



August Care Management Webinar

Wednesday, August 16, 2023

CountyCare
A MEDICAID HEALTH PLAN

Agenda

Agenda Topics	Responsible Person (s)
Welcome/ Introductions	Raphael Daniels
Justice Involved Training	Aaron Eldridge
ABA and Autism Septum Disorder	Dr. William Holmes
Family Support Program	Bria Robinson
CountyCare Kudos	Rahab Kiarie



Justice Involved Training

Presented by Aaron Eldridge

The Who, What, Where, When and Why of the Justice Involved Program

Aaron Eldridge Sr.
Community and Social Service Manager
Justice Involved
August, 2023



Incarceration and Eligibility

Four Key Points

- 1 Incarceration -- in and of itself -- does not disqualify an individual from Medicaid eligibility
- 2 Incarceration often changes life circumstances in ways that impact an inmate's Medicaid eligibility
- 3 Incarceration often changes life circumstances in ways that impact the Medicaid eligibility of family members
- 4 The "inmate exclusion" precludes Medicaid from paying for most of an inmate's care

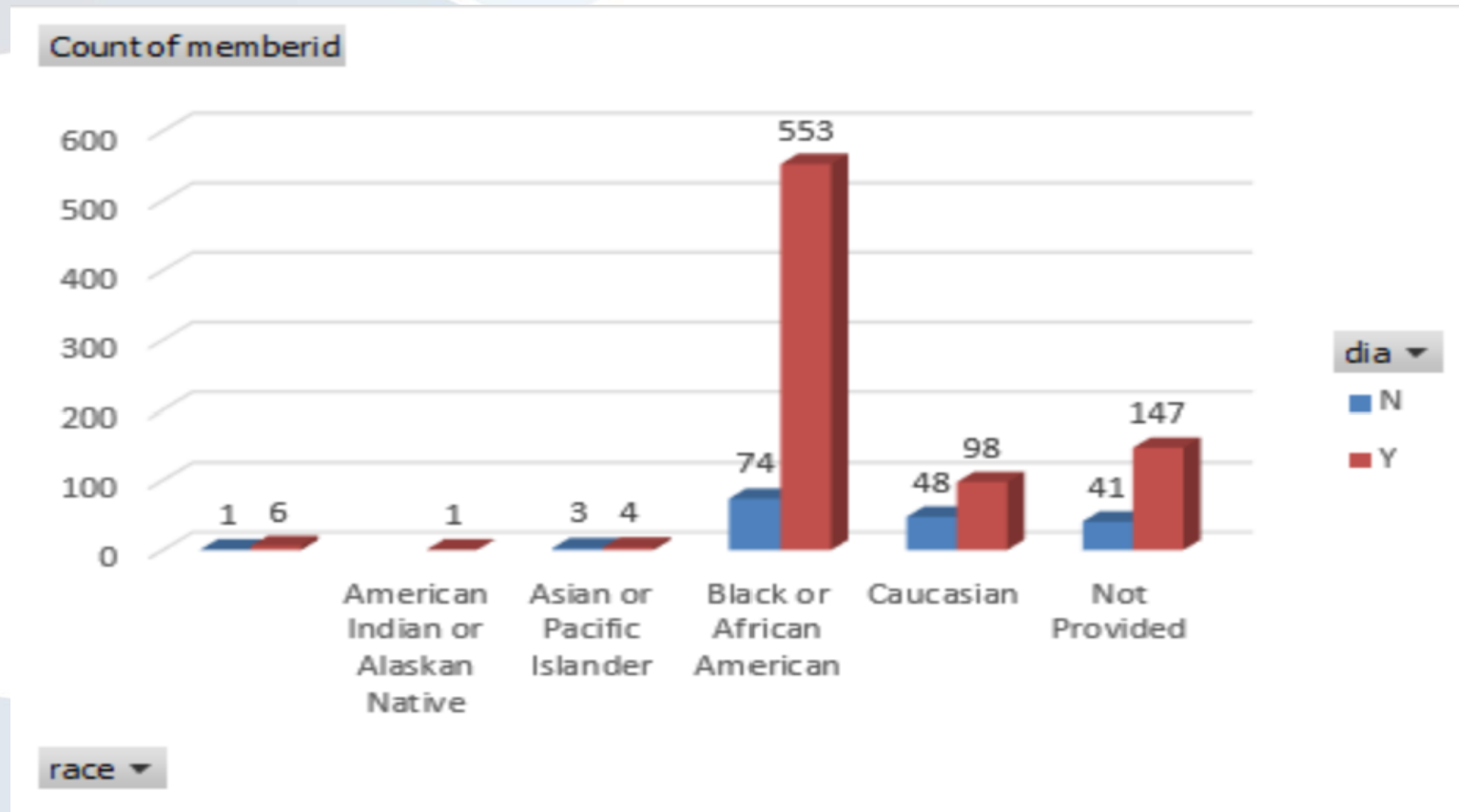
WHO

- **The Justice Involved (JI) Population** is Individuals who are new to Medicaid and had their initial Medicaid application completed at Cook County Jail while detained and auto assigned to CountyCare Health Plan following release and reentry to the community, effective 4/1/2021. State (Auto assignment not happening for everyone)
- The population is identified by the HFS identifier JL on the eligibility file.

