer opportunities, and an evaluation of training efforts.

As indicated in the ICAAP Needs Assessment, school based providers can play a vital role in screening for various behavioral health issues. HFS reports they are working with the Illinois State Board of Education (ISBE) to inform school districts and school administrators regarding

the significant role their school health care providers can play in screening for behavioral health conditions.

Another screening source are the Federally Qualified Health Centers (FQHCs) that serve Medicaid enrolled youth and their families. Ensuring FQHCs are included in the training and receive the various HFS-developed policies and procedures regarding behavioral health screening is important. While changes in reimbursement may not affect payments to FQHCs, it will be important to communicate their responsibility to screen and provide these results to HFS.

Recommendations

- HFS should include guidance for pediatricians and PCPs to discern when a child should be referred to Pathways and when they could be referred to routine outpatient behavioral health or MRO resources in their community. Guidance should also assist PCPs to discern and have a referral pathway for urgent behavioral health presentations versus referral pathway for more routine or non-urgent BH needs.
- HFS should also provide guidance to FQHCs reinforcing their role in screening for behavioral health conditions. Pediatricians and PCPs in these centers should be offered the same ICAAP training proposed for CY 2024.
- HFS should also have a clear strategy for screening and referral of youth from the Illinois Department of Juvenile Justice (IDJJ).
- HFS should measure the effectiveness of their screening efforts at least on an annual basis. At a minimum this should include:
    - The percent of screenings which are performed by PCPs serving Medicaid youth.
    - Whether these screenings are occurring within the timeframes established by HFS.
    - The percent of Medicaid youth that have a positive screen for a possible behavioral health condition.
    - The timeliness of the receipt of the IM+CANS for Medicaid youth with a positive screen.
    - The percent of youth who are identified through the IM+CANS as class members.
    - The percent of youth who are identified through the IM+CANS as class members and referred to CCSOs.
    - The timeliness of the referrals to CCSOs if the IM+CANS identifies youth as class members.

  The Expert acknowledges that not all youth who may have a positive behavioral health screen may receive a timely referral for services. Family members and practitioners may wait on a referral until a follow up visit or if the family is reluctant to seek care.

d) Implement a standardized assessment process, including an assessment tool that shall be utilized statewide, for the purpose of determining Class Members' strengths

and needs and informing treatment planning, medical necessity, intensity of service, and, as applicable, appropriate services for Class Members;

As indicated in the second annual Expert report, the Department developed and implemented a standardized assessment process to meet the intent of this paragraph. The standardized assessment tool created for this process is the Illinois Medicaid–Comprehensive Assessment of Needs and Strengths (IM+CANS). The IM+CANS was described in Paragraph 9. The Department, through its partnership with PATH, has developed and implemented the necessary training and certification process for providers to deploy the IM+CANS. As of December 31, 2023, there are 5,095 individuals that are IM+CANS certified.

HFS implemented the IM+CAN in CY 2018. As stated in the First Report of the Expert, from July 2018 through December 2020, there were 77,747 children and youth under the age of 21 who have an IM+CANS. The table below provides information on the number of youth each year who received an IM+CANS, where a youth was identified as having a behavioral health condition.

Calendar Year	Number of Youth Receiving an IM+CANS and Have an Indicated BH Condition
2021	7,296
2022	14,127
2023	14,602

As the table above indicates, HFS continues their efforts to provide IM+CANS to identify youth who have a behavioral health need. The number of youth with an identified behavioral health condition (as identified through the IM+CANS) has increased from CY 2021 and has generally remained consistent from CY 2022 through CY 2023. HFS has implemented revisions recommended by the IM+CANS workgroup and updated the IM+CANS tool and portal to streamline the process for providers. HFS has received positive feedback from providers regarding these changes.

As indicated in the third report, HFS developed, and the Expert and Class Counsel provisionally approved, the decision support criteria that will be applied to IM+CANS data to operationally identify N.B. Class Members who are eligible to receive Pathways services. This provisional approval was based on HFS ensuring that a minimum of 3% of youth receiving an IM+CANS and having an indicated behavioral health condition were stratified into Tier 1. As paragraph 15 indicates, HFS (with the exception of one quarter) exceeded this minimum threshold.

As indicated in paragraph 17.f below, HFS has committed to reviewing the current decision support criteria to ensure youth with intensive care coordination needs are assigned the appropriate tier of care coordination.

Recommendations

- HFS should continue to provide the Expert information on the percentage of youth who are stratified into Tier 1 during CY 2024 and take the necessary activities set forth in the Third Expert Plan.
- HFS should review a sample of recently completed IM+CANS to ensure providers are rendering an IM+CANS consistent with the Department's requirement and training. This review should be used to target additional training efforts for these providers and to inform any proposed changes to the decision support criteria.

e) Establish a stratification methodology of identifying which Class Members qualify for particular services (including sub-acute care), the intensity of service delivery, and the intensity of care coordination, based upon the standardized assessment process and consistent with the requirements of the Consent Decree;

As indicated in paragraph 17.d, the Department has developed and implemented a decision support model using criteria applied data resulting from the IM+CANS to meet the intent of this paragraph. Information collected from the IM+CANS serves as the foundation of the stratification approach. As discussed in paragraph 15, the Expert and the Class Counsel requested and received information from HFS on a monthly basis regarding the number of youth who receive an IM+CANS and who had an identified behavioral health need, the results of the application of the decision support criteria for recommended participation in Pathways, and the specific tiers of care coordination offered to youth and caregivers. As this information indicates, with the exception of Quarter 2, decisions regarding youth who are stratified into Tier 1 care coordination have been higher than 3%. Information reported by HFS indicates a continued increase in the percentage of youth stratified in Tier 3 during the last 6 months of CY 2023. The Expert is encouraged by this continued increase and recommends HFS continue to track and report this information in CY 2024.

f) Establish tiers of care coordination consistent with the requirements of the Consent Decree, with caseloads and service intensity consistent with the stratification and assessment process. The Implementation Plan may provide that Class Members demonstrating the greatest needs and qualifying for intensive community services and sub-acute inpatient services shall qualify for intensive care coordination, such as High Fidelity Wraparound services, as defined by the National Wraparound Initiative (http://nwi.pdx.edu/). To the extent Class Members qualify for the services set forth in this Paragraph, such services will be provided in a timely manner;

As indicated previously in this report, the Department has developed two tiers of care coordination. These two tiers include:

- Care Coordination Services—High Fidelity Wraparound (CCSW) delivered in accordance with national standards referenced in the paragraph above for these services and

delivered with a caseload of no more than 1 care coordinator to every 10 children (1:10). Children receiving CCSW will receive child and family team (CFT) meetings a minimum of every 30 days as well as frequent in-person and phone contact.

- Care Coordination Services – Intensive Care Coordination (CCSI) delivered in accordance with wraparound principles but with less frequent contact requirements with the child and family, as appropriate to stabilize the child's moderate behavioral health needs. CCSI care coordinators will have a caseload of no more than 1 care coordinator for every 25 children (1:25). Children receiving CCSI will receive CFT meetings a minimum of every 60 days as well as frequent in-person and phone contact.

The Department has established critical timeframes and requirements for CCSO care coordinators (by tier) to perform essential functions. The third Report of the Expert summarized these expectations. These expectations are set forth in the CCSO Provider Handbook: 10052022ccsohandbookeffective01012023.pdf (illinois.gov)

As indicated in the third Report of the Expert, HFS has implemented a readiness review process to ensure each CCSO has the necessary and qualified staff for providing each tier of care coordination. The Department has implemented a referral process for each CCSO that is based on initial staffing and the ratios for each tier with the intent to transition to a more permanent referral process once CCSOs have sufficient staffing capacity.

In spring of 2023, the Expert's team, in cooperation with HFS and PATH, offered several additional coaching opportunities. These coaching opportunities were intended to provide additional support to CCSOs during their initial implementation period (first 30-60 days). HFS identified and offered this technical assistance to three sites based on the results of readiness reviews, subsequent on-site review by HSF staff, and issues identified in training. The Expert's process included an initial planning call, a two-day on-site visit, and post on-site debrief. The Expert's team and PATH worked with the CCSOs to develop strategies to address areas identified through the on-site coaching visit.

In May and June of CY 2023, the Expert's team and PATH provided these additional coaching opportunities to these CCSOs recommended by HFS following the protocols described in the preceding paragraph. Overall, the Expert's team and PATH found the CCSOs to understand the care coordination approach and expectations set forth by HFS. In addition, coaches found care coordinators employed by the CCSO to reflect the culture of the communities they served. The review also found CCSO care coordinators are very committed to the youth and caregivers they serve. There were several issues experienced by these three CCSOs in their early months. These included:

- Cooperation with behavioral health providers who had previously provided care coordination to youth prior to Pathways. This is not unusual in start-up phases of these initiatives where previous providers are confused regarding new roles of CCSOs.

- Family members unwilling to participate in Pathways care coordination. These families were currently receiving care coordination and other services from non-CCSO providers and questioned the value-add of changing care coordination providers.
- Role confusion across the various entities (HFS, OMI, PATH, MCOs, and WERT). CCSOs expressed they lacked clarity regarding responsibilities for coaching, data reporting, and monitoring.

None of these issues are unexpected during the initial start-up phase of the initiative. The Expert's team and PATH provided a summary of these issues and recommendations to HFS post these site visits.

The Expert's CCSO site reviews identified the need for continued training by PATH regarding the model (i.e., Wraparound principles and System of Care values). The Expert's team believed these efforts should be instructional and not be compliance oriented. PATH-led training was recommended to provide staff (care coordinators and supervisors) with foundational knowledge of Pathways, Systems of Care, and Wraparound/Care Coordination, ensuring they have adequate understanding to begin working with youth and families. All CCSO staff have received initial PATH-led training on these topics. However, this initial PATH-led training is not sufficient to ensure high quality Wraparound services are delivered to youth and families or to prevent practice model "drift." The Expert's team recommended PATH led trainings to continue, to add new training content, and to utilize different training approaches. Initially, this would include training on various CCSO approaches and functions and it was suggested that there be separate tracks for supervisors and care coordinators.

The Expert's team and PATH also recommended supplemental in-person site-based trainings on various topics for CCSOs. Similar to virtual training currently conducted by PATH, separate supplemental training should be offered to care coordinators and their supervisors. This training would focus on expanding the knowledge base and skill sets of staff using different methods (e.g., simulation, role plays, activities). Finally, the Expert's team and PATH recommended virtual "booster" trainings for care coordinators and their supervisors. This training included existing and new topics including:

- Individualized Plan of Care *(already exists)*
- Facilitating CFT Meetings *(already exists)*
- Your Bridge to Family Peer Support *(already exists)*
- CANS Booster *(already exists)*
- Crisis and Safety Planning
- Developing natural supports *(already exists)*
- Planning for Transition

The Expert's team and PATH also recommended ongoing coaching for CCSO's care coordinators and supervisors. The overarching goal of this additional coaching was to support CCSO

supervisors and direct care staff in Wraparound skill-development and ensure CCSOs are adhering to the practice model. The coaching was to improve understanding and build confidence and competencies regarding the principles and phases of Wraparound. While there were existing coaching calls for all staff, this newer coaching approach recommended individualized coaching calls by role (care coordinator and supervisor). Over time it was recommended CCSO staff and supervisors guide the content of these conversations and ultimately lead these conversations to be more peer-led. The Expert's team and PATH recommended additional coaching opportunities for CCSOs that included:

- Monthly Virtual Learning Calls for Supervisor and Care Coordinators (separate) that focus on general questions and answers and peer learning (virtual). These calls would provide and disseminate early successes that would be helpful for other CCSOs to learn from (e.g., interface with MCR and Wrap/Care Coordination collaboration).
- Regional Virtual Coaching Cohorts specific to supervisors that would focus on supervisor's role and function, knowledge of Wraparound, SOC, children's behavioral health, children's continuum of care, knowledge of community resources and strategies to provide strength-based supervision, collaboration with other services providers, and challenge identification and solution brainstorming.
- Site-specific coaching that could be offered virtually or in-person. Coaching could be provided on individualized coaching plans, developed with and monitored by PATH. These coaching visits would also include chart reviews completed by PATH as a coaching intervention, including fidelity reviews, but not yet compliance-focused.

PATH has begun to implement these training and coaching recommendations. These include both virtual training efforts and on-site coaching. PATH indicates that additional training and site-specific coaching will continue in CY 2024.

In addition to CCSO-specific recommendations, the Expert's team and PATH identified issues and strategies to address these issues. For instance, the Expert's team and PATH recommended MCR teams must have contact with a CCSO during or immediately after a crisis episode and continue integrated use of the developed crisis and safety plan into the crisis response when feasible. In addition, the Expert's team and PATH recommended:

- HFS should provide guidance to CCSOs to ensure staff for these roles (including FSP role) have experience with Wraparound, SOC, children's BH, and children's continuum of care.
- HFS should develop supervision requirements, training requirements (content, timing), supervisor experience requirements for future hiring which would include a sample job posting, and detailed job duties of the Wraparound supervisor.
- HFS should also develop roles and expectations for monitoring regarding compliance with training and coaching expectations.

