July CM Webinar

Wednesday, July 15, 2026

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Clinical Training Manager

CountyCare
A MEDICAID HEALTH PLAN

Meeting Schedule

Wednesday, July 15th, 2026

1. Bria Robinson – CBH Hedis Measures (10 Minutes)
2. Heather and Attalia Gorini-Backpack-healthcare(a pediatric BH resource)-Attalia Gorini (30 minutes)
3. Staff Kudos***(5 minutes)

CountyCare
A MEDICAID HEALTH PLAN

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)

Why is the APM-E measure important?	Metabolic monitoring is important for children taking antipsychotic medication, given the risk of increased BMI, impaired glucose metabolism and hyperlipidemia.
Who	Members aged 1–17 years old
Definition	The APM-E HEDIS Measure evaluates the percentage of children and adolescents 1–17 years of age who had two or more antipsychotic medications and who had metabolic testing during the year.
APM-E Testing	At least one test for blood glucose or HbA1c and at least one test for LDL-C or cholesterol

Metabolic Testing, Common Diagnoses and Common Medications

- Behavioral type diagnosis: Schizophrenia, Bipolar Disorder, Major Depressive Disorder
- Atypical Antipsychotics: Cariprazine, Lumateperone, Lurasidone, Ziprasidone
- Members need both an A1c or Glucose and LDL-C or Cholesterol
  - Blood Glucose: HbA1C Lab Tests, Glucose Lab Tests
  - Cholesterol: LDL-C Lab Tests, Cholesterol Lab Tests

APM-E Best Practices

- **Schedule member's appointment with their PCP annually** to ensure completion of blood work.
  - Notify PCP that a member is on an antipsychotic medication and share records (e.g. BMI charts, lab results, medication history, and behavioral health provider information)
- Order a blood glucose and cholesterol test every year and build care gap alerts in the electronic medical record (EMR).
- Test blood glucose and cholesterol at a member’s annual checkup or school physical to reduce additional visits.

APM-E Best Practices Contd.

- Educate members and caregivers about the increased risk of metabolic health complications from antipsychotic medications and the importance of screening blood glucose and cholesterol levels.
- Order blood glucose and cholesterol screening tests for members who do not have regular contact with their PCP and within 1 month of changing a member's medication

ADHD Quality Measures

ADD-E — Follow-Up Care for Children Prescribed ADHD Medication

Who	Members aged 6-12
Definition	Evaluates the percentage of members 6–12 years of age with newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication **who had at least three follow-up care visits within a 10-month period**. One visit is required within 30 days of when the first ADHD medication was dispensed. Two rates are reported.
Initiation Phase	Percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who had **one follow-up visit** with a practitioner with prescribing authority during the **30-day Initiation Phase.**
Continuation Phase	Percentage of members 6–12 years of age with a prescription dispensed for ADHD medication, who **remained on the medication for at least 210 days (7 months)** and who, in addition to the visit in the Initiation Phase, had **at least two follow-up visits with a practitioner within 270 days (9 months)** after the Initiation Phase.
Visit Types	Only one of the two visits (after the initial) may be an e-visit or virtual check-in. Note this is not the same as a telehealth/virtual visit.

ADHD Medication

COMMON ADHD MEDICATIONS

simplypsychology.org

STIMULANTS

- Increases levels of dopamine and norepinephrine
- Improves focus, attention, and impulse control
- Considered first-line treatment for ADHD
- Short or long-acting formulations
- Side effects include: decreased appetite, sleep difficulties, headaches, and increased heart rate
- Potential for abuse and dependence

NON-STIMULANTS

- Take longer to work than stimulants
- Aims to improve attention and impulsivity
- Second-line treatment: when stimulants are not suitable
- Side effects include: fatigue, nausea, and mood changes
- Lower abuse potential than stimulants

Common ADHD Rxs

Stimulants

- **Adderall** (Dextroamphetamine)
- **Concerta** (methylphenidate)
- **Ritalin** (methylphenidate hcl)
- **Vyvanse** (Lisdexamfetamine)
- **Focalin** (Dexmethylphenidate)

Non-Stimulant

- **Guanfacine** (Guanfacine hcl)
- Clonidine
- **Qelbree** (Viloxazine)
- **Strattera** (Atomoxetine)

Prescribing Information

- **Is the medication preferred, or does it require a PA?**
- **Is there a shortage?**

- CountyCare Preferred Drug list: CountyCare - 01/01/2024
  - Sometimes the brand is preferred and sometimes the generic is preferred.
  - Some rxs are preferred with a PA.
- CVS Caremark Pharmacy Help Desk at: 1-800-364-6331.

