

**Illinois Department of Healthcare and Family Services  
N.B. Stakeholder Subcommittee of the Medicaid Advisory Committee  
February 7, 2022 3:00 pm – 4:00 pm**

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

**Members Present**

Ashley Deckert	Illinois Collaboration on Youth
Andrea Danes	Accelerant Health
Michelle Churchy-Mims	Community Behavioral Healthcare Association
Dr. Michael Naylor	University of Illinois at Chicago
Jason Keeler	Allendale Association
Jennifer McGowan-Tomke	NAMI Chicago
Regina Crider	Youth and Family Peer Support Alliance
Jud DeLoss	Illinois Association for Behavioral Health
Michaela Granger	Youth and Family Peer Support Alliance
Brandy Moore	Centerstone
Jennifer Roland	University of Illinois Urbana Champaign – School of Social Work
Anna Harvey	YWCA of Metropolitan Chicago
Stephanie Barisch	Center for Youth and Family Solutions
Dee Ann Ryan	Family Advocate

**Members Absent**

Walsh, Amanda	IL Children's Mental Health Department
Josh Evans	Illinois Association of Rehabilitation Facilities
Bernadette May	Family Service Association of Greater Elgin
Christine Achre	Primo Center for Women and Children
Daniels, Sarah	Illinois Collaboration on Youth (ICOY)
Angie Hampton	Egyptian Public and Mental Health Department

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

The meeting was opened, and roll call was taken at 3:03 pm. Quorum was established.

**II. Approval of Meeting Minutes**

Minutes from the previous meeting were reviewed and approved.

**IV. Implementation Update**

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

- HFS is still working with CMS on the approval of the 1915(i) State Plan Amendment Application and does not have an estimated timeline for receiving CMS approval. Therefore, HFS will delay the announcement of the Care Coordination and Support Organization application approvals until we have a more solid timeframe established for CMS' approval of the application.

- However, HFS is continuing with implementation preparation including ensuring that all systems are ready to accept provider enrollment, trainings are ready to be provided, billing systems for HFS and MCOs are ready and that public messaging regarding services is also ready.
- HFS has also submitted the Administrative Rule through JCAR for 1<sup>st</sup> filing and has received public comments. The responses to public comments will be submitted to JCAR when we submit the rule for 2<sup>nd</sup> filing and approval. Will not submit for 2<sup>nd</sup> filing until we have a better idea of timeframe from CMS.
- HFS will continue to gather feedback from this committee particularly regarding the public messaging for services and will continue to update the committee regarding implementation progress.

Q: Would HFS be able to move forward with CCSO implementation before the application and the rule are approved?

A: No. The State would not be able to obtain federal match for the services if implementation occurred prior to approval. However, HFS is going to continue moving forward with implementation preparation, so we are ready to implement as soon as we receive approval from CMS.

Q: Since the billing system needs to be ready for the new services, will this be a barrier to implementation?

A: No. HFS will have the billing system for fee-for-service claims ready at the time of implementation. HFS is also working to ensure that MCOs have their billing systems ready, as well.

Q: Is there an update on sub-contracting?

A: A smaller workgroup will be pulled together to explore using subcontracting or other agreements for Intensive Home-Based providers to offer additional services such as Respite and Therapeutic mentoring in collaboration with other providers of those services.

## **V. Pathways to Success Services Feedback**

- **Intensive Home-Based Services - Finalize Public Messaging**

Kristine indicated that HFS had received good feedback from the last meeting regarding the current information available on Intensive Home-Base services (IHB) and had incorporated that feedback into a new presentation that was designed to create interest for providers to offer this service.

Kristine then asked for feedback from the committee regarding the content of the presentation and any changes that they would recommend. Kristine shared the presentation to give the subcommittee the chance to provide feedback on each slide.

Suggestions from the subcommittee were obtain on several slides, but there was not time to get through them all. Kristine asked the subcommittee to submit feedback through the [HFS.NBSubcommittee@illinois.gov](mailto:HFS.NBSubcommittee@illinois.gov) email address for HFS to incorporate into the presentation.

## V. Family Engagement Strategies

Regina Crider, Director of the Youth and Family Peer Support Alliance, provided a presentation on strategies to engage families in services. Some of the highlights of the presentation include strategies such as:

1. Start engagement with the first call and engage in relationship building from the beginning.
2. Focus on family strengths. Identify areas where they are doing a good job, cultivating strengths, and emphasizing hope.
3. Empathy and acceptance come before education, connect with the family before talking about the service plan.
4. Ask parents about their kids. They are the experts, ask for their best explanation for the child's behavior.
5. Be direct, honest, and collaborative. Identify concrete issues that can be developed immediately.
6. Develop strategies with the family, not for the family.

Regina shared some of the reasons why families drop out of services including:

1. Time demands, scheduling conflicts, costs – lost wages, child care expenses, or access to child care at all
2. Transportation - distance to services – especially if live outside the community.
3. School can also be an obstacle for scheduling. Do not want to interfere with classes.
4. Stress in the home and other children - a child navigating systems can stress a marriage, can have other children in the home who feel neglected, "forgotten child".
5. Perceived lack of progress- if they can't see progress, they drop out.
6. Rigid Program approach – if the program isn't meeting the family needs, can be an obstacle.
7. Some Providers can seem judgmental, seem like don't care, or be unable to engage the family.
8. Parent attitudes about mental health and mental health service expectations can be barriers – ask them about their experiences.

Regina suggested some strategies to keep families engaged:

1. Be hope pushers.
2. Create a therapeutic alliance.
3. Those who have develop bonds and collaborative approach make a difference.
4. Point out the progress.
5. Get personal
6. Express empathy.

7. Validate experiences.
8. Express respect for cultural beliefs.
9. Project the family's vision – show what they're working toward, keep them focused on goals.
10. When families feel hopeful it increases collaboration, empowerment, and decreases family isolation.
11. Remember parents love their children and want the best for them, just like you do and need to see that things are getting better, even in small increments.

Kristine indicated that the allotted time for the meeting was running out, so we would like to include the discussion of the presentation at the next meeting.

#### **VI. Public Comment**

There were no public comments.

#### **V. Adjournment**

Meeting was adjourned at 4:01pm.