

**Illinois Department of Healthcare and Family Services  
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee  
February 27, 2023, 3:00 pm – 4:30 pm**

**Due to COVID-19 concerns, the N.B. Stakeholder Subcommittee was held via WebEx.**

**Members Present**

Amanda Walsh	IL Children's Mental Health Partnership
Anna Harvey	University of Illinois Urbana Champaign – School of Social Work
Ashley Deckert	Illinois Collaboration on Youth
Bernadette May	Family Service Association of Greater Elgin
Dee Ann Ryan	Family Advocate
Emily Miller	Illinois Association of Rehabilitation Facilities
Jason Keeler	Allendale Association
Jennifer McGowan-Tomke	NAMI Chicago
Jennifer Roland	University of Illinois Urbana Champaign – School of Social Work
Jud DeLoss	Illinois Association for Behavioral Health
Michelle Churchy-Mims	Community Behavioral Healthcare Association
Regina Crider	Youth and Family Peer Support Alliance
Stephanie Barisch	Center for Youth and Family Solutions

**Members Absent**

Andrea Danes	Accelerant Health
Angie Hampton	Egyptian Public and Mental Health Department
Brandy Moore	Centerstone
Christine Achre	Primo Center for Women and Children
Josh Evans	Illinois Association of Rehabilitation Facilities
Michaela Granger	Youth and Family Peer Support Alliance
Dr. Michael Naylor	University of Illinois at Chicago

**I. Welcome and Call to Order / Introductions**

The meeting was opened, and roll call was taken. A quorum was established.

**II. Approval of Meeting Minutes**

Minutes for the January meetings were approved.

**III. Healthcare & Family Services Implementation Update**

**A. General Implementation Activities**

Kristine provided the following update on the implementation of the Pathways to Success program:

- There are now 11 active CCSOs serving just over 240 youth.
- There are potentially nine additional CCSOs starting in March, pending the successful completion of their on-site reviews that will be completed this week.
- The list of prioritized youth will be finalized this week and will be shared with the existing and new CCSOs once they have completed the on-sites. The number of youth referred will continue

to be matched to CCSOs staffing capacity with half caseloads for High Fidelity Wraparound and 1/3 caseloads for Intensive Care Coordination.

- Both HFS and our Court Expert continue to be pleased with the pace of the CCSO roll out at this time and are approaching this as slow and steady wins the race. The measured pace is also giving us time to make sure that we have all of the details worked out before the full population of youth is enrolled.
- In addition, the weekly CCSO Office Hours continue and offer a good forum for getting feedback from the CCSOs about what is going well and what areas need attention during the roll out. Based on feedback from the Office Hours.
- The ARPA grant agreements have been completed and the dollars should be released very soon.
- The Behavioral Health Decision Support Model posted on the For Families page of the Pathways to Success webpage at [pathways.illinois.gov](http://pathways.illinois.gov) this week. We encourage everyone who is interested to spend some time going through the document, as the combination of the treatment needs and the complexities represented by the IM+CANS scores is intricate. However, the model has been vetted by the CANS developers, our Expert and Class Counsel and a clinical workgroup, so we are confident that the criteria is accurate and will operationally identify NB Class members accurately. HFS will also be reviewing the criteria and the youth identified as we continue implementing Pathways and will make adjustments as needed.
- An update on training was provided. There were 11 CCS core trainings with 102 individuals completed; six supervisory trainings with 35 individuals completed; 20 individuals have completed Therapeutic mentoring; nine individuals have completed Family peer support; 12 individuals have completed Intensive Home-Based but no individuals have completed Intensive home based for team leads.
- HFS continues to try to recruit providers for the community-based Pathways services, as that part of the provider network is coming online more slowly than we would like.
- The fee-schedule that includes Pathways to Success services has been posted on HFS' website with the other community-based services fee schedules.

#### **B. Family Peer Support Presentation and Discussion**

Chairperson Crider lead a discussion regarding the following three topics with the committee:

1. Perspectives regarding CMHC's level of prioritization of Family Peer Support
2. Challenges CMHCs may encounter with hiring, training and utilizing Family Peer Support staff with fidelity to family peer support model
3. Recommendations regarding developing Family Peer Support under Pathways to Success?

Q: Are there any considerations for opening up other providers as allowable providers of Family Peer Support (FPS)?

A: HFS is actively discussing potential options for FPS and Therapeutic Mentoring.

Q: Are there any estimates of how many FPS trained individuals there are already in the state?

A: There are currently about 50 people who hold the Certified Family Partnership Professional (CFPP) credential. There are other avenues for peer work opening up as well through the Violence Prevention – Community Support Team service and through substance use recovery peer support. No other estimates of the current staffing pool are really known at the point. However, the people who are doing peer support work are the best recruiters for these positions. Additional outreach to them and other networks will be needed, and CCSOs will need to take the lead on this in their DSAs.

Q: Should CCSOs also reach out to other providers in their areas to find others interested in providing Pathways to Success services?

A: Absolutely. HFS has and will continue to emphasize this with CCSOs and MCOs during Office Hours.

Comment: HFS and MCOs should connect with KOFIE and with NAMI to see if they have other contacts or networks for peer support.

Q: What work is being done to support Family Peer Support staff to maintain fidelity to peer support work and not get moved into other clinical or administrative positions that are not aligned with peer support work?

A: PATH through training, coaching and mentoring will be working with peer support staff, supervisors and administrators of the agencies that hire them to ensure that everyone is clear on the distinct role that Family Peer Support staff play and that these staff are getting proper support and supervision to support their role.

**IV. Subcommittee Feedback on Provider and Family Engagement Strategies**

**A. Update from Family Workgroup**

Chairperson Crider will have update for next meeting.

**B. Update from Provider Workgroup**

The Provider Workgroup has not met since November when they provided recommendations to HFS. Waiting on further response.

Kristine and Regina will meet and have update for next meeting.

**C. Paraprofessional Workforce Development Workgroup**

Comment: I am happy that we are taking this time to discuss increasing the capacity of peer support, but I wish we could have the same type of conversation about paraprofessionals in general. Last meeting, we discussed licensed clinicians providing services such as Therapeutic mentoring and community support activities which could be done by a trained RSA.

Paraprofessionals are critical to increasing capacity. When our Paraprofessional training workgroup did a survey to agencies regarding employment of RSAs there was limited utilization and no formal training. I suggest we have a robust discussion about this gap. Dee Ann will meet with Regina and prepare discussion for next meeting

Comment: I also feel the firewall between the CCSO & the other therapeutic supports is a bit of a barrier. CCSOs are most likely the most invested in making the system of care work.

A: Unfortunately, the fire wall is a federal requirement, and it does create some challenges that may require some creative solutions.

**V. Additional Business: Old & New**

**A. Old Business**

None

**B. Items for future discussion**

Continued discussion regarding developing the Family Peer Support provider network

C. Announcements

Melishia reinforced the resources that are available to ensure that all Medicaid enrolled members know about the redetermination process that will be required at the end of the Public Health Emergency.

**IV. Public Comment**

There were no public comments.

**V. Adjournment**

Meeting was adjourned at 4:07pm