Supporting Members with ADHD

Best Practices & Measure Tips

- Timing of scheduled visits is key based on the prescription day supply to evaluate medication effectiveness, any adverse effects and to monitor the patient's progress.
- **When prescribing a new ADHD medication for a patient:**
    1. Schedule follow-up visits to occur before the refill is given.
    2. Schedule a 30-day, 60-day and 180-day follow-up visit from the initial visit before member leaves office.
    3. Consider scheduling follow-up visit within 14 to 21 days of each prescription.
    4. Consider prescribing an initial two-week supply and follow-up prescriptions to a 30-day supply to ensure patient follow-up.
    5. Review treatment plan regularly and make any modifications if the patient's symptoms do not respond

Supporting Medication Adherence

- ✓Discuss what a patient should do if they have trouble filling their medication.
- ✓Follow up with member to ensure they were able to pick up their medication after their appointment. *Help Troubleshoot any medication issues*.
- ✓*Discuss possible side effects of medications and how to troubleshoot. (i.e if you have a stomachache, try taking medicine after food)*.

Behavioral Therapy

- Helps patients recognize their symptoms and better manage their own symptoms and behavior.
- For younger children therapy teaches parents, teachers, and other caregivers how to give children the support and structure they need. Helps children recognize their symptoms and better manage their own behavior.
- CountyCare Find a Provider Tool: Find Care – CountyCare

Other Resources

- ADHD Fact Sheets & Infographics – CHADD
- ADHD | Psychology Today
- School Changes – Helping Children with ADHD | Attention-Deficit / Hyperactivity Disorder (ADHD) | CDC

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Every Child,
Every Family,
Every Level of Need

Medicaid-first, whole-family mental and behavioral healthcare.

CountyCare
A MEDICAID HEALTH PLAN

July 15, 2026

MEET BACKPACK HEALTHCARE

Since 2021, Backpack Healthcare has been committed to enhancing pediatric behavioral health as both a offering comprehensive clinical services alongside innovative digital tools for **children and families**, with a special emphasis on serving those with Medicaid.

95% of patients access care in 3 days.

- Psychiatry
- Therapy
- Psychological Evaluations
- Clinically-Led Groups
- Parental Support
- Family Counseling

Partnering in Illinois

Schools

Backpack has direct contracts with school districts in other states such as Atlanta PS, Baltimore County SD, and Fairfax County PS.

Health Plans

We partner with Health Plans across Illinois and accept Medicaid, Commercial, and TRICARE.

Health Systems

We partner with Health Systems - from large regional providers like Riveredge Hospital to independent pediatric groups.

Community, Local & State

Community and government agencies partner with Backpack to refer care such as IDHS and DHFS.

Who We Serve

90%
Of patients return after 1st visit

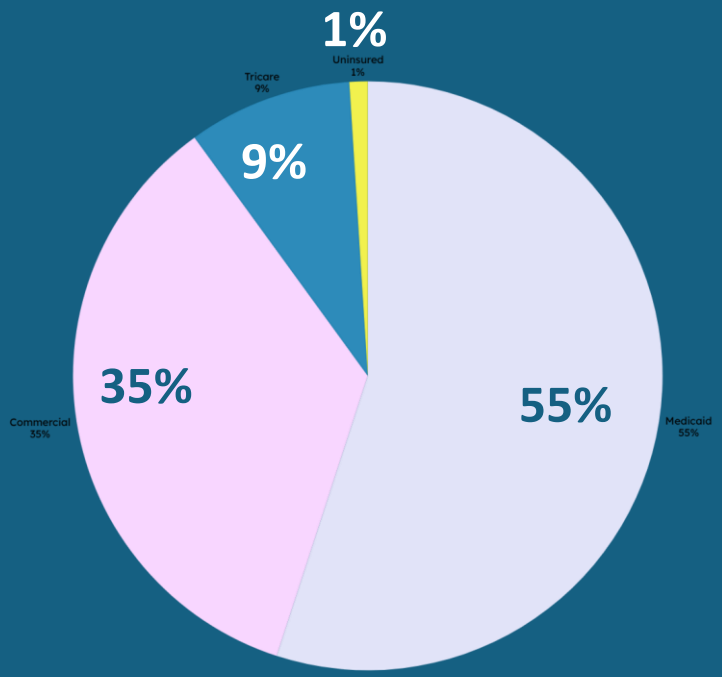
19%
Of patients return to Backpack
After a 2 month gap