In addition to these site visits, the Expert's team met with a CCSO and PATH in fall of CY 2023 to discuss initial implementation issues that were impacting care coordination. The CCSO had been in operation the longest (since December 2022) and had the most experience with providing care coordination. Issues identified by the CCSO discussion indicated:

- There is a lack of bilingual staff, especially for LatinX families. This presented a language barrier but also meant that staff lacked an understanding of the culture of the youth, family, and community. In addition, language interpretation led to longer meetings with schools and with other providers. To engage bilingual families, care plans had to be developed in Spanish so that they were useful to the family, but also in English to be submitted as part of the medical record.
- Smaller than expected caseloads for Tier 1 Care Coordinators impacted the ability to retain staff and provided potential cash flow issues for providers who would rely on the revenue to ensure fiscal solvency.
- Concerns from youth and caregivers who would need to change care coordinators if they wanted to change tiers. Youth and caregivers had developed strong relationships with their initial care coordinator and were concerned that a change in staff would disrupt care and require a new and unfamiliar individual developing relationships with them and the CFT.
- CCSSs indicated that a ratio of 1:25 was too high for those assigned to Tier 2 leading to a need to understand the needs of children assigned to Tier 2 and the programmatic requirements defined for Tier 2.

During the visit, the Expert's team met with PATH to discuss training needs and coaching for PATH staff and next steps for technical assistance to CCSOs and other providers in CY 2024. This includes a review from the CCSO spring site visits and discussion regarding PATH's efforts to provide an initial review of the quality of care coordination.

During the fall site visit, the Expert's team, HFS staff, and the N.B. Subcommittee co-chair met with caregivers having experience with Pathways. These caregivers were active participants in Pathways. During these discussions, family members identified strengths and issues with Pathways. Family members indicated the child had various degrees of improvements since enrollment in Pathways. This included improvements in school and fewer emergency department or inpatient hospitalizations for behavioral health issues. There were also several issues identified including a lack of in-home visits offered to a family by one CCSO, leading the family to have to travel to the CCSOs location for in-office visits. In addition, these families identified challenges with accessing flexible funding that resulted in stress to the family who had secured a resource to support their child for after school activities but had to repeatedly seek out the provider due to repeated delays in funding approval.

The Expert's team and HFS met with a group of family members that were interested in developing organization capacity to provide Family Peer Support Services. These family

members discussed previous strategies to obtain funding to develop the necessary infrastructure for becoming a provider of Family Peer Support Services. They were interested in substantive next steps they could take with the State to obtain this funding or to partner with an organization with the necessary infrastructure to support their approach.

At the conclusion of the site visit, the Expert's team and HFS discussed and developed several strategies to address the issues raised by CCSOs, individual family members, and family organizations. These included:

- Consider a short term strategy (9 months from October 1) to allow CCSO care coordinators to serve youth in Tier 2 who may likely benefit from Tier 1 care coordination. This would allow a temporary change in caseload ratios for Tier 1 care coordinators. The Expert's team did not recommend specific care coordination ratios during the 9 month timeframe. Rather, care coordinator supervisors would need to closely monitor care coordinators who served youth in both tiers to ensure the expectations (e.g., frequency of CFT meetings, review of IM+CANS) are carried out consistent with current HFS regulations and program standards. HFS implemented this strategy in fall of CY 2023 and has stated they will monitor the impact on the quality of care coordination offered by care coordinators to youth on their caseloads that have been assigned Tier 1 and Tier 2.
- Revisit the Decision Support Criteria and the application of IM+CANS for youth who are assigned Tier 2 care coordination to determine if changes in the criteria should be made to ensure youth who need more intense care coordination are appropriately assigned to Tier 1.
- Review the service definitions for Tier 1 and Tier 2 care coordination. In discussions with HFS there are slight differences between the care coordination requirements between the two tiers. This leads to confusion among care coordinators providing these services. The lack of significant differences between the two tiers also has implications for reimbursement, which HFS has identified as needing additional review and potential changes.
- Review care coordinators' caseloads for Tier 2. CCSOs have indicated having a caseload of 25 youth for Tier 2 care coordinators is too high. The intense needs of these youth are requiring more time than available for full time care coordination. HFS indicated early in Pathways development that they would review the Tier 2 caseload ratio to determine if adjustments are being made. HFS did make adjustments in fall of CY 2023 and lowered the caseload size for Tier 2 from 1:25 to 1:166. However, this results in a potential lack of distinction between the intensity of the two tiers given case ratios are not substantially different. It will be important for HFS to develop a plan to review the tiers, the needs of children assigned to each tier, and the intensity of services offered within each tier to define areas that may need further review and/or refinement.

- Review reimbursement for care coordinators. HFS has proposed to review the current reimbursement for Tier 1 and 2 care coordination. The change in Tier 2 caseload ratio will necessitate this review and CCSOs have expressed concerns regarding Tier 1 reimbursement being too low. This is not surprising given most states have made adjustments to their care coordination rates during the first two years as better information is available to guide assumptions (e.g., travel time, training and coaching expectations) for future years.
- Address programmatic standards and requirements to ensure that delivery of Tier 1 and Tier 2 care coordination to bilingual families allows sufficient flexibility to adapt care plan team meetings, and development of the care plan to meet the needs of families.

Recommendations

- HFS should continue to work with PATH to develop additional training opportunities and coaching as recommended by the Expert's team. HFS should continue to provide training and coaching to CCSO care coordinators and supervisors as recommended by the Expert's team based on initial site visits. As indicated above and in paragraph 17.f, PATH has launched revised efforts to providing training and coaching to all CCSOs and individual technical assistance to these organizations. The Expert recommends HFS and PATH develop a strategy to measure the impact of this training (e.g., continued record reviews) and continue efforts to develop a feedback loop for CCSOs to provide recommendations for future training and coaching efforts.
- HFS should provide technical assistance to CCSOs :regarding
    - The type of experience supervisors should have for their roles (including FSP role) have experience with Wraparound, SOC, children's BH, and children's continuum of care.
    - Assist CCSOs in meeting supervision requirements, training requirements (content, timing), supervisor experience requirements for future hiring which would include a sample job posting, and detailed job duties of the Wraparound supervisor.
    - Assist CCSOs to develop roles and expectations for monitoring regarding compliance with training and coaching expectations.
- HFS should continue efforts to complete the recommendations established during the fall site visits. These included:
    - Evaluating the effectiveness of the short term proposal that allows care coordinators to serve youth in Tier 1 and Tier 2.
    - Revisiting the service definitions between the two tiers to better discern expectations and assumptions for potential rate changes.
    - Revisiting reimbursement rates for care coordination, including a possible add-on payment for staff that are bilingual and have competencies that reflect the culture of the youth, caregiver, and community. The Expert encourages HFS to

consider a rate differential for CCSOs working with bilingual families, as well as added CCSO flexibilities, to ensure that staff time allocated meets the needs of families.

- Revisiting the Decision Support Criteria and the application of IM+CANS for youth who are assigned Tier 2 care coordination to determine if changes in the criteria should be made to ensure youth who need more intense care coordination are appropriately assigned to Tier 1.

g) Prepare and implement with reasonable promptness individual plans of care for each Class Member to serve the Class Member in the least restrictive setting appropriate to meet the Class Member's treatment goals. Individual plans of care shall describe the Class Member's treatment goals, objectives, and timetables for achieving these goals and objectives, including moving to less intensive levels of service, and that set forth the specific services that will be provided to the Class Member and family, including the frequency, intensity and providers of such services. The individual plans of care shall be reviewed at least annually and updated as needed to reflect the changing needs of the Class Member and family, using, as necessary, re-assessment and other clinical instruments to identify the changing needs of the Class Member and family. Individual plans of care may be prepared by or in conjunction with one or more MCEs;

As indicated in the third report, HFS has developed standards that set forth timeframes for development and review of a plan of care for Class Members who participate in Pathways. The timeframes are consistent with the first and second Implementation Plans and require the CFT to meet on a regular basis (every 30 days for children and youth receiving Tier 1 Care Coordination and every 60 days for children and youth receiving Tier 2 Care Coordination). The Department has also developed policies that require a plan of care to be revisited and potentially revised if the child or youth's condition changes between these established timeframes. The Department has required all CCSOs' care coordination staff be trained on the plan of care process prior to going live. The Department's training efforts were discussed in more detail in the second report.

In previous reports, the Expert recommended the Department develop reporting requirements and a tracking system to determine if the standards for the development and review of individual plans of care are being met. In late CY 2023, HFS developed and implemented a tracking system for all CCSO activity, including timelines for the development of a POC. The Expert has reviewed this tracking system. The Expert agrees with this initial tracking effort. The initial system tracks each youth (differentiating DCFS and non-DCFS youth) by care coordinator and supervisor. HFS tracking efforts focus on the following areas:

- First date of attempted outreach (and subsequent outreach attempts)
- Date of first appointment
- Date of initial crisis/safety plan development
- Date of Strengths, Needs and Cultural Diversity (initial in-home visit)
- Date of Initial CFT

- Date of Subsequent CFTs
- Date of updates to the IM+CANS and crisis/safety plan
- Date of transition
- Date of closure from Pathways.

In the third Expert report, the Expert recommended HFS ensure these plans of care being developed are consistent with HFS standards (timeliness and quality of the content). As indicated earlier in this paragraph, the Expert recommended HFS review a sample of assessments, plans of care, and CFT documentation to determine if CCSOs are meeting the requirements set forth in this paragraph. The Expert recommended to HFS areas of focus for this review of POCs. HFS and PATH incorporated these recommendations into their service reviews. In CY 2023, PATH performed a review of CCSOs in operation for more than six months. Findings from this review by PATH indicated POCs generally:

- Included goals and statement of needs that are individualized and driven by family voice
- Reflect the current family functioning
- Include actions steps that provide detail regarding roles, frequency, and intensity of services and POCs are monitored by the care coordinator to determine progress or completion
- Identify formal and informal supports and services
- Capture assessment of readiness for transition.

The result of this review allowed HFS and PATH to work with each provider to address any issues identified in the review, to identify possible actions the CCSO may consider to address these issues, and to discuss if additional coaching and assistance would be recommended.

Recommendations

- HFS should request PATH to continue reviews during CY 2024 and be paired with the tracking system developed by HFS to identify the timeliness of CCSO efforts, including the development and update to the POCs required by HFS. Having two years of information from the tracking system and service reviews will provide the Department with information that may be considered for making policy and program changes and inform PATH's ongoing training and coaching efforts.

> *h) Establish child and family teams including the group of people chosen by the Class Member and family with the aid of the care coordinator to assist with the treatment planning process;*

As indicated in the second annual Expert report, the Department has included child and family teams (CFT) in their model. Both tiers of care coordination, the High-Fidelity Wraparound Level and the Intensive Care Coordination Level, require the use of CFTs in the development of the

Plan of Care. The Department has developed and implemented the training and policies (e.g., the CCSO provider manual) for CCSOs to conduct CFTs.

In the third report, the Expert recommended HFS, in cooperation with PATH, review a sample of documentation from each CCSO that has gone live to identify whether CFTs are occurring consistent with the intent of Pathways. The Expert also recommended information should be provided to each CCSO reviewed regarding the quality of the CFTs and any recommended strategies PATH has for improving the CCSO's CFT process.

As indicated previously in this paragraph, PATH has conducted a record review and had follow up discussions with most CCSOs. PATH's efforts focused on reviewing the various CFT meeting agendas in addition to follow up discussions. Information from PATHs reviews indicate most CCSOs:

- Represent youth and family voice, choice, and preferences during the CFT meeting
- Identified all team member and their roles and level of participation
- Demonstrate inclusion of all team members in the CFT process
- Incorporates necessary Wraparound processes during CFT meetings
- Explores available resources, formal and informal supports that could assist the youth and family.

Based on the Expert's team review of this information, CCSOs are performing facilitation of CFT well, given the initial stage of implementation.

> *i) Establish a Mobile Crisis Response ("MCR") model, including the development of crisis stabilizers, to provide behavioral health crisis response on a twenty-four hour a day, seven day a week basis; the MCR shall be established consistent with, or as the successor to, the Screening, Assessment and Support Services ("SASS") program;*

As indicated in paragraph 9, HFS has implemented a Mobile Crisis Response Model. In CY 2022, HFS developed guidance to MCR providers that better reflects the Department's vision and goals for MCR. Specifically, the Department has included MCR as part of the CCSO's responsibilities and has outlined MCR requirements in the CCSO provider manual. The Department has stated these requirements apply to Medicaid enrolled youth regardless of their enrollment in Pathways. In the second and third annual Expert report, the Expert recommended HFS take the appropriate actions recommended in paragraph 9 to improve the timeliness and quality of MCR teams. HFS requested the Expert's team's assistance with these reviews. Preliminary planning between the Expert's team and HFS occurred in CY 2023; however, implementation issues (discussed throughout this report) were determined to be more pressing and this activity will occur in CY 2024.

