Pathways to Success: Overview

January 10, 2023
N.B. Consent Decree Requirements

- Continuum of medically necessary services;
- Standardized behavioral health Screening and Referral provided by PCPs;
- Standardized assessment and stratification methodology to determine tiers (intensity) of care coordination and service delivery;
- Team-Based treatment planning to develop Individual Plan of Care;
- Enhanced Mobile Crisis Response model;
- Plan to coordinate amongst providers the delivery of services and supports;
- Process for communicating with Class Members, families, and stakeholders;
- Procedures to minimize unnecessary hospitalizations and out of home placements.
What is Pathways to Success?

A program for children with complex behavioral health challenges that provides access to home and community-based services.

Built upon an intensive model of care coordination that addresses the broad range of each child and family’s needs.

Guided by System of Care principles that put children and families at the center of planning for services and supports.

Designed to address many of the State’s commitments under the N.B. Consent Decree.

Began serving a small number of children and families December 1, 2022.
What Does Success Look Like for Children, Youth, and Families?

- **Improved family functioning** and reduced caregiver stress.
- **More stable living situations** for children and youth, including fewer out-of-home treatment episodes.
- **Increased family and youth involvement** in services.
- **Increased use of evidence-based practices**, including expanded access to services provided in home and community settings.
- **Improved school attendance and performance**.
- **Reduced contacts** with law enforcement and child welfare.
Pathways Eligibility

To be eligible for Pathways, children and youth must:
✓ Be Medicaid eligible;
✓ Be under the age of 21;
✓ Have a mental health diagnosis; and,
✓ Have an IM+CANS assessment that demonstrates a need for intensive behavioral health services based on the Illinois Behavioral Health Decision Support Model.
Behavioral Health Decision Support Model

- Standardized approach to stratifying children and youth into tiers (intensity) of care coordination and services based upon documented clinical needs.
- Considers the combination and complexity of actionable needs on key CANS items from multiple domains on the IM+CANS.
- Dr. John Lyons and his team at the University of Kentucky assisted HFS in developing a Decision Support Model specific to Illinois.
- A workgroup of licensed clinicians representing DHS, DCFS, MCOs, and community providers reviewed and provided recommendations for adjusting the Decision Support Model.
- Posted on HFS’ website at: Pathways.Illinois.gov
Eligibility Determination Process

1. A child has a clinical interview with a community behavioral health provider. The provider then completes the IM+CANS and uploads into the HFS IM+CANS Provider Portal.

2. Once a week, HFS applies the Decision Support Model to all new IM+CANS.

3. If child is eligible, they are stratified into Tier 1 or Tier 2 and given 6 calendar months of eligibility in Pathways to Success and assigned to a Care Coordination and Support Organization (CCSO).

4. HFS issues notice of eligibility to the child and family, the assigned CCSO, and the child’s MCO, as applicable.

5. HFS will re-assess Pathways eligibility prior to the end of the child’s 6-month eligibility period.
Special Services Available to Pathways Youth

CCSO Services
- Care Coordination and Support
- Individual Support Services
- Therapeutic Support Services

Pathways Community-Based Services
- Family Peer Support
- Intensive Home-Based
- Respite
- Therapeutic Mentoring
**Care Coordination and Support (CCS)**

A structured approach to care coordination for children and families based around the values, principles, and processes of Wraparound.

### Key Activities

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<th>Engagement and outreach</th>
<th>Child and Family Team (CFT) facilitation</th>
<th>IM+CANS review and update</th>
<th>Mobile Crisis Response, safety and prevention planning</th>
<th>Coordination and consultation</th>
<th>Referral and linkage</th>
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HFS  
Illinois Department of Healthcare and Family Services
CCS Intensity Levels

High Fidelity Wraparound (CSSW)
- 1:10 care coordinator to family ratio
- CFT meetings every 30 days
- IM+CANS and Crisis Prevention Plan review every 30 days
- Minimum weekly contact with each family.