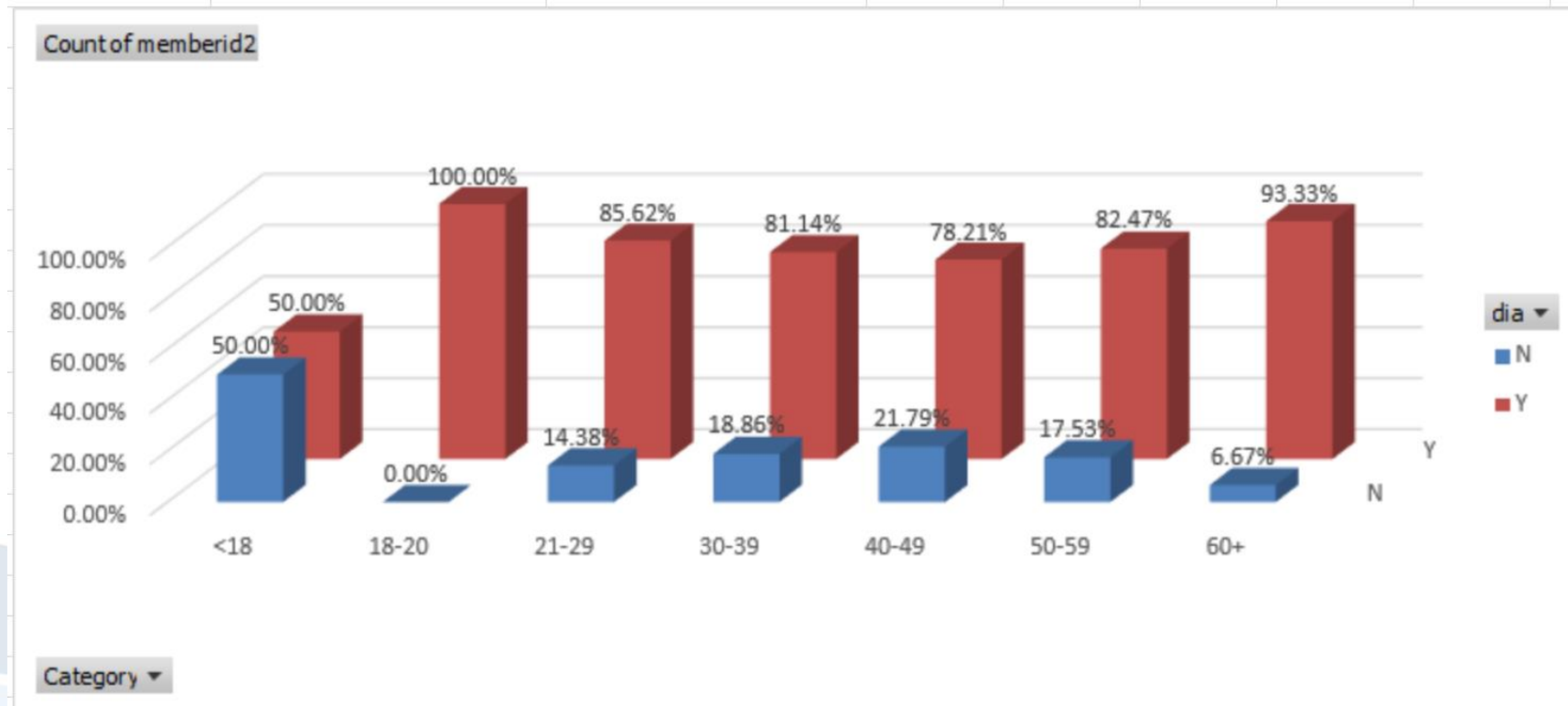
WHO: Medications = Diagnosis

QUETIAPINE FUMARATE = Schizophrenia and Bipolar disorder	98
ALBUTEROL SULFATE HFA = Bronchospasm and Asthma	93
BUPRENORPHINE-NALOXONE = High Cholesterol	86
ATORVASTATIN CALCIUM = High Blood Pressure and Chest Pain	70
TRAZODONE HCL = Major Depressive Disorder	63
AMLODIPINE BESYLATE = Depression, Obsessive Compulsive Disorder and PTSD	61
AMOXICILLIN = Infections and Stomach Ulcers	60
SERTRALINE HCL = Social Anxiety Disorder and Panic Disorder	57
BIKTARVY = HIV	54
MIRTAZAPINE = Antidepressant	52
DOXYCYCLINE HYCLATE = Bacterial Infections	52
GABAPENTIN = Epilepsy	50

Top JI DIA Zip Codes & Races



Top JI DIA Zip Codes & Ages



WHERE

Are the JI members coming from and where are they going back to upon release?

- 60612 53 West Town, East Garfield Park, Lawndale
- 60619 46 Chatham
- 60620 45 Auburn Gresham
- 60623 38 North Lawndale
- 60644 36 Austin neighborhood
- 60608 35 Bridgeport
- 60651 33 South Austin
- 60636 33 Ogden Park neighborhood
- 60624 31 East Garfield Park neighborhood; Humboldt Park neighborhood; North Lawndale neighborhood; West Garfield Park neighborhood
- 60637 29 Woodlawn
- 60411 23 Chicago Heights

Disproportionately Impacted Areas (DIA Zip Codes)

- The JI members are coming from and going back to DIA zip codes that face multiple SDOH.
- Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

Examples of these communities look like:

- Lack of safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Lack of Education, job opportunities, and income
- Lack of access to nutritious foods and physical activity opportunities
- Polluted air and water
- Lack of language and literacy skills
- Disproportionate levels of medical care.

WHAT

- Are the needs of the JI members and the program?
- Access to the member.
- Connection with Care Coordination upon release.
- Connection to PCP and appointment.
- Completion of an HRS/HRA.
- Connection to SDOH resources.(Housing, employment and education resources).
- Create partnership with other services agencies housed in the jail.
- Connection to parole officers, for contact information
- HELP/FRESH START

What are our CHALLENGES

Delay in approving members before release.



Currently no soft hand off from jail to County Care staff.



Jl Members not housed at address on record or no phone contact.