Recommendations

- HFS should finalize and implement an approach to review the timeliness and quality of MCR services.
- HFS should develop recommended strategies for improving MCR services based on this review.

> *j) Include a plan to coordinate among providers the delivery of services and supports to Class Members in order to improve the effectiveness of services and improve ;*

HFS continues to work with their MCOs to develop the network for services included in Pathways. As indicated in the second and third reports, HFS selected CCSOs and worked with OMI to perform a readiness review of these organizations prior to go-live. In CY 2023, OMI undertook readiness reviews for new CCSOs that were identified and enrolled during the year. As indicated in Appendix A, 21 CCSOs serving 29 DSAs have completed enrollment and readiness reviews and received referrals for N.B. Class Members in the CCSO's DSA. However, as indicated in this report, HFS and their MCOs have not been as successful with identifying, recruiting, and enrolling providers of other Pathways services, including intensive home based services, therapeutic mentors, respite, and family peer support. Recruitment and enrollment activities for providers of other Pathways services was detailed in paragraph 9. The Expert recognizes it is premature for HFS to develop the plan required under 17.j, given the lack of providers of other Pathways services.

The third report recommended HFS develop a thoughtful transition of these network development responsibilities from HFS to MCOs. The Expert also recommended HFS develop a written network development transition strategy within the first six months of CY 2023. While there was not a formal written transition strategy, HFS developed a process in cooperation with the MCOs to enhance network development activities for CCSOs (for the remaining DSAs) and other Pathways services (see paragraph 9).

Recommendations

- HFS should outline in writing a clear description of future network development activities in lieu of a plan as required in 17.j. At a minimum, the outline should include:
    - Roles and responsibilities of network development activities for Pathways between HFS, MCOs, and other organizations (OMI and PATH). Articulation of roles among MCOs for network development is critical since all MCOs will likely have responsibilities to develop the network. HFS should ensure there is close coordination among MCOs to align network development strategies, contracting and reporting to reduce confusion among youth, families, and Pathways providers regarding each MCO's processes.
    - Timeframe for transitioning all network development responsibilities to MCOs.

  - Continued data collection by DSA regarding the availability of all Pathways services by DSA.
  - Timeframe for implementing network adequacy standards for MCOs, developed in CY 2022, processes HFS will use to review MCOs against these standards, and activities HFS will undertake to work with MCOs regarding any network adequacy issues.
- HFS should have the MCOs provide quarterly information to the Department regarding the adequacy of Pathways' provider network once the responsibilities for network development transition to MCOs.

> *k) Establish a process to communicate with Class Members, families, and stakeholders about the service delivery, service eligibility, and how to gain access to the Model, regardless of the point of entry or referral source; and*

In CY 2021, HFS developed a high-level communication plan for the implementation of Pathways. This plan included town hall meetings, N.B. Subcommittee proposed agendas, webpage for the Pathways program, printed materials needed for disseminating information to youth, family members, and stakeholders regarding accessing services, and developing Pathways services. HFS developed materials and processes set forth in the initial communication plan.

During CY 2023, HFS developed a provider communication plan for Pathways. This plan focused on the following:

- Strategies for accessing behavioral health services for youth enrolled in Pathways
- Overview of the Pathways program
- Coordination of care and CFT process
- Home and community based service array.

This communication strategy offered both a top-down (from the State) and bottom-up (from CCSOs) approach. For each of the above areas and for each approach (top down and bottom up), HFS proposed the following framework:

- Content needing to be developed
- Responsible parties for developing the content
- Target audience
- Modalities for communication (e.g., written communication, brochures, QR codes)
- Strategy for dissemination (e.g., other state child serving agencies or toolkits for providers to use for communication purposes).

HFS has reviewed the provider communication plan developed in cooperation with the N.B. Subcommittee and has implemented several components, including: updating information on their webpage on accessing Medicaid services; updating information on their website on

accessing crisis services; creating and posting materials for use by CCSOs that explains Wraparound, Systems of Care, and for use in engagement of families; doing consistent outreach with other state agencies and educating them on Pathways to Success; providing bi-weekly coaching and training to CCSOs; and implementing a one-on-one coaching model with CCSOs.

l) Contain procedures to minimize unnecessary hospitalizations and out-of-home placements.

As indicated in the third report, HFS developed messaging that explicitly states in the Provider Manual for CCSOs and MCR that a goal of Pathways is to implement more effective home and community-based services to reduce inpatient behavioral health hospitalizations and out-of-home placements. Specifically, the Department has developed a CCSO provider manual that sets forth values and goals for Pathways that reinforces service and support strategies take place in the most inclusive, most responsive, most accessible, and least restrictive settings possible, and that safely promote child and family integration into home and community life. A specific goal articulated in the manual and reinforced by PATH training and goals for MCR and CCSOs is to reduce the unnecessary use of inpatient psychiatric hospitalization, residential treatment, and emergency rooms.

In the second annual Expert report, the Expert recommended HFS develop an initial data analytic strategy for determining how effective the work of the CCSOs, MCR teams, other Pathways service providers, and the MCOs are in diverting youth in the Consent Decree from ED, inpatient behavioral health providers, and PRTFs. HFS has developed an initial strategy to review utilization of inpatient, residential, and other services for youth enrolled and participating in Pathways. As indicated in paragraph 9, HFS is collecting and analyzing data for these youth since their participation in Pathways and two years prior to their enrollment. This includes an analysis of:

- Rates of emergency department (ED) visits for behavioral health reasons
- Inpatient behavioral health admissions
- Mobile crisis response utilization
- Interim Relief Program participation.

As indicated in the first and second annual Expert reports, other out-of-home placements are outside the purview of the Department or their contracted MCOs. Admissions to Qualified Residential Treatment Programs (QRTPs), foster care, and other residential facilities are overseen by other state agencies. For N.B. Class Members who are in out-of-home placements funded by Medicaid, the Department should, in close collaboration with DCFS, develop a longer-term strategy for preventing admissions to these placements. This approach should align with this paragraph of the N.B. Consent Decree and Family First Prevention Services Act (FFPSA)[3]. Obviously, this will only occur as Class Members in these out-of-home placements are enrolled in Pathways.

[3] https://www.childrensdefense.org/wp-content/uploads/2020/07/FFPSA-Guide.pdf

Recommendations

- HFS should complete the baseline data analysis discussed in paragraph 9 by the third quarter of CY 2024.
- HFS should provide each CCSO with baseline information regarding youth receiving care coordination from their organization.
- HFS should work with PATH to provide technical assistance to CCSOs based on this analysis and offer peer learning opportunities with CCSOs that have been successful in efforts to divert youth enrolled in Pathways from these higher cost, more intensive services.

VI. Implementation

21. *Within nine (9) months after the Approval Date, Defendant shall provide Class Counsel and the Expert with a draft Implementation Plan. Class Counsel and the Expert will provide input regarding the draft Implementation Plan, which shall be finalized within twelve (12) months following the Approval Date. If, after negotiation, the Expert or Class Counsel disagrees with Defendant's proposed Implementation Plan, the Court shall resolve all disputes and approve a final Implementation Plan. The Implementation Plan, and all amendments or updates thereto, shall be filed with the Court and shall be incorporated into and become enforceable as part of this Consent Decree. Defendant shall make the Implementation Plan available to Class Members and the public by posting it to Defendant's website within five (5) business days after it is filed with the Court and within five business days after any changes to the Implementation Plan are filed with the Court. The Implementation Plan, must, at a minimum:*

a. *Establish specific tasks, timetables, goals, programs, plans, strategies and protocols describing Defendant's approach to fulfilling all of the requirements of this Consent Decree;*
b. *Describe the hiring, training and supervision of the personnel necessary to implement this Consent Decree;*
c. *Describe the activities required to support the development and availability of services, including inter-agency agreements, and other actions necessary to implement this Consent Decree;*
d. *Identify, based on information known at the time the Implementation Plan is finalized and updated on a regular basis, any Medicaid-authorized services or supports anticipated or required in Service Plans developed pursuant to this Consent Decree that are not currently available in the appropriate quantity, quality or geographic location;*
e. *Describe the methods by which information will be disseminated, the process by which Class Members may request services, and the manner in which Defendant will maintain current records of Class Member service requests;*
f. *Describe the requirements of an interim plan of care for individuals receiving services in accordance with Paragraphs 24-25 that is consistent with Paragraph 17(g); and*
g. *Describe the methods by which Defendant intends to meet the obligations of this Consent Decree.*

22. The Implementation Plan shall be reviewed by the Defendant at least annually and updated or amended as necessary. Class Counsel and the Expert shall have the opportunity to review and comment upon any proposed updates or amendments at least 60 days before the effective date of any updates or amendments. In the event Class Counsel or the Expert disagree with Defendant's proposed updates or amendments, Class Counsel shall state all objections in writing at least 30 days before the effective date of any updates or amendments. In the event that Defendant and Class Counsel do not agree on updates and amendments, the Court shall resolve any and all disputes before any updates or amendments become effective.

Paragraphs 21 and 22 are addressed together. As indicated in the second annual Expert report, the initial Implementation Plan was finalized in December 2019, just over 10 months after the 12-month anniversary of the signed Consent Decree. In CY 2022, the Department did provide an annual update to the Implementation Plan as required in Paragraph 22. Similar to the initial Implementation Plan, the Department provided the Expert and the Class Counsel an opportunity to review the draft update to the Implementation Plan. Both the Expert and the Class Counsel provided input regarding the draft update to the Implementation Plan. The First Revised Implementation Plan was filed with the court and published in October 2022. A copy of this plan can be found at:

https://hfs.illinois.gov/content/dam/soi/en/web/hfs/sitecollectiondocuments/nbconsentdecreefirstrevisedimplementationplanoctober242022.pdf

As recommended in previous Expert reports, HFS provides the Expert and Class Counsel with quarterly reports regarding HFS's progress on the Implementation Plan. Information regarding HFS efforts to perform activities established in the second Implementation Plan are discussed throughout this report.

VII. Named Plaintiffs and Class Members Who Received Preliminary Help or Interim Relief

24. After the Approval Date, any services granted to a Named Plaintiff or Class Member pursuant to any TRO or PI dissolved in accordance with Paragraph 23, or pursuant to a request made by Class Counsel without the entry of a court order during the pendency of this litigation prior to the Approval Date, shall continue until the services are either no longer necessary or the Class Member's needs are addressed in a manner consistent with the provisions of the Consent Decree and Implementation Plan. No later than 30 days after the Approval Date, Class Counsel shall provide a list identifying all individuals eligible for services pursuant to this Paragraph.

25. For each Named Plaintiff or Class Member who is receiving services pursuant to Paragraph 24, Defendant will assign a care coordinator, from an entity contracted by Defendant to provide such services, to manage the Class Member's case and provide care coordination services. The care coordinator will assist in developing an interim service plan in accordance with the Implementation Plan. Each Named Plaintiff or Class Member, and his or her family as necessary, shall cooperate with the care coordination service.

Paragraphs 24 and 25 are addressed together. According to the Class Counsel, there have been no identified service access issues for the original Class Members. It should be noted that all of the original named Class Members are now 21 and older and therefore are no longer Class Members.

VIII. Benchmarks

35. Defendant is expressly permitted to implement the Model described in Paragraph 17 in phases. Defendant shall provide certification to the Court, Class Counsel and the Expert upon substantially meeting the following Benchmarks, pursuant to the standards that shall be established through timely amendment to the Implementation Plan as appropriate for each Benchmark:

> *A. Benchmark No. 1: Within five (5) years after approval of the Implementation Plan, Defendant shall accurately certify to Class Counsel, the Expert and the Court that substantially all systems and processes that Defendant intends to utilize to implement the Model in accordance with the Implementation Plan are at least operational as outlined in the Implementation Plan.*
>
> *B. Benchmark No. 2: Within two (2) years after the successful certification of Benchmark No.1, Defendant shall accurately certify to Class Counsel, the Expert and the Court that the Model is at a capacity to substantially serve the Class's needs for intensive home- and community-based services on a systemic level statewide. After successful certification of Benchmark No. 1, the Implementation Plan shall be amended (in accordance with the process set forth in Paragraph 22) to establish the standard for sufficient capacity that is necessary to substantially serve the Class's needs for intensive home- and community-based services on a systemic level statewide. Nothing in this Consent Decree shall be interpreted to require that the standard for Benchmark No. 2 guarantees that each Class Member will receive care or services precisely tailored to his or her particular needs.*

The provisions of this paragraph will be addressed in future Expert reports. However, the Expert does recommend HFS identify measures in CY 2024 that will be used to determine compliance with Benchmark One. Some of the measures recommended in paragraph 9 should be considered in the development of these benchmarks.