33%
Of patients have 17+ sessions

65%
BIPOC clinicians

59%
Of patients are female

64%
Patients <19 years old



Medicaid

Commercial

TRICARE

Uninsured/Self-Pay

Mental Healthcare from Twinkle to Wrinkle

Who We Serve

- Ages 4+
- New or Expecting Parents
- Specialize in pediatrics & families
- Pregnant or Postpartum
- All acuity levels for outpatient care
- insurance (including

Services

- Psychiatry
- Therapy
- Clinically-Led Groups
- Family Counseling
- Parental Support
- Psychological Evaluation

Diagnoses Treated

- Planned / Unplanned Child Loss
- Neurodevelopmental Disorders
- Sexual Disorders
- Mood Disorders
- Identity & Self-Esteem Challenges
- Eating Disorders
- Anxiety Disorders
- Bullying & Trauma
- Behavioral Disorders
- Substance Use Disorders
- Personality Disorders
- Family Conflict
- PMAD
- Pregnancy & Birth Transition

Clinical Excellence, Grounded in Evidence

Evidenced-Based Practices

- MATCH-ADTC
- CBITS/Bounce Back
- A-CRA (adolescent SUD)
- CALM (safety planning)
- CBT
- DBT
- TF-CBT
- Play Therapy
- PCIT

Clinical Oversight

- Licensed LCSW-C and LCPC clinicians; supervised LMSW and LGPC staff
- Structured weekly supervision and case consultation
- Measurement-based care: PHQ-9, GAD-7, PSC-17 assessed at intake and reassessment intervals
- Ongoing training and licensure application to support newer clinicians with the path to full licensure

	NATIONAL AVERAGE	BACKPACK	IMPACT
 Anxiety Impact Reduction in Anxiety (GAD-7) Scores	40% Reduction	77% Reduction	Cost Avoidance
 Depression Impact Reduction Depression (PHQ-9) Scores	45% Reduction	70% Reduction	Cost Avoidance
 Wait Times Average length of time to first outpatient BH appointments	42 Days	5 Days	HEDIS Gap Closures **AMM, ADD, FUM, FUA, and others**
 Cultural Sensitivity Accounting for cultural differences in the care delivered	10-20 Languages	250+ Languages	Compliance
 Net Promoter Score Providing the highest customer experience	+38-58	+77	User Engagement

Crisis Intervention Outcomes

77%

Of patients with crisis-level anxiety symptoms see improvement
≥ 15 GAD-7 score

4.82

Provider Satisfaction Score
(Out of 5)

77

Patient NPS
vs. 58 healthcare industry standard

82%

Of patients with crisis-level depression symptoms see improvement
≥ 20 PHQ-9 score

90%

Of respondents rated their clinician a full 5 out of 5

The Bottom Line

We serve a hard-to-reach population. When we reach them, they stay.

The result: lower anxiety and depression, and reduced overall healthcare costs.

GRACE AGE 8

DEATH IN THE FAMILY

“**Dad was** the pillar of the family.”

Daughter is refusing to go to school. Not wanting to leave mom. Unable to sleep in her own bed anymore. Behavioral defiance/not listening to her mother.

Mother is grieving. Lacks bandwidth to discipline. Disrespected by child.

Grief **Behavioral regulation** **CBT Strategies**

Grace’s Journey

KEY INSIGHT

Grace would wake up each morning looking for dad

TRIGGER PATTERN

Realizing dad wasn’t there would “send her whole day”

CLINICAL BREAKTHROUGH

Morning grief reaction driving all behavioral issues

WEEKS 2–8

Weekly therapy. Things shift.

