Iowa REACH Consumer Steering Committee Meeting

March 2025



REACH Reminder

The Iowa HHS website has been updated to include a new section focused on the class action lawsuit.

https://hhs.iowa.gov/initiatives#children-mental-health-lawsuit

<u>Iowa REACH | Health & Human Services</u>



Guiding Principles

- •Child centered and family driven during all phases of engagement including planning, delivery, transition and evaluation of services and the system.
- •**Team-based and collaborative** to ensure services and supports planned and delivered through multi-agency, multi-disciplinary teams and systems.
- •Natural supports recognizing the importance of strengthening and drawing on the natural supports available to youth and their families.
- •Home and community-based allowing youth and their families to receive supports in the most inclusive, most integrated, most responsive, most accessible and least restrictive or most family-like setting.
- •Individualized, strengths-based and culturally relevant leveraging the capabilities, knowledge, skills and assets of the child and family to meet the unique needs of each youth and their family.
- •Outcome-based and unconditional care through persistent and flexible supports focused on identified measures of success for youth and families and the system overall.



Peer State Examples

Our goal is to learn about how two states that have faced similar legal actions have responded.

- ► Illinois Pathways to Success
- ► Washington Wraparound with Intensive Services (WISe)

- ► Pathways to Success
- ► The N.B. Lawsuit was filed in 2011. The <u>Consent Decree</u> was approved by the Court in January 2018. The initial Implementation Plan was finalized in December 2019 with an updated plan approved in October 2022.
- ▶ The Pathways to Success model leans heavily on the Medicaid Managed Care Plans that operate in Illinois. This includes class member and family engagement responsibilities such as including youth and families in Family Leadership Councils and Quality Management Committees.

- ▶ In Illinois, MCOs are incentivized to reduce reliance on highly restrictive, high intensity services by providing effective preventive care and home- and community-based services. This role of the MCOs is a key support to the Consent Decree intent of implementing a system that serves Class Members with effective community-based services and in the least restrictive setting possible.
- ► The MCO contracts were amended to include: Adding Children's Behavioral Health Program Manager as a key position, establishing consistent eligibility and medical necessity criteria, provider network responsibilities and requirements, and payment for new services.



- ▶ In the initial Implementation Plan that Department indicated that the Illinois Integrated Health Homes would provide key care coordination components. However, the state eventually changed direction to develop two tiers of care coordination that will be provided by newly developed Care Coordination and Support Organizations (CSSOs).
- ► The CSSOs are regional and have designated service areas. The state issued a Request for Qualification for the new entities.
- ► The two (2) tiers of care coordination are:
 - High Fidelity Wraparound (Facilitator to Class Member ratio of 1:10).
 - Intensive Care Coordination Level (Care Coordinator to Class Member ratio of 1:25).

Illinois - Quarterly Update

The data presented below is cumulative from the initial implementation of Pathways to Success Care Coordination Services on 12/1/2022 through the end of the fourth quarter of calendar year 2024 (12/31/2024).

PROVIDER INFORMATION

Number of qualified Care Coordination and Support Organizations (CCSOs).	27
This is the number of providers that responded to the Request for	
Qualifications that were selected as qualified to be CCSOs by HFS).	
Number of Designated Service Areas (DSAs) with a CCSO that has received	30 of 32 DSAs
referrals of N.B. Class Members for Pathways to Success.	
This is the number of DSAs with a Bureau of Behavioral Health (BBH)	
approved CCSO that has completed the provider enrollment and	
readiness review and has received referrals of N.B. Class Members in	
that CCSO's DSA.	
Number of Intensive Home-Based Providers	4
This is the number of providers who have a completed and approved	
provider enrollment to provide Pathways to Success Intensive Home-	
Based services.	
Number of Children's Services Providers	11
This is the number of providers who have a completed and approved	
provider enrollment to provide Pathways to Success Children's	
Services.	