Appendix A
Monthly Pathways to Success System Development Snapshot
Report Date: February 6, 2024

The data provided in Table 1 of this Monthly Pathways to Success System Development Snapshot represents data available as of the date indicated in the column heading of the table and was pulled from the various sources identified in the table below. The data is cumulative from 12/01/2022 when Pathways to Success Care Coordination Services were initially implemented, unless a different timeframe is indicated for a particular area. To streamline the data reporting, the chart below has been organized into completed quarter totals, and individual columns for months in the current quarter.

TABLE 1: PATHWAYS DEVELOPMENT AREAS FOR REPORTING		
Pathways Development Area	Number of qualified CCSOs	
Data Source	BBH approved list of Providers that responded to RFQ and were selected as qualified to be CCSOs by HFS	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	24
CY2023 Quarter 2	6/14/2023	24
CY2023 Quarter 3	9/30/2023	24
CY2023 Quarter 4	12/31/2023	24
January 2024	1/31/2024	24
Pathways Development Area	Number of CCSOs with completed enrollment	
Data Source	IMPACT provider enrollment files showing provider was selected as a qualified CCSO and has an approved and completed, appropriate Home and Community Based Services Specialty and a Care Coordination and Support Subspecialty	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	19
CY2023 Quarter 2	6/14/2023	21
CY2023 Quarter 3	9/30/2023	21
CY2023 Quarter 4	12/31/2023	21
January 2024	1/31/2024	21
Pathways Development Area	Number of Designated Service Areas (DSA) with a CCSO that has completed enrollment and has received referrals for N.B. Class Members	
Data Source	BBH approved list of CCSOs that have completed enrollment and readiness review and received referrals for N.B. Class Members in the CCSO's DSA	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	20 of 32 DSAs
CY2023 Quarter 2	6/14/2023	26 of 32 DSAs
CY2023 Quarter 3	9/30/2023	29 of 32 DSAs
CY2023 Quarter 4	12/31/2023	29 of 32 DSAs
January 2024	1/31/2024	29 of 32 DSAs

Pathways Development Area	Number of Intensive Home-Based Providers with completed enrollment	
Data Source	IMPACT provider enrollment files showing providers who have an approved and completed, appropriate Home and Community Based Services Specialty and an Intensive Home-Based Services Subspecialty	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	1
CY2023 Quarter 2	6/14/2023	1
CY2023 Quarter 3	9/30/2023	1
CY2023 Quarter 4	12/31/2023	1
January 2024	1/31/2024	1
Pathways Development Area	Number of Providers of Other Pathways Services with completed enrollment	
Data Source	IMPACT provider enrollment files showing providers who have an approved and completed, appropriate Home and Community Based Services Specialty and a Children's Services Subspecialty	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	3
CY2023 Quarter 2	6/14/2023	2
CY2023 Quarter 3	9/30/2023	2
CY2023 Quarter 4	12/31/2023	3
January 2024	1/31/2024	3
Pathways Development Area	Total number of N.B. Class Members that have been referred to CCSOs	
Data Source	BBH approved list of prioritized unique N.B. [1] Class Members who have been referred by HFS to CCSOs based on the CCSO's staffing capacity	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	536
CY2023 Quarter 2	6/14/2023	1,469
CY2023 Quarter 3	9/30/2023	2,444
CY2023 Quarter 4	12/31/2023	3,227
January 2024	1/31/2024	3,402
Pathways Development Area	Number of referred N.B. Class Members eligible for Tier 1	
Data Source	BBH approved list of prioritized unique N.B. Class Members who were stratified into Tier 1 and have been referred by HFS to CCSOs based on the CCSO's staffing capacity. (This is based on initial enrollment.)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	134
CY2023 Quarter 2	6/14/2023	255
CY2023 Quarter 3	9/30/2023	357
CY2023 Quarter 4	12/31/2023	450
January 2024	1/31/2024	491
Pathways Development Area	Number of referred N.B. Class Members eligible for Tier 2	

[1] HFS is utilizing a temporary manual process to match Class Members to CCSOs based on the CCSO's staffing capacity. This process will be automated once all CCSOs have sufficient staffing capacity to serve all eligible youth.

Data Source	BBH approved list of prioritized unique N.B. Class Members who were stratified into Tier 2 and have been referred by HFS to CCSOs based on the CCSO's staffing capacity. (This is based on initial enrollment.)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	402
CY2023 Quarter 2	6/14/2023	1,214
CY2023 Quarter 3	9/30/2023	2,087
CY2023 Quarter 4	12/31/2023	2,777
January 2024	1/31/2024	2,911
Pathways Development Area	Number of N.B. Class Members referred to CCSOs who declined all Pathways to Success services or the CCSO was unable to engage the youth and family	
Data Source	Notifications sent to HFS indicating that the referred class member / family either declined services or the CCSO was unable to engage the class member / family. (Method of notification transitioned from email to OneDrive upload in August 2023.)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	75
CY2023 Quarter 2	6/14/2023	380
CY2023 Quarter 3	9/30/2023	838
CY2023 Quarter 4	12/31/2023	1,436
January 2024	1/31/2024	1,612
Pathways Development Area	Number of N.B. Class Members referred to CCSOs who declined only care coordination services under Pathways to Success	
Data Source	Notifications sent to HFS indicating that the referred class member / family declined only care coordination services under Pathways to Success. (Method of notification transitioned from email to OneDrive upload in August 2023.)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	Not reported
CY2023 Quarter 2	6/14/2023	5
CY2023 Quarter 3	9/30/2023	7
CY2023 Quarter 4	12/31/2023	7
January 2024	1/31/2024	7
Pathways Development Area	Number of Requests for Re-tiering received from Class Members that have been referred to CCSOs	
Data Source	Number of Requests for Re-tiering that were submitted to the HFS.Pathways@illinois.gov inbox	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	11
CY2023 Quarter 3	9/30/2023	25
CY2023 Quarter 4	12/31/2023	37
January 2024	1/31/2024	38
Pathways Development Area	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1	

Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were submitted to the HFS.Pathways@illinois.gov inbox	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	10
CY2023 Quarter 3	9/30/2023	22
CY2023 Quarter 4	12/31/2023	29
January 2024	1/31/2024	29
Pathways Development Area	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1 that were approved	
Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were reviewed by HFS staff and were approved for movement to Tier 1, based on the manual application of Decision Support Criteria	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	3
CY2023 Quarter 3	9/30/2023	12
CY2023 Quarter 4	12/31/2023	15
January 2024	1/31/2024	15
Pathways Development Area	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 2 to Tier 1 that were denied.	
Data Source	Number of Requests for Re-tiering to move from Tier 2 to Tier 1 that were reviewed by HFS staff and were denied, based on the manual application of Decision Support Criteria	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	7
CY2023 Quarter 3	9/30/2023	10
CY2023 Quarter 4	12/31/2023	14
January 2024	1/31/2024	14
Pathways Development Area	Number of Requests for Re-tiering received from Class Members referred to CCSOs to move from Tier 1 to Tier 2[2]	
Data Source	Number of Requests for Re-tiering to move from Tier 1 to Tier 2 that were submitted to the HFS.Pathways@illinois.gov inbox	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	1
CY2023 Quarter 3	9/30/2023	3
CY2023 Quarter 4	12/31/2023	8
January 2024	1/31/2024	9
Pathways Development Area	Care Coordination Core Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	

[2] All Requests for Re-tiering that are received from Class Members referred to CCSOs to move from Tier 1 to Tier 2 will be approved provided that the requests are properly completed, and the request was made by the Class Member in consultation with the Child and Family Team.

CY2023 Quarter 1	3/8/2022	15
CY2023 Quarter 2	6/14/2023	26
CY2023 Quarter 3	9/30/2023	36
CY2023 Quarter 4	12/31/2023	42
January 2024	1/31/2024	44
Pathways Development Area	Care Coordination Core Training Attendees who completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	134
CY2023 Quarter 2	6/14/2023	206
CY2023 Quarter 3	9/30/2023	237
CY2023 Quarter 4	12/31/2023	258
January 2024	1/31/2024	265
Pathways Development Area	Care Coordination Supervisory Core Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	8
CY2023 Quarter 2	6/14/2023	12
CY2023 Quarter 3	9/30/2023	15
CY2023 Quarter 4	12/31/2023	17
January 2024	1/31/2024	18
Pathways Development Area	Care Coordination Supervisory Core Training Attendees who completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	52
CY2023 Quarter 2	6/14/2023	63
CY2023 Quarter 3	9/30/2023	68
CY2023 Quarter 4	12/31/2023	71
January 2024	1/31/2024	73
Pathways Development Area	Therapeutic Mentoring Core Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	4
CY2023 Quarter 2	6/14/2023	7
CY2023 Quarter 3	9/30/2023	9
CY2023 Quarter 4	12/31/2023	11
January 2024	1/31/2024	11
Pathways Development Area	Therapeutic Mentoring Core Training Attendees who completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	22
CY2023 Quarter 2	6/14/2023	38
CY2023 Quarter 3	9/30/2023	46

CY2023 Quarter 4	12/31/2023	52
January 2024	1/31/2024	52
Pathways Development Area	Family Peer Support Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	3
CY2023 Quarter 2	6/14/2023	5[3]
CY2023 Quarter 3	9/30/2023	7
CY2023 Quarter 4	12/31/2023	8
January 2024	1/31/2024	8
Pathways Development Area	Family Peer Support Training Attendees who completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	12
CY2023 Quarter 2	6/14/2023	17[4]
CY2023 Quarter 3	9/30/2023	21
CY2023 Quarter 4	12/31/2023	22
January 2024	1/31/2024	22
Pathways Development Area	Intensive Home-Based Services Core Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	5
CY2023 Quarter 2	6/14/2023	12
CY2023 Quarter 3	9/30/2023	15
CY2023 Quarter 4	12/31/2023	17
January 2024	1/31/2024	17
Pathways Development Area	Intensive Home-Based Services Core Training Attendees that completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	31
CY2023 Quarter 2	6/14/2023	58
CY2023 Quarter 3	9/30/2023	68
CY2023 Quarter 4	12/31/2023	73
January 2024	1/31/2024	73
Pathways Development Area	Intensive Home-Based Services for Team Leads Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	1
CY2023 Quarter 3	9/30/2023	2

[3] An error in PATH's reporting for the May report previously indicated that 8 Family Peer Support trainings had occurred. A corrected report from PATH indicates 5 trainings had been held as of 05/08/2023.

[4] An error in PATH's reporting for the May report previously indicated that 26 individuals attended Family Peer Support trainings had occurred. A corrected report from PATH indicates 17 individuals had been trained as of 05/08/2023.

CY2023 Quarter 4	12/31/2023	3
January 2024	1/31/2024	3
Pathways Development Area	Intensive Home-Based Services for Team Leads Training Attendees that completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	0
CY2023 Quarter 2	6/14/2023	6
CY2023 Quarter 3	9/30/2023	7
CY2023 Quarter 4	12/31/2023	8
January 2024	1/31/2024	8
Pathways Development Area	MAP Credentialed Therapist Core Training Sessions held	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	1
CY2023 Quarter 2	6/14/2023	1
CY2023 Quarter 3	9/30/2023	2
CY2023 Quarter 4	12/31/2023	2
January 2024	1/31/2024	2
Pathways Development Area	MAP Credentialed Therapist Core Training Attendees that completed the training	
Data Source	Monthly report from Provider Assistance and Training Hub (PATH)	
Period	**Data as of date**	
CY2023 Quarter 1	3/8/2022	10
CY2023 Quarter 2	6/14/2023	10
CY2023 Quarter 3	9/30/2023	19
CY2023 Quarter 4	12/31/2023	19
January 2024	1/31/2024	19

The data provided in Table 2 represents the tiering outcomes as of the date that the data was pulled. The tiering data was pulled on the indicated date and then used to determine N.B. Class Member status and Pathways to Success enrollment for the following calendar month.[5]