Stigma of being a Jl member.

WHEN

- The plan will be rolled out in 3 phases, with current REDE targeted events to attract the most members.
- 1st Based on Illnesses and Claims
- 2nd Based on DIA Zip Codes and Race
- 3rd Based on DIA Zip Codes and Ages

The Time is Now!

Risk Levels

- Level 1= 636
- Level 2= 17
- Level 3= 24
- Blank or Unassigned = 72
- With this population being involved in the JI system there is a need for an updated risk stratification.
- The JI members need to get the attention and services they need Right now to improve their health and quality of life!

Intervention & Approaches

- How do I help them?

Trauma Informed Care

- Trauma-informed care shifts the focus from *“What’s wrong with you?”* to *“What happened to you?”*
- A trauma-informed approach to care acknowledges that health care organizations and care teams need to have a complete picture of a patient’s life situation — past and present — in order to provide effective health care services with a healing orientation.
- Source: <https://www.traumainformedcare.chcs.org/what-is-trauma-informed-care/>

What are the principles of trauma-informed care?

Following are recognized **core principles** of a trauma-informed approach to care that are necessary to transform a health care setting:



Safety

Throughout the organization, patients and staff feel physically and psychologically safe



Trustworthiness + Transparency

Decisions are made with transparency, and with the goal of building and maintaining trust



Peer Support

Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery



Collaboration

Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making



Empowerment

Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma



Humility + Responsiveness

Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

Harm Reduction

- Harm reduction puts people first.
- The movement is centered in respect and compassion, rather than coercion and punishment. Total abstinence is not required to receive harm reduction services. There are several core principles, including meeting people where they are, encouraging any positive change, and including people with lived experience of addiction and drug use as leaders and decision-makers within harm reduction spaces.
- Meeting the members/clients where they are at!