RECIPIENT INFORMATION

Total number of unique N.B. Class Members that have been referred to	5,625
CCSOs for Pathways to Success services.	
Total number of unique N.B. Class Members whose initial referral was for Tier	848
1 services.	
Total number of unique N.B. Class Members whose initial referral was for Tier	4,777
2 services.	
Number of N.B. Class Members that were referred to CCSOs for services that	1,083
the CCSO was unable to engage in services.	
Number of N.B. Class Members that were referred to CCSOs for services that	2,169
declined all Pathways to Success services.	
Number of N.B. Class Members that were referred to CCSOs for services that	19
declined Care Coordination services only.	
Total number of requests for re-tiering received from N.B. Class Members	67
who have been referred to CCSOs.	
Number of requests for re-tiering that were requesting move from Tier 2 to	49
Tier 1.	
Number of requests for re-tiering that were requesting move from Tier 1 to	18
Tier 2.	



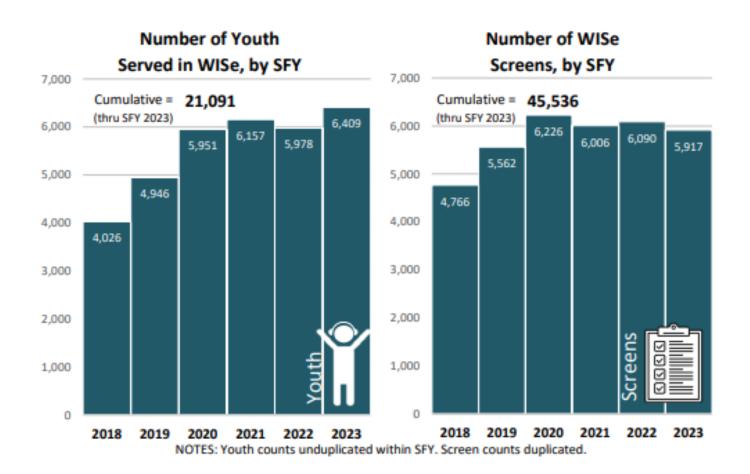
Washington WISe

- ► Wraparound with Intensive Services
- ▶ Plaintiffs brought the T.R. lawsuit in November 2009. Information about the <u>Settlement Agreement</u> shows that an agreement was reached in December 2013 and the Implementation Plan was approved by the Court in August 2014.
- ➤ The Implementation Plan identifies a specific package of services called Wraparound Intensive Services and systems improvements to be developed over four years.
- ► The Implementation Plan committed the state to direct communication and engagement of youth and families, developing an identification, referral and screening process for WISe, providing new services and supports, coordinating the delivery of services, supporting workforce development and developing an accountability structure for the new services and system.

Washington (WISe)

- ▶ The WISe model is anchored within the community behavioral health system in Washington. Approved agencies contract with Managed Care Organizations or have a contract with the Washington State Health Care Authority and bill as a fee-for-service provider.
- ▶ Certified agencies must provide or have sub-contracts to provide Outpatient intervention, assessment and treatment, Behavioral Health Support and Behavioral Health Outpatient Crisis Observation and Intervention and provide Care Coordination and Peer Support as part of the WISe Service Array.
- ➤ Service intensity averages must be at least 10.5 hours monthly at the agency level.
- ► WISe providers must also comply with WISe Quality Plan.

Washington – Quarterly Update



Washington - Quarterly Update

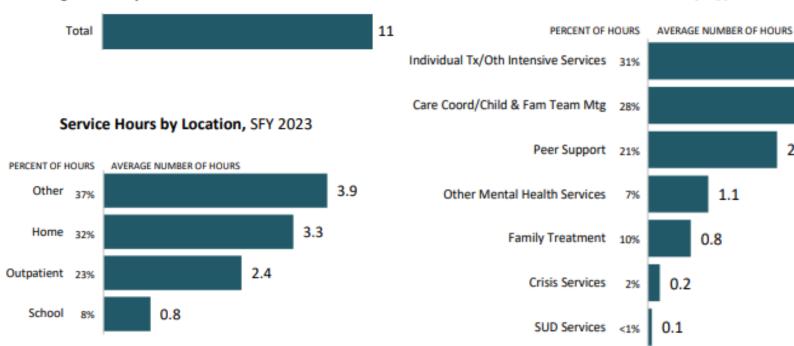


Service Hours by Type of Service, SFY 2023

3.3

2.9

2.3



Discussion

Public Comment