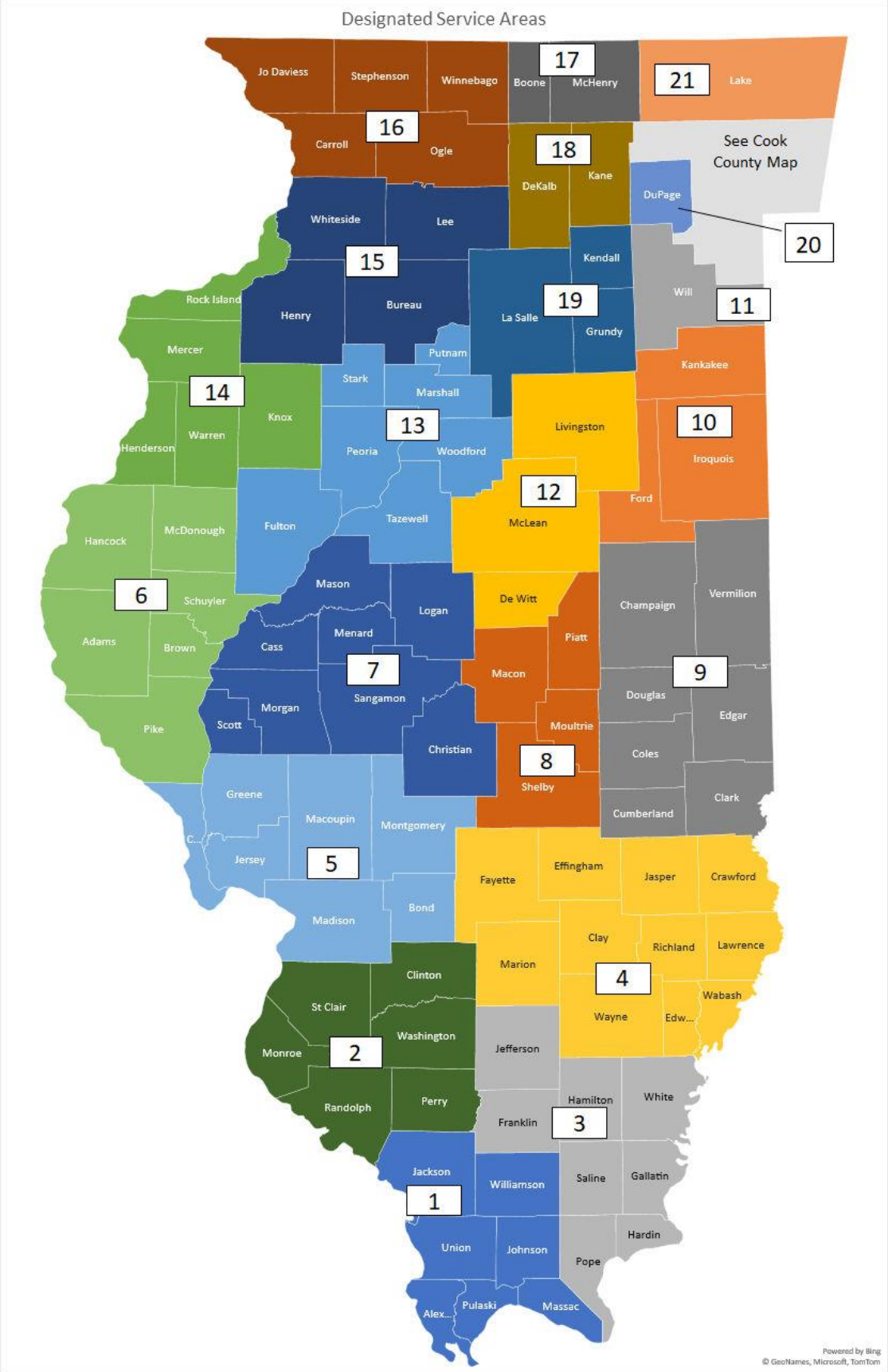
TABLE 2: TIERING OUTCOME			
	Total number of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS (includes N.B. Class Members and non-Class Members[6])		
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tiers 1-4 upon application of the Decision Support Criteria.		
Period	**Data as of date**		
CY2023 Quarter 1	3/8/2022	6,925	
CY2023 Quarter 2	6/14/2023	5,006	
CY2023 Quarter 3	9/30/2023	7,806	
CY2023 Quarter 4	12/31/2023	14,602	
January 2024	1/31/2024	15,323	
	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 1		
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tier 1 upon application of the Decision Support Criteria.		
Period	**Data as of date**	**Number**	**Percent**
CY2023 Quarter 1	3/8/2022	209	3.02%
CY2023 Quarter 2	6/14/2023	149	2.98%
CY2023 Quarter 3	9/30/2023	245	3.14%
CY2023 Quarter 4	12/31/2023	480	3.29%
January 2024	1/31/2024	506	3.30%
	Number / percentage of Illinois youth (under 21) with an indicated behavioral health need on their IM+CANS stratified into Tier 2		
Data Source	List generated from the Enterprise Data Warehouse of youth who have had an IM+CANS completed and uploaded into the HFS Provider Portal within the previous six months who are stratified into Tier 2 upon application of the Decision Support Criteria.		
Period	**Data as of date**	**Number**	**Percent**
CY2023 Quarter 1	3/8/2022	2,306	33.30%
CY2023 Quarter 2	6/14/2023	1,734	34.64%

[5] HFS has completed an investigation into the data reported in previous monthly reports. HFS found that the data included duplicates that have been eliminated. The data in this report represents unique, unduplicated IM+CANS and are lower than the previously reported numbers. HFS is confident that these numbers are accurate as of the date of this report.

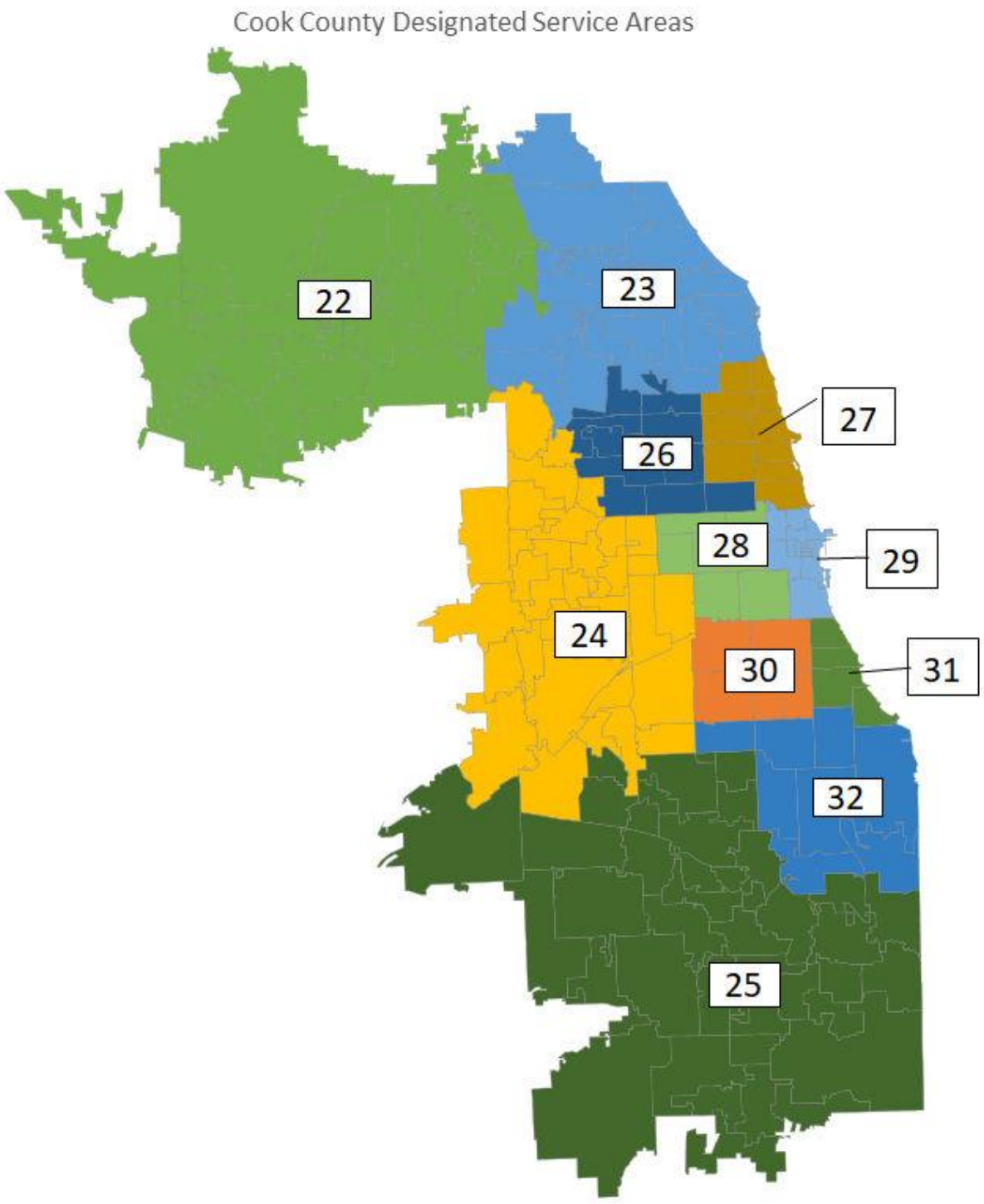
[6] Initial data includes youth who are not Medicaid eligible and, therefore, not N.B. Class Members. HFS has identified this issue, and at this time it appears to be a small number of youth. HFS is working to confirm the number of these individuals and is reviewing ways to address this issue, if needed.

CY2023 Quarter 3	9/30/2023	2,914	37.33%
CY2023 Quarter 4	12/31/2023	5,284	36.19%
January 2024	1/31/2024	5,545	36.19%

Appendix B
Designated Service Areas



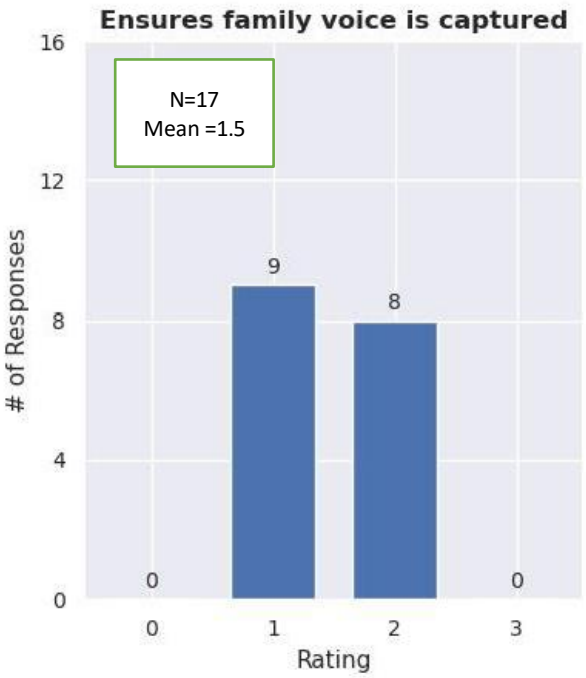
Appendix B
Designated Service Areas

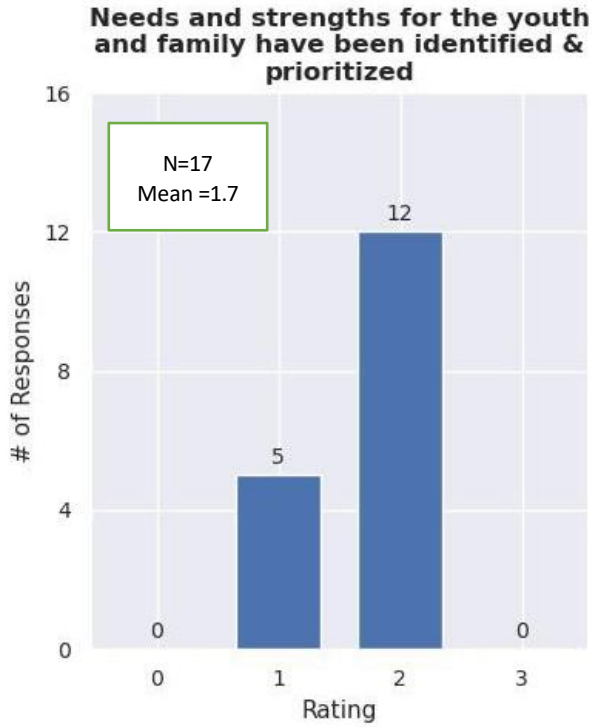


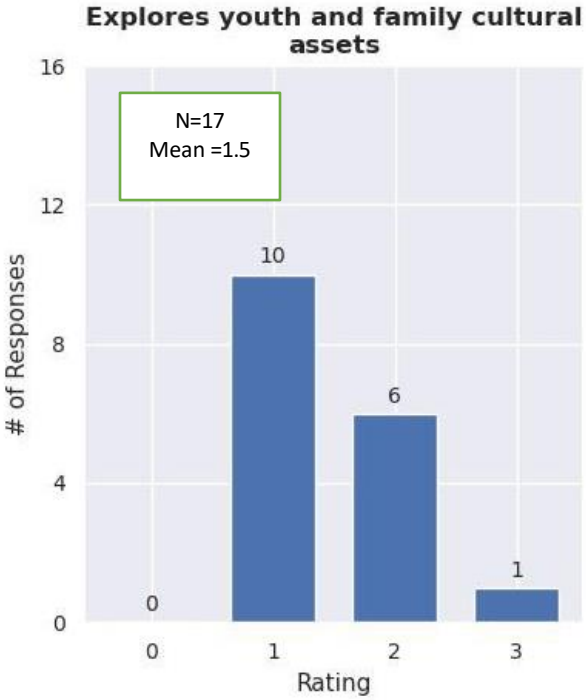
Appendix C
Documentation and Coaching Review Form Report