Previous Questions Asked

- Are there any resources with the program?

There are the resources that all CountyCare members have and currently there are some resources available through referral partners.

- Can we find out their crime?

Yes, if the offender was convicted that information is public. (Safety concerns)

- How many is it, or how many will I have?

Currently 999 JI members, it depends.

- How many have substance abuse or MH issues?

There is a high number with MH Issues SA is less known.

- What are the outreach events?

Currently there are the REDE events other are TBD

- Any family resources?

No but we are always looking for additional resources and partners.



Group Discussion

- Q&A



Thank You!

CountyCare JI Contact

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Community and Social Service Manager

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ABA and Autism Spectrum Disorder

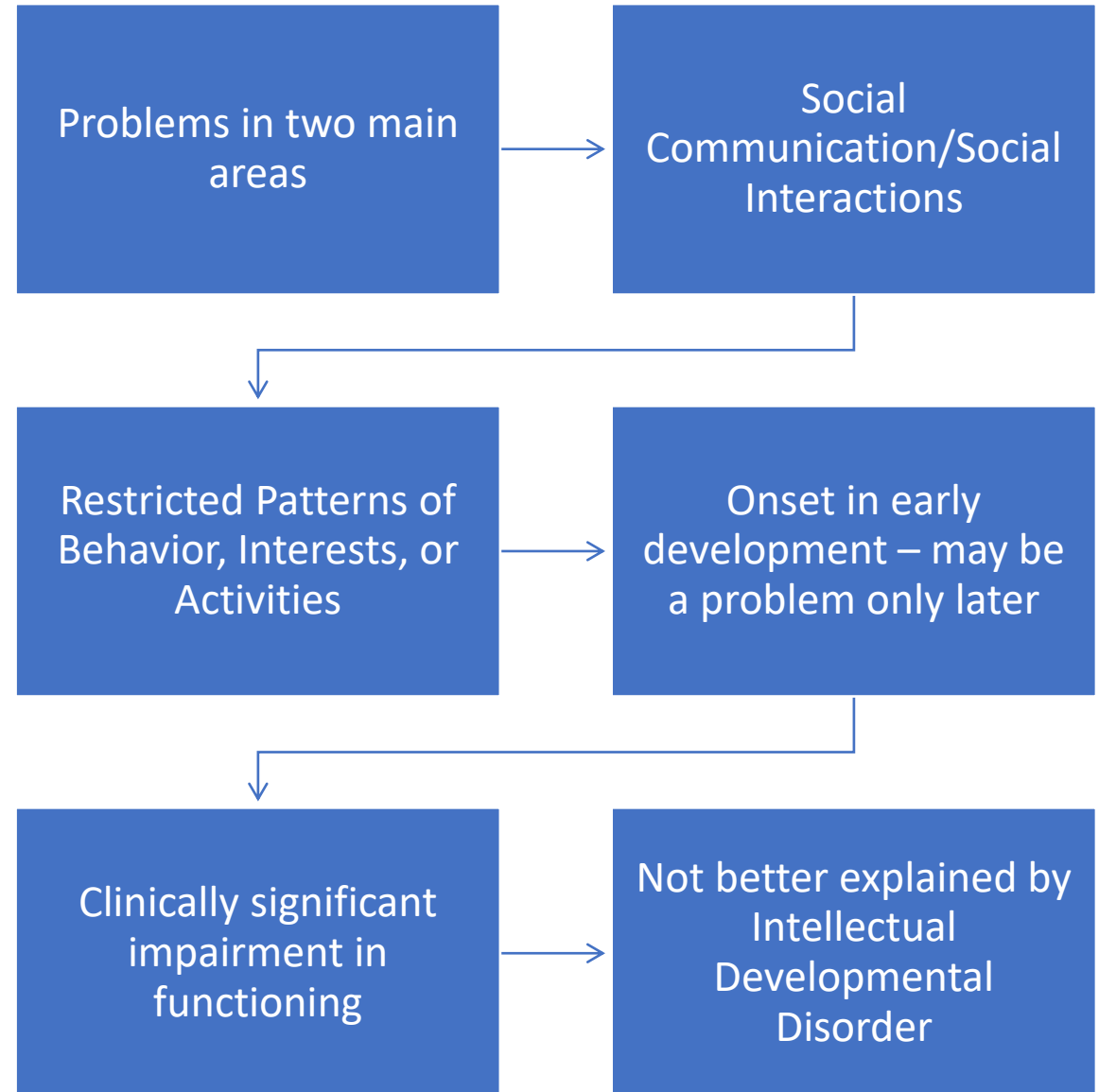
Presented by Dr. William Holmes

ABA Therapy – Used for ASD

- Change in understanding the diagnosis of Autism
- Past – Only severe cases
- Current – The idea of a “spectrum” of severity of symptoms