Created morning rituals to manage grief triggers.

Developed bedtime rituals for independent sleeping.

MILESTONE

Reassessment. Real movement.

CBT strategies for emotional regulation.

Room organization and creating safe spaces in her actual environment.

FAMILY SUPPORT

Empowerment in parenting during crisis.

Mom gets grief education and behavioral strategies for discipline.

Individual sessions to *support* mom, not treat.

LONG-TERM

Success. Grace returns to sleeping in her own bed.

Environmental mastery by creating a sustainable bedroom environment to support healing.

Improved mother-daughter relationship and household structure.

From Pre-Twinkle+

A specialized virtual care track serving teens, women and families across the full reproductive journey, from fertility and family planning through pregnancy, birth, and the postpartum period.

Perinatal Mood Disorders

Evidence-based therapy and medication management, guided by digital screening and data to deliver personalized care at home.

Pregnancy & Birth Transition

Therapeutic support to help members navigate identity shifts, birth trauma, and emotional adjustment during pregnancy and postpartum.

Reproductive Loss & Grief

Compassionate, trauma-informed care for miscarriage, stillbirth, and infertility, providing structured grief support and healing resources.

Parenting & Attachment

Therapy and coaching to strengthen parent-child bonding, emotional regulation, and caregiver confidence through practical, skills-based support.

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Supporting Foster Families

Mental and behavioral health is a large unmet health need for the over 18,000 children and teens in Illinois foster care.

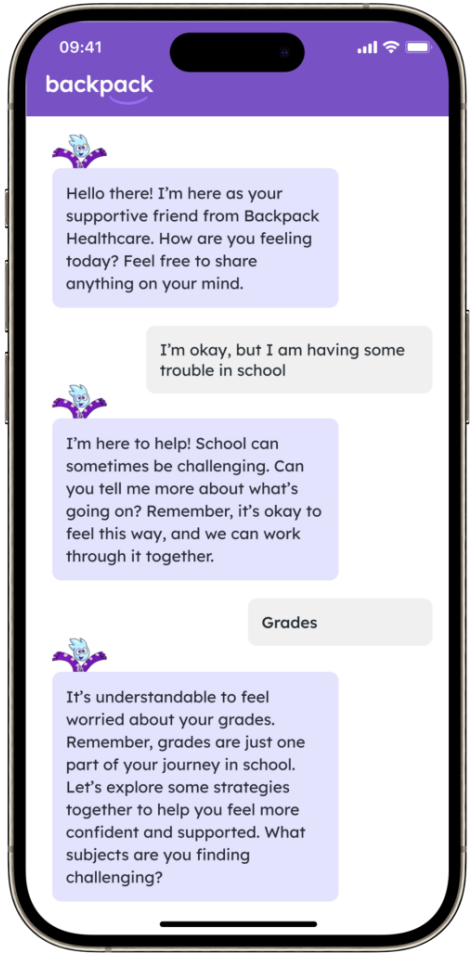
That’s why we’re here.

With the right care team, therapy can be transformative. Our diverse teletherapy team is licensed in youth and family behavioral and mental health, including cognitive talk therapy and medication management/psychiatry.