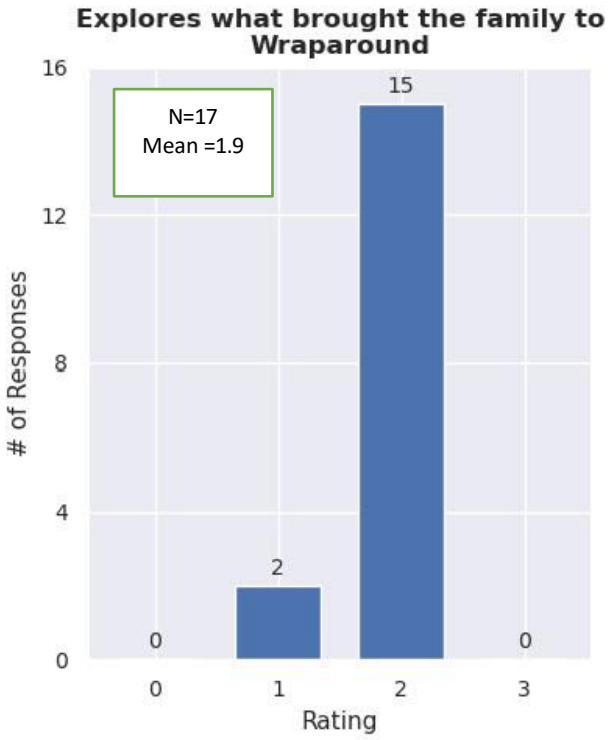
Reported on January 5th, 2023

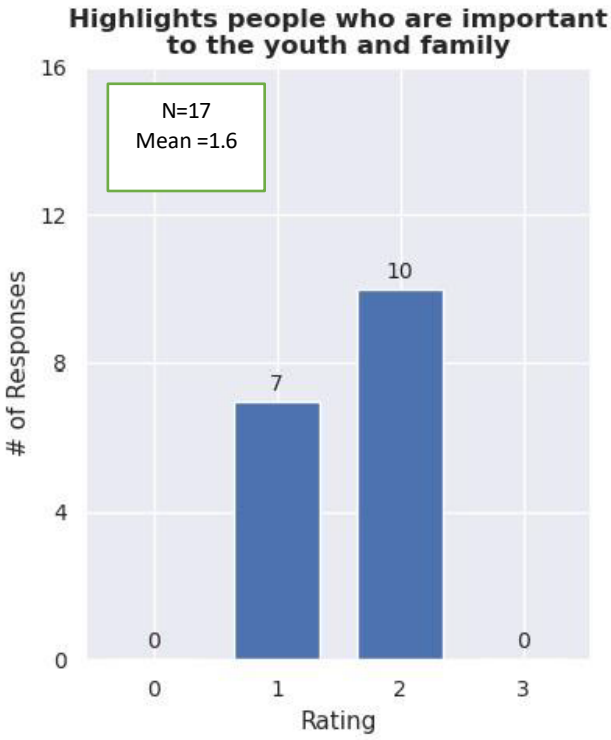
Strengths, Needs and Cultural Discovery (SNCD)

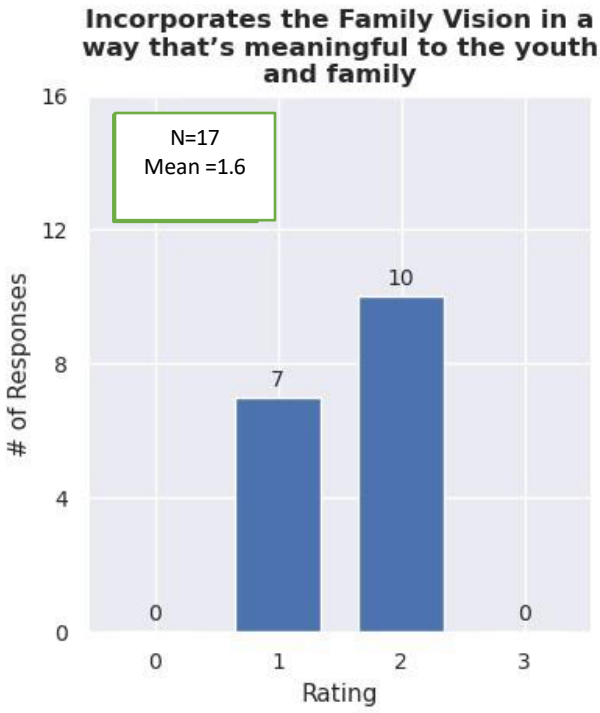


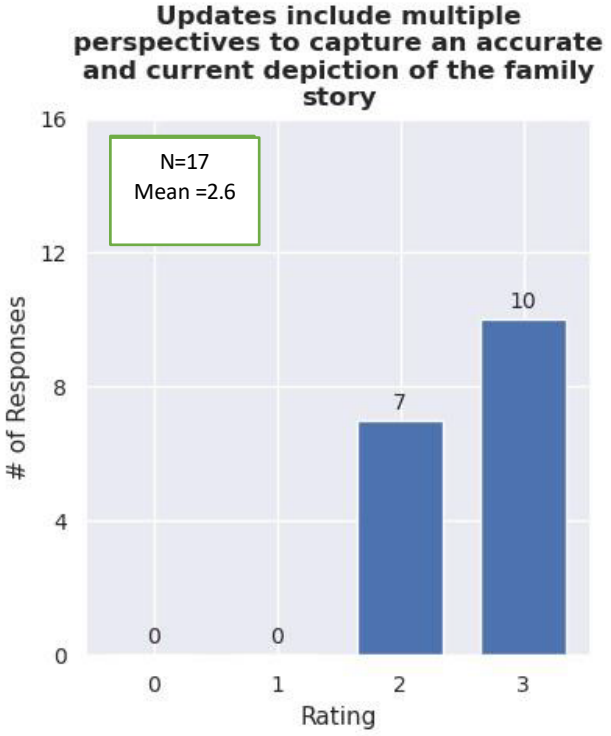


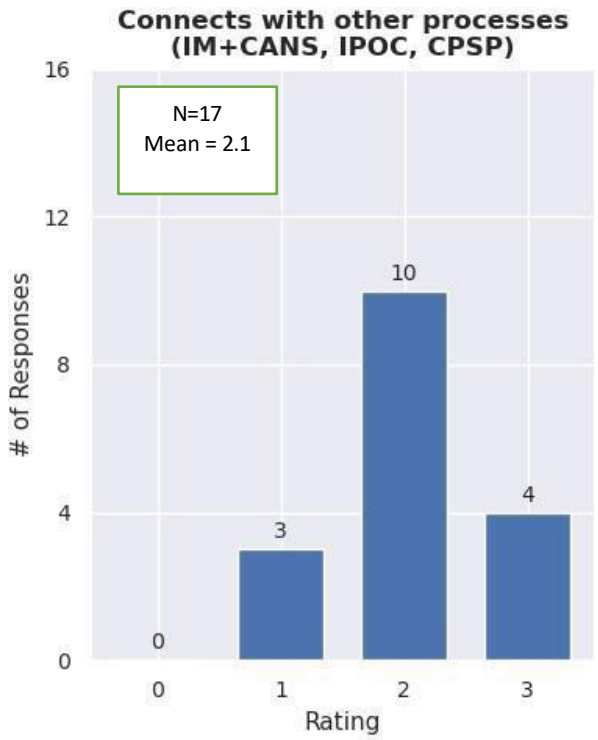


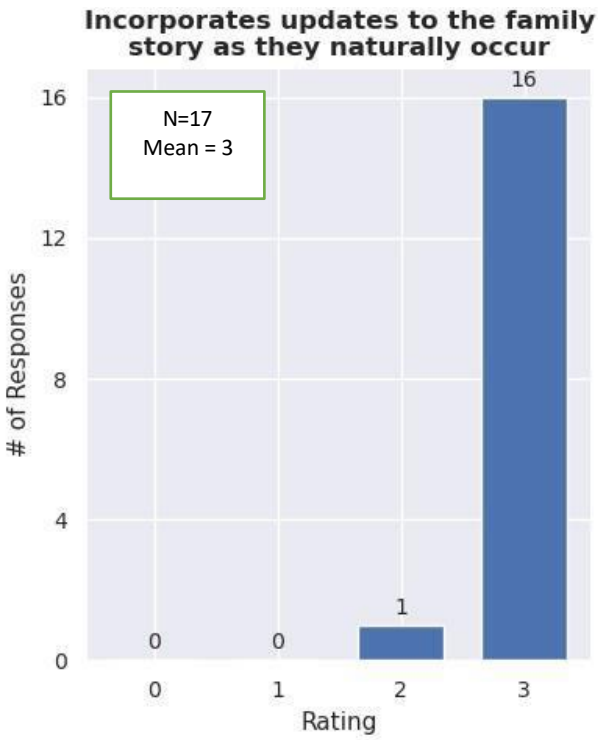

Explores what brought the family to Wraparound
N=17
Mean =1.9
# of Responses
Rating
0
2
15
0


Highlights people who are important to the youth and family
N=17
Mean =1.6
# of Responses
Rating
0
7
10
0

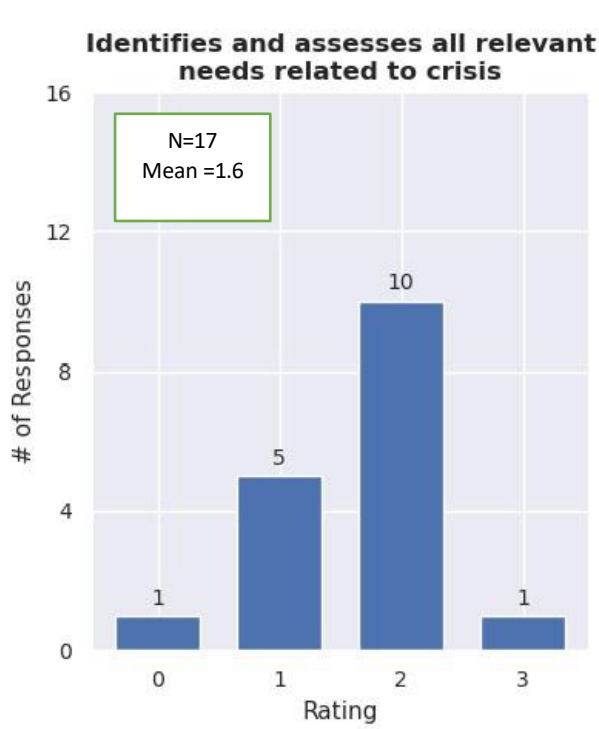

Incorporates the Family Vision in a way that's meaningful to the youth and family
N=17
Mean =1.6
# of Responses
Rating
0
7
10
0

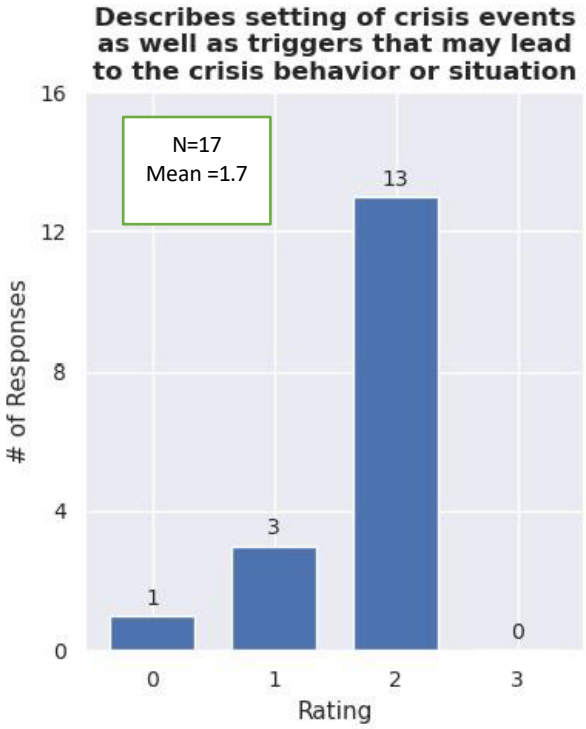

Updates include multiple perspectives to capture an accurate and current depiction of the family story
N=17
Mean =2.6
# of Responses
Rating
0
0
7
10