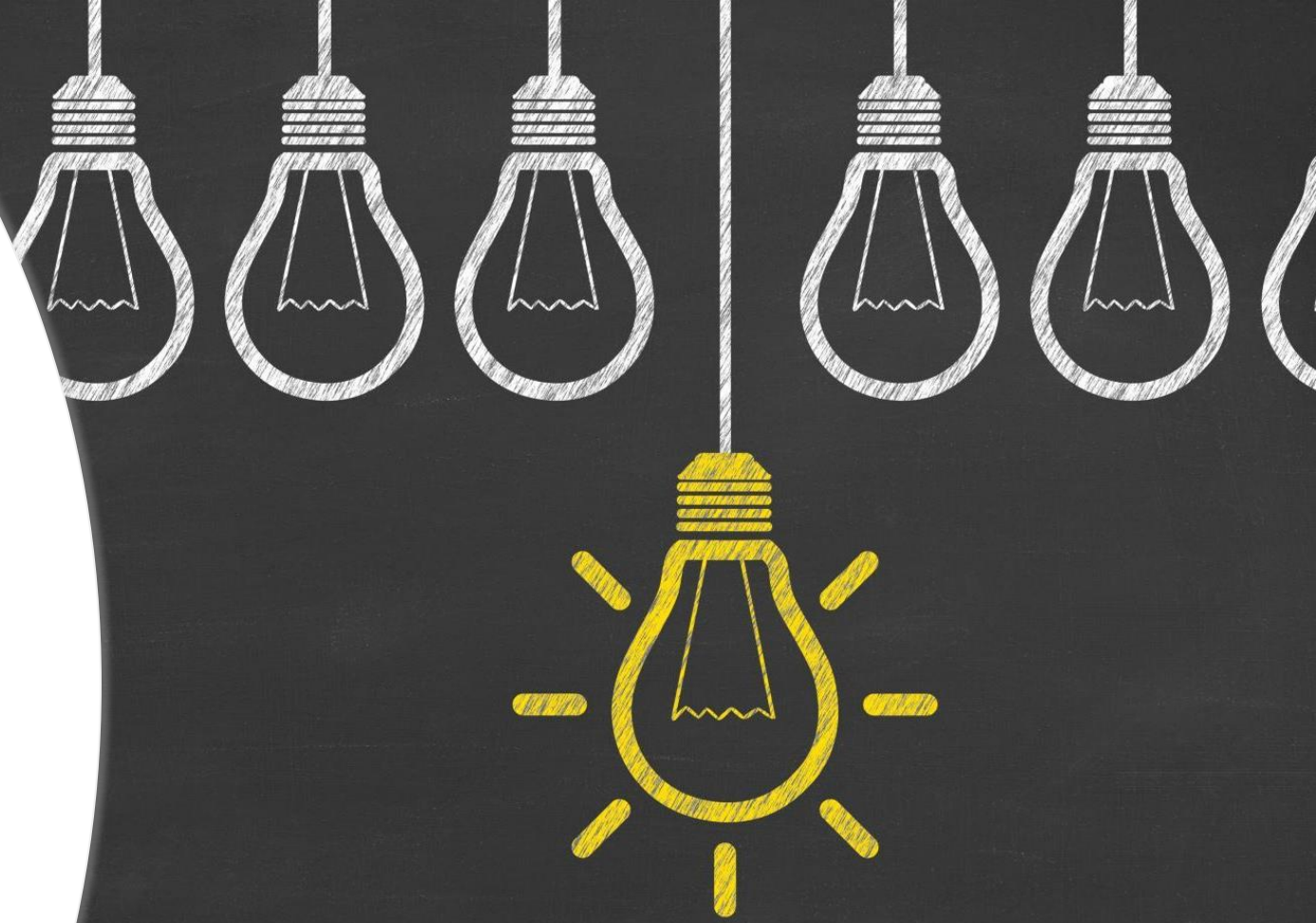


Current Criteria