Intensive Care Coordination (CCSI)
- 1:25 care coordinator to family ratio
- CFT meetings every 60 days
- IM+CANS and Crisis Prevention Plan review every 60 days
- Minimum weekly contact with each family.
The Role of the CCSO

• Provide Care Coordination and Support (CCS) services to Pathways enrolled children and families based upon the phases and processes of Wraparound.

• Convene and facilitate a unique Child and Family Team (CFT) for each family that meets on a regular basis.

• Maintains responsibility for the review and update of the child’s IM+CANS, with input from the CFT members.

• Develops, implements, and monitors an individualized plan of care in conjunction with the CFT.

• Serves as the fiscal agent for Therapeutic Support Services and Individual Support Services, helping connect families with non-traditional services and supports.

• Coordinates and consults with MCOs, providers, other child-serving systems, and any other supports involved with the child’s care.
Family Peer Support

• Family Peer Support services are designed to enhance a parent or caregiver’s capacity to manage their child’s behavioral health needs through the development of skills, knowledge, and parenting techniques necessary to improve coping abilities and to address the child’s social-emotional health needs.

• Delivered by Family Peer Supporters who have individual lived experience or experience as a caregiver or a child with special needs, preferably behavioral health needs.

• Family Peer Supporters must attend required trainings offered by PATH.
Intensive Home-Based (IHB)

• Intensive Home-Based (IHB) services are short-term, team-based interventions designed to enhance and improve the family’s capacity to maintain the child within the home and community and to prevent admissions to out-of-home treatment settings.

• Delivered consistent with evidence-informed approaches of Managing and Adapting Practice (MAP) and solution-focused therapy.

• Consists of two components: Intensive Home-Based Clinical (IHBC) and Intensive Home-Based Support (IHBS).
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<th>IHB Clinical</th>
<th>IHB Support</th>
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<td>• Utilizes information from a functional behavioral assessment combined with MAP tools to develop a clinical intervention plan that drives IHB services.</td>
<td>• Provides services that support the family and child in implementing the therapeutic interventions, skills development, and behavioral techniques identified on the clinical intervention plan.</td>
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<td>• Delivers therapeutic interventions focused on symptom reduction and improving family functioning.</td>
<td>• Consistent with MAP tools and performed under the direction of the IHBC.</td>
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<td>• Provides clinical direction of the interventions of the IHB Support staff.</td>
<td>• May only by provided in conjunction with IHBC services.</td>
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• Respite is a time-limited, face-to-face service that provides scheduled relief to help prevent stressful situations, including avoiding a crisis or escalation within the home.

• Primarily delivered on an individual basis but may be provided to groups of up to 3.

• Requires prior authorization and is limited to 7 hours per event, 21 hours per month, or 200 hours per state fiscal year without additional authorization.

• Respite services must be provided by staff who minimally:
  o Meet the qualifications of a Rehabilitative Services Associate (RSA);
  o Are CPR certified; and
  o Have access to a Qualified Mental Health Professional (QMHP) for consultation.
Therapeutic Mentoring

• Therapeutic Mentoring is a strengths-building service provided on an individual basis to children who require support in recognizing, displaying, and using pro-social behavior in home and community settings.

• Allows trained mentors to spend quality time in the community with the child, modeling positive ways of interacting with other children and adults in a variety of social situations.

• Children work with their Therapeutic Mentors to gain and practice valuable skills that will help them develop positive relationships and build their confidence.

• Therapeutic Mentors must minimally meet the qualifications of an RSA, have access to a QMHP for consultation, and attend training for Therapeutic Mentoring.
Implementation Update

• One CCSO started serving youth 12/01/22
• Four additional CCSOs started 01/01/23
• Several more will begin 02/01/23
• 66 youth enrolled so far
• Youth assigned to CCSOs based on staffing capacity
• HFS maintaining weekly communication with CCSOs
• Working to develop network of providers for other Pathways services
THANK YOU!

Questions:
HFS.Pathways@illinois.gov

More info:
Pathways.Illinois.gov