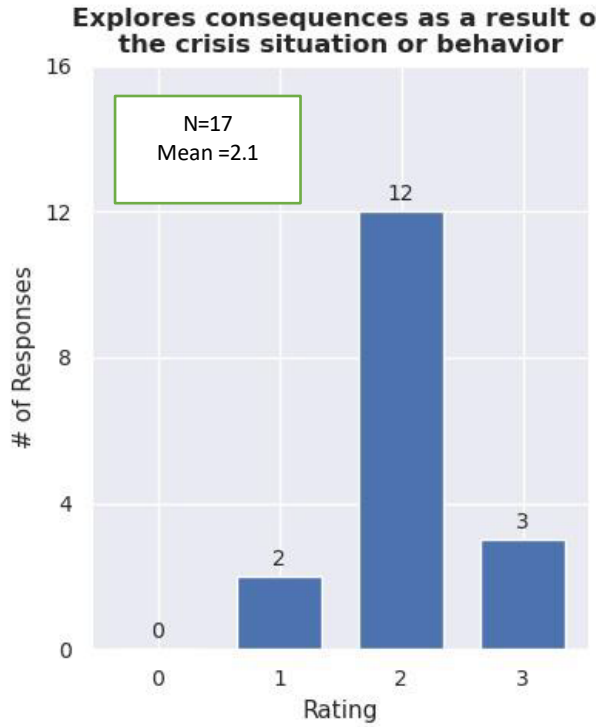

Connects with other processes (IM+CANS, IPOC, CPSP)
N=17
Mean = 2.1
# of Responses
Rating
0
3
10
4
0
1
2
3
0
4
8
12
16

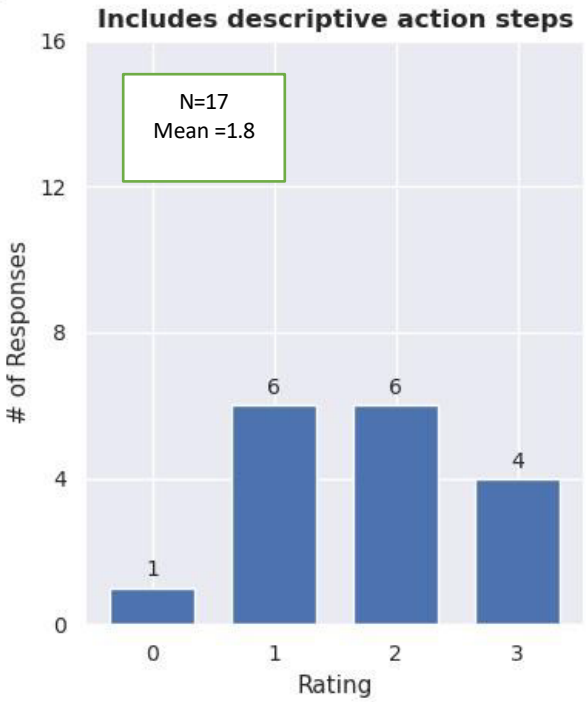

Incorporates updates to the family story as they naturally occur
N=17
Mean = 3
# of Responses
Rating
0
0
1
16
0
1
2
3
0
4
8
12
16

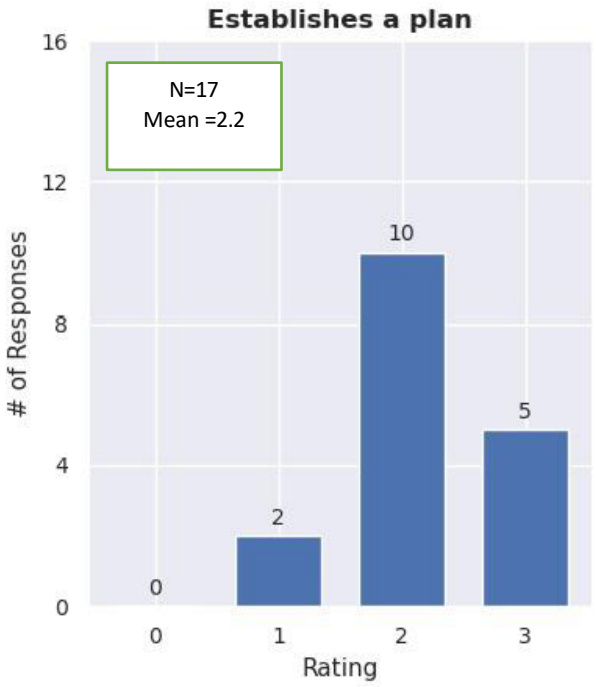
Crisis Prevention and Safety Plan (CPSP)










Establishes a plan
N=17
Mean =2.2
# of Responses
Rating
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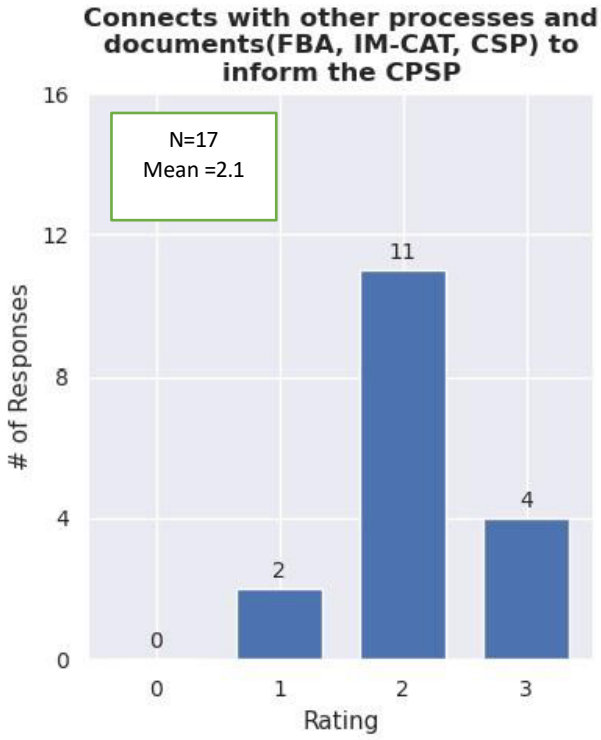
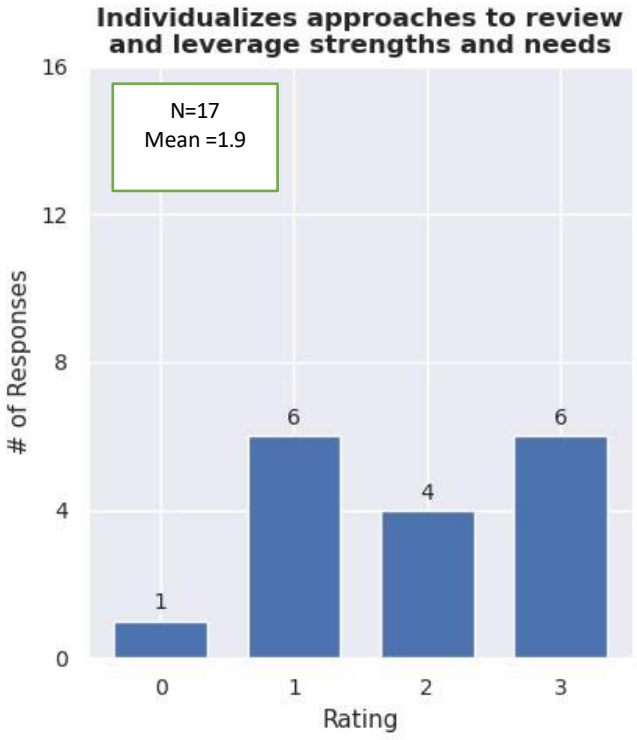
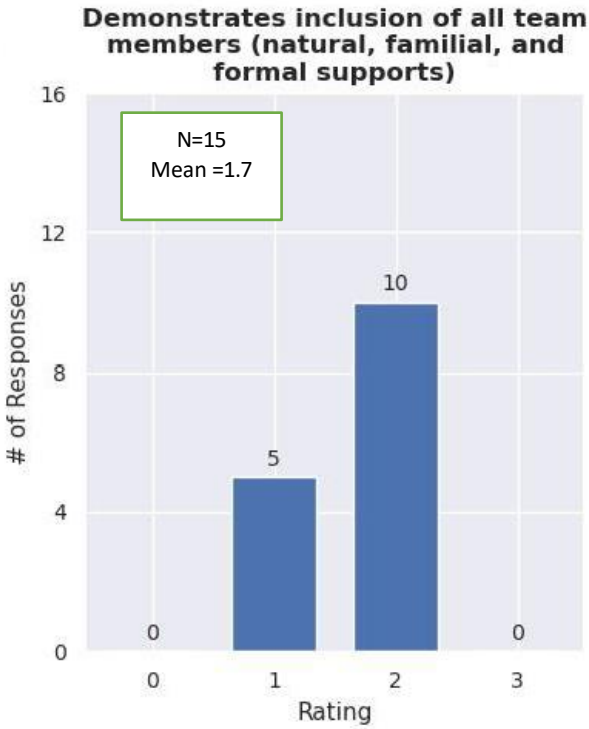
2
10
5
0
1
2
3
0
4
8
12
16

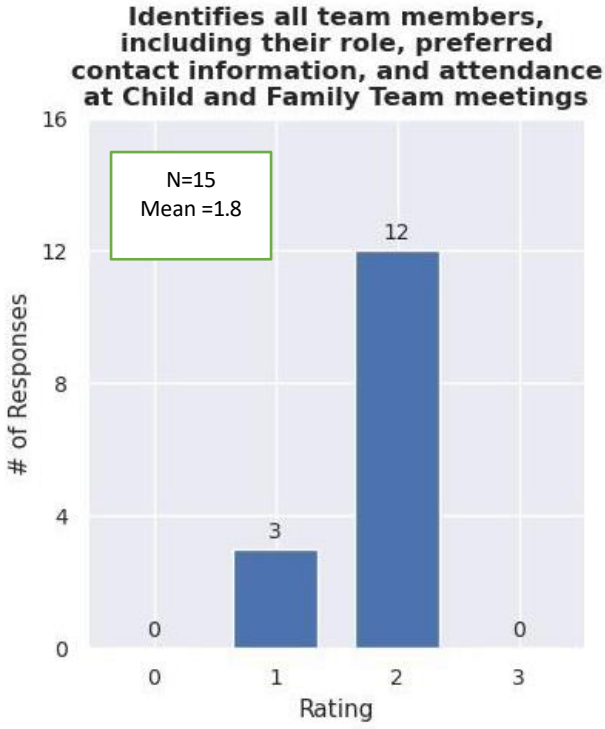

Connects with other processes and documents(FBA, IM-CAT, CSP) to inform the CPSP
N=17
Mean =2.1
# of Responses
Rating
0
2
11
4
0
1
2
3
0
4
8
12
16

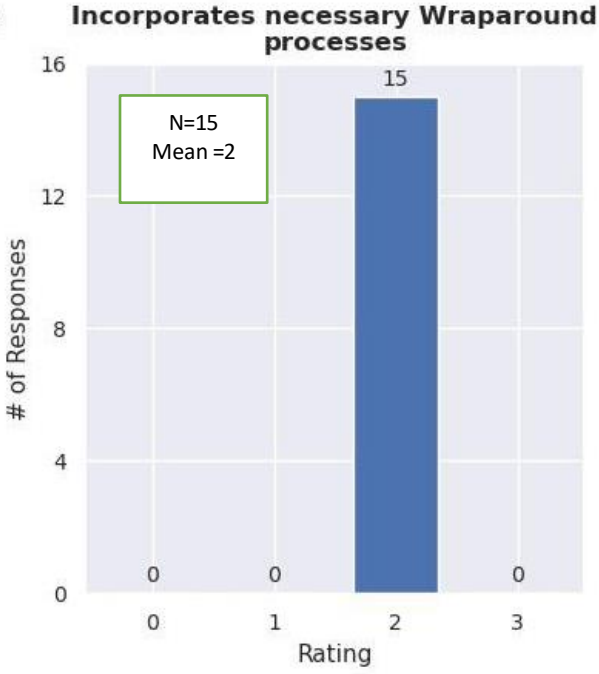

Individualizes approaches to review and leverage strengths and needs
N=17
Mean =1.9
# of Responses
Rating
1
6
4
6
0
1
2
3
0
4
8
12
16