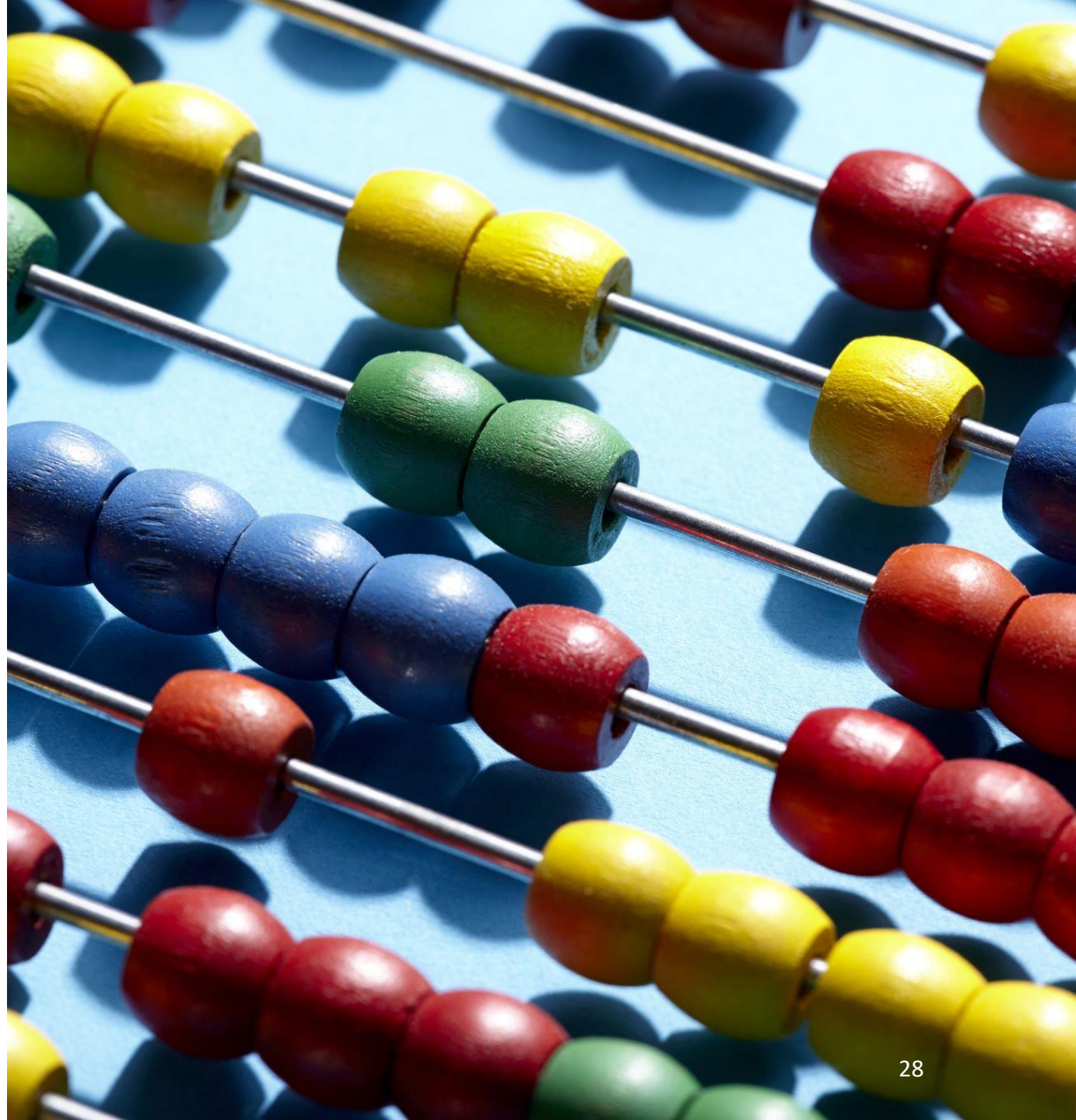
What is ABA Therapy?