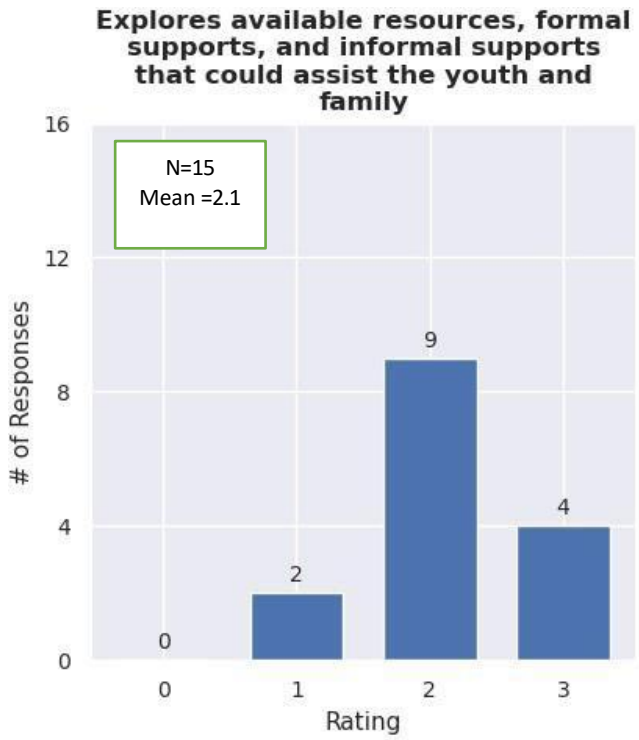
Mean =

Child and Family Team Meeting Agenda (CFTM Agenda)








Explores available resources, formal supports, and informal supports that could assist the youth and family
N=15
Mean =2.1
# of Responses
Rating
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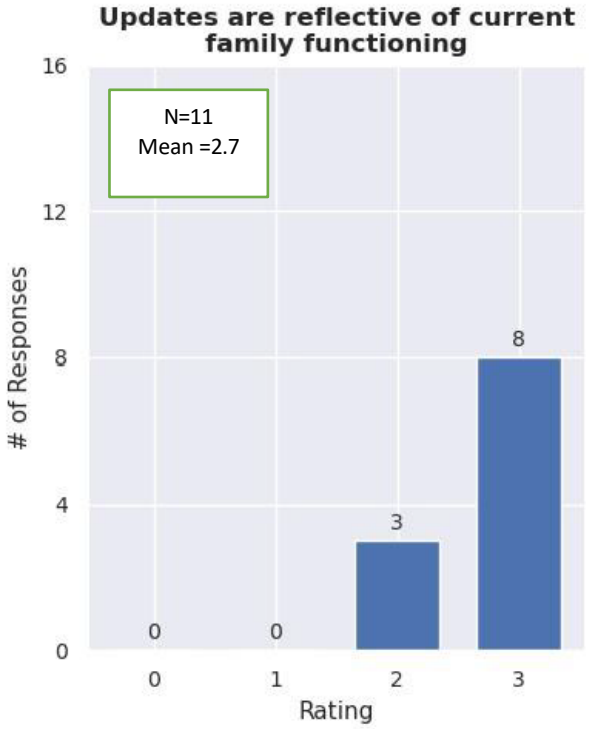
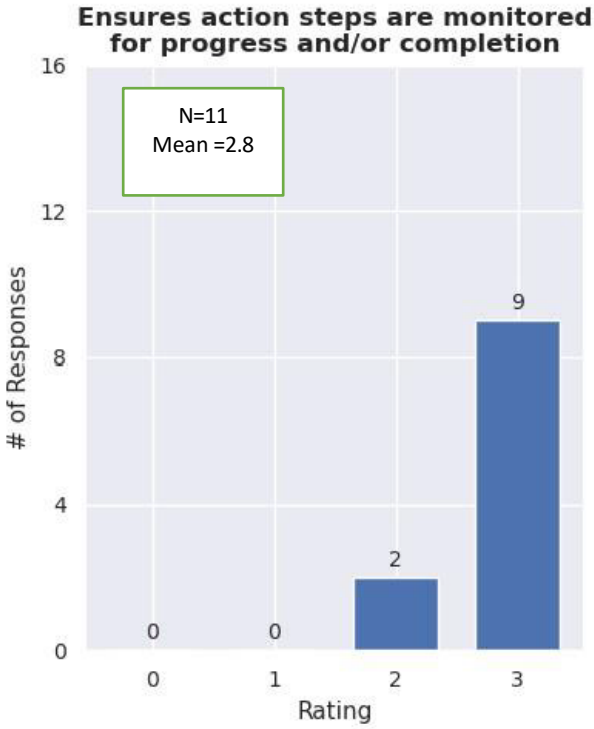
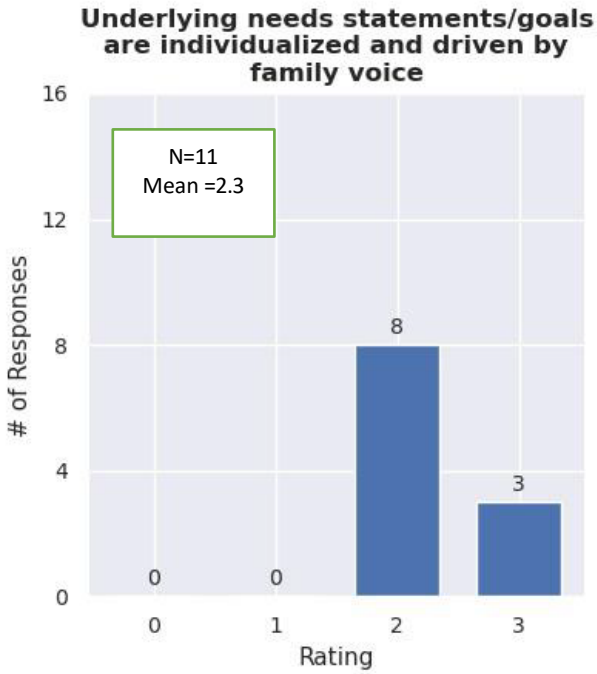
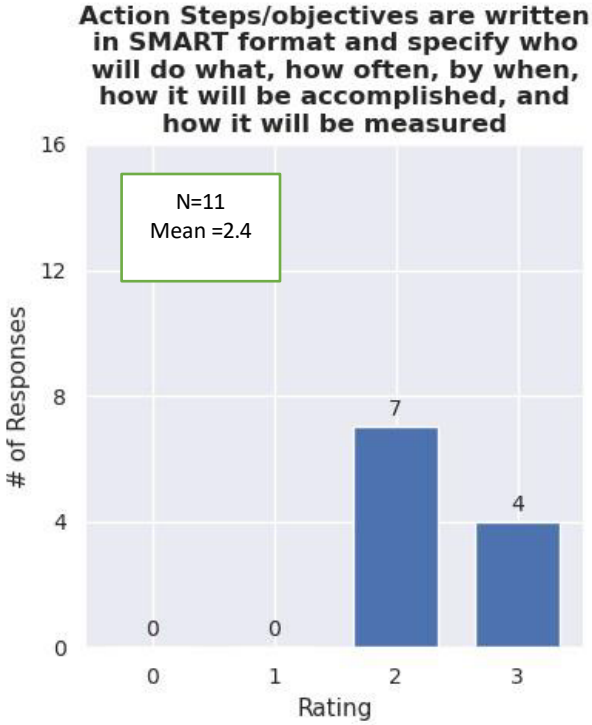
12
8
4
0
0
1
2
3
0
2
9
4

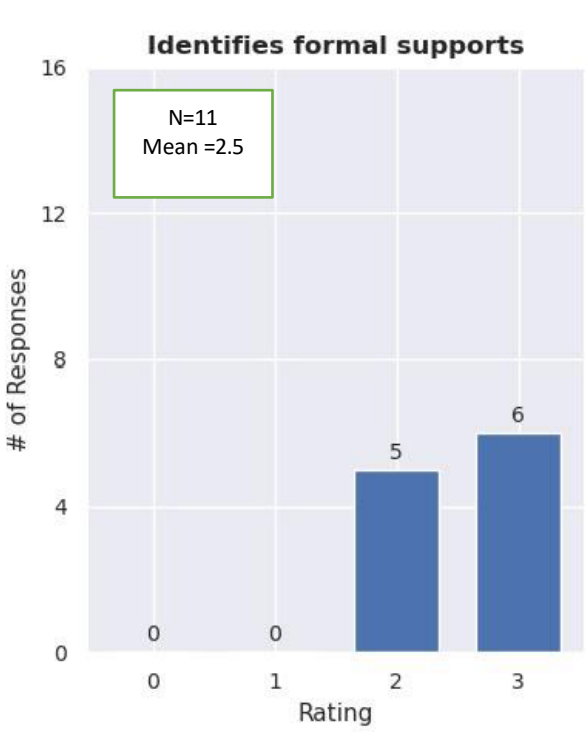
Individualized Plan of Care (IPOC)

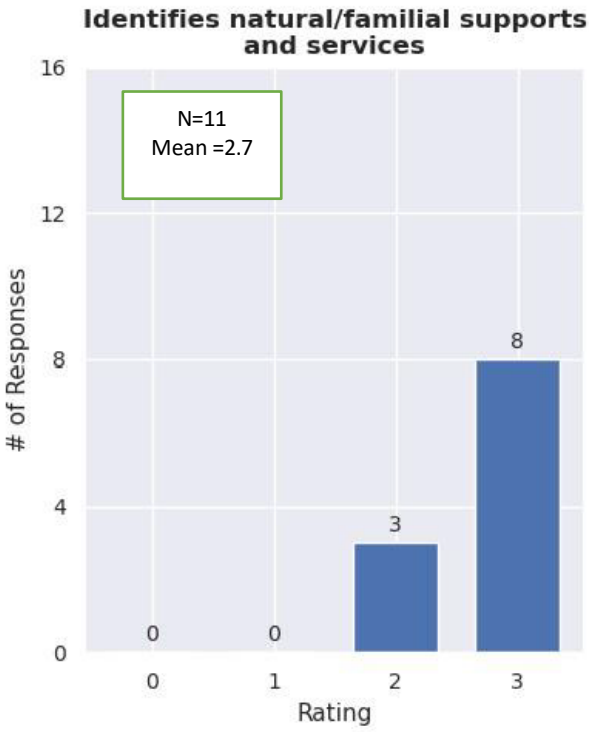


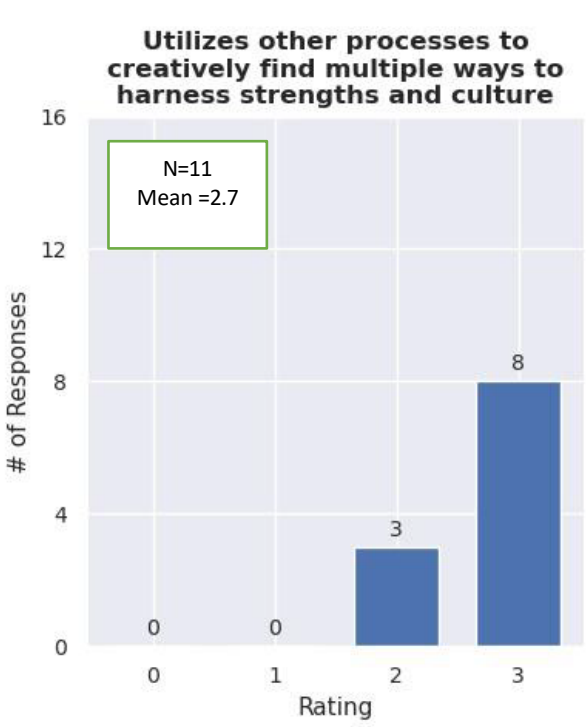


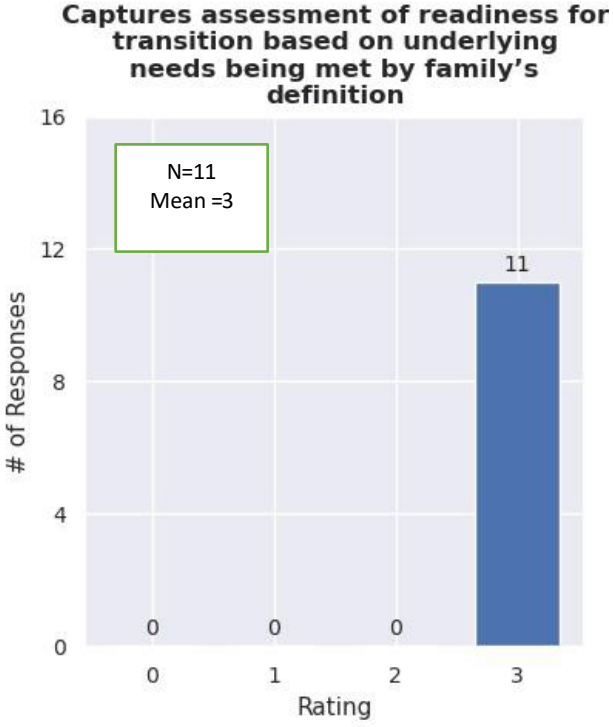





Identifies formal supports
N=11
Mean =2.5
# of Responses
Rating
0
0
5
6


Identifies natural/familial supports and services
N=11
Mean =2.7
# of Responses
Rating
0
0
3
8


Utilizes other processes to creatively find multiple ways to harness strengths and culture
N=11
Mean =2.7
# of Responses
Rating
0
0
3
8


Captures assessment of readiness for transition based on underlying needs being met by family's definition
N=11
Mean =3
# of Responses
Rating
0
0
0
11