- Applied Behavior Analysis
- Behavior therapy is not new
- Basic Idea – Reducing unwanted behaviors (or deficits) and increasing helpful behaviors (or new skills)



ABA Therapy – The ABCs

- Picking a specific problem behavior or a specific deficit
- Determining the ABCs
 - Antecedent – What happens prior to the behavior
 - Behavior – The action (or lack of action) that takes place
 - Consequence – What happens as a result





ABA Therapy – Changing Behavior

- The target behavior should be very specific
- Behavioral change occurs through reinforcement
- Positive reinforcement for desired behavior
- No reinforcement for the problem behavior



ABA Therapy – Assessment and Planning

- A Behavioral Assessment is required prior to starting ABA therapy
- Outcome of assessment
 - Treatment Plan with specific, measurable goals
 - Proposed services and number of units
- Behavioral Assessment is repeated periodically to update the treatment plan – usually about every 6 months



Family Support Program

Presented by Bria Robinson



What is the Family Support Program?

- The Family Support Program provides access to supports and mental health programs for youth with severe mental disturbances.
- The goal of the program is to promote community-based programs, increase family stability and improve clinical outcomes.



What does the Family Support Program cover?



EACH YOUTH ENROLLED INTO THE PROGRAM WILL RECEIVE A FSP COORDINATOR WHO WILL EDUCATE THE FAMILY ON PROGRAM PROCESSES AND REQUIREMENTS AND HELP WITH ACCESSING APPROVED SERVICES.



COMMUNITY MENTAL HEALTH SERVICES PROVIDED BY FSP INCLUDE ASSESSMENT, TREATMENT PLANNING, THERAPY/COUNSELING, COMMUNITY SUPPORT, MEDICATION MANAGEMENT, CRISIS INTERVENTION, AND INTENSIVE OUTPATIENT SERVICES.



FSP YOUTH ARE ELIGIBLE FOR UP TO \$3,000 IN THERAPEUTIC SUPPORT SERVICES AND \$1,500 IN FAMILY SUPPORT SERVICES PER FISCAL YEAR.

Who can participate?

Families must meet the following criteria to participate:

- The parent or guardian of the youth resides in the State of Illinois
- The youth is under the age of 18 at the time a completed application is submitted
- The youth is not under the guardianship or in the legal custody of any unit of the federal, State or local government
- The parent or guardian of the youth agrees to meet the terms of the Program's Parent or Guardian Responsibilities
- The youth demonstrates a severe emotional disturbance
- The youth demonstrates a severity of need indicating that his or her clinical needs are not being met through active participation in traditional outpatient mental health services
- The youth demonstrates sufficient cognitive capacity to respond to psychiatric treatment and intervention
- The youth's history of mental health challenges and treatment efforts demonstrate a chronic condition rather than an acute episode
- The youth demonstrates behaviors or symptoms that are likely to respond to the treatment services available in the FSP.



How can a family apply for FSP?

- Families can receive assistance with obtaining, completing and submitting their application through HFS enrolled providers of SASS.
- Each SASS agency has a FSP Coordinator to help families with the application process.
- The application can be found at: [fspapplication.pdf \(illinois.gov\)](#)
- Completed FSP applications may be submitted to eQHealth for an eligibility determination by:

By faxing the application to 800-418-4039 using the subject line “FSP Application for Review;”

OR

By mailing the application to the following address:
eQHealth Solutions, Inc. Attn: FSP Technical Coordinator
500 Waters Edge, Suite 125 Lombard, IL 60148



County Care Kudos

Presented by Rahab Kiarie





County Care Kudos

Marcie Powers Ross

Community Based Nurse Care Coordinator

Marcie was appreciated by member's spouse for her professionalism in assisting the member navigate and coordinating care while out of state on his travels.

She educate member and spouse on the process so that member could still access care he. needed .

Marcie has remained as resource to the member in case of any barriers

Thank you Marcie.

Announcements

- Next webinar is September 20th, 2023!
- Slides posted on CountyCare Care Coordination Webpage:
 - <http://www.countycare.com/carecoordination>
- Have feedback? Please share.
 - <https://redcap.link/23k1fzzb>



Please email questions/concerns: raphael.daniels@cookcountyhealth.org