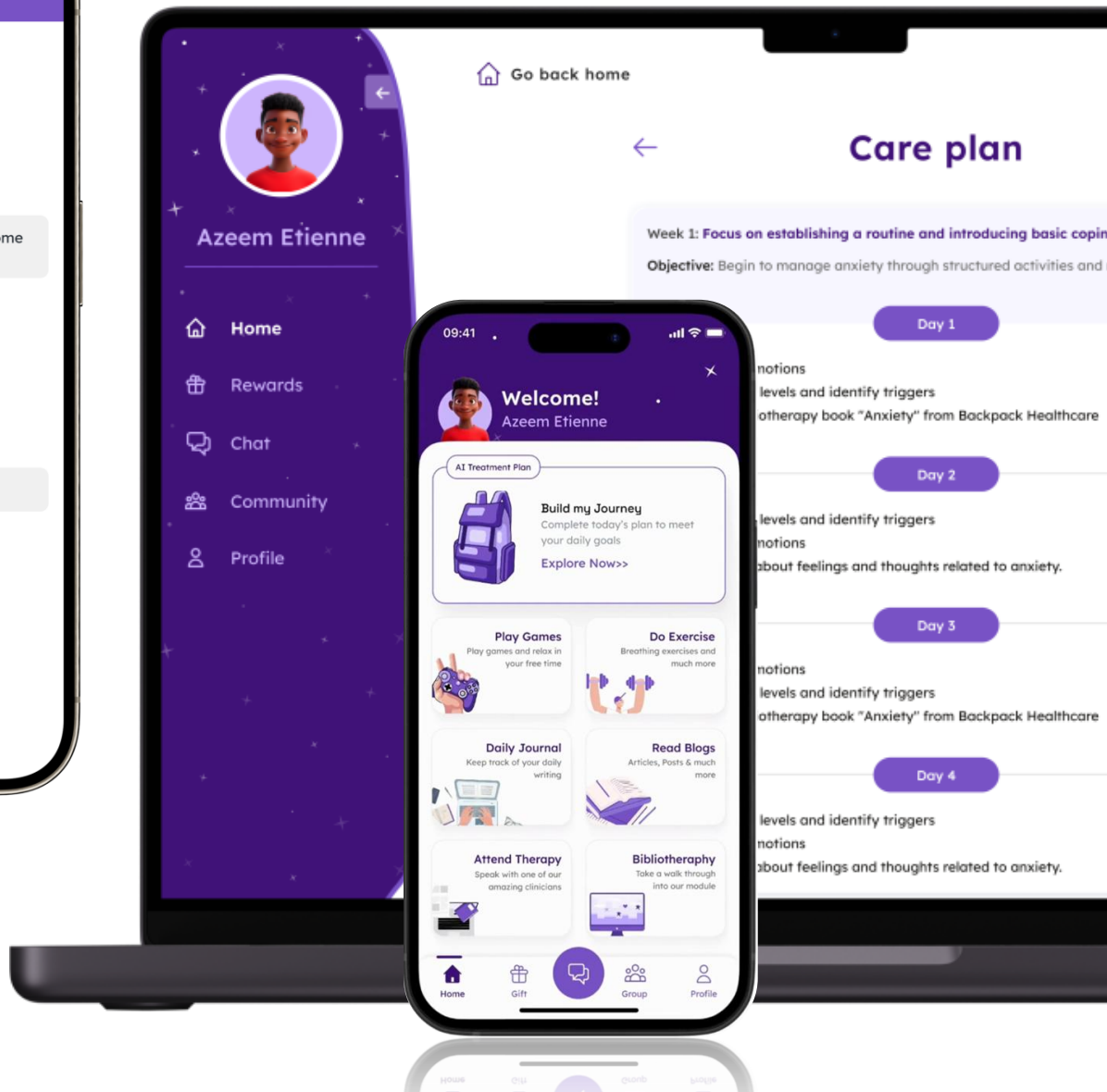
- **Immediate virtual access to trauma-informed pediatric and family therapy**
- **Continuity of care across placements and geographic moves**
- **Support for foster parents on attachment, regulation, and behavioral strategies**
- **Measurement-based care to track outcomes and ensure progress**

Care Companion

24/7 AI Chat Feature



Patient-Generated Treatment Plan… and much more!



IMMEDIATE ACCESS TO BACKPACK

Referral Flow → Member Journey

1

Request an Appointment

Online at hellobackpack.com/refer-a-patient/
OR
866-968-6342
Mon-Fri 8am-7pm EST
Sat-Sun 8am-12pm EST
(avg wait time to speak to a rep <1 min)

2

Care Coordinator Outreach to Member

100% outreach within 24 hours, 7 days a week

Outreach via:
SMS
Telephone
Email

3

Provider Matching & Consents

Our advanced matching algorithm ensures each patient is paired with the most suitable provider based on their needs (culturally aligned care). Consents are sent out prior to intake.

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IMMEDIATE ACCESS TO BACKPACK

Referral Flow → Partner Experience

1

Intake

A comprehensive assessment with a Backpack clinician to evaluate strengths, emotional and behavioral needs, daily functioning, family history, concerns and treatment goals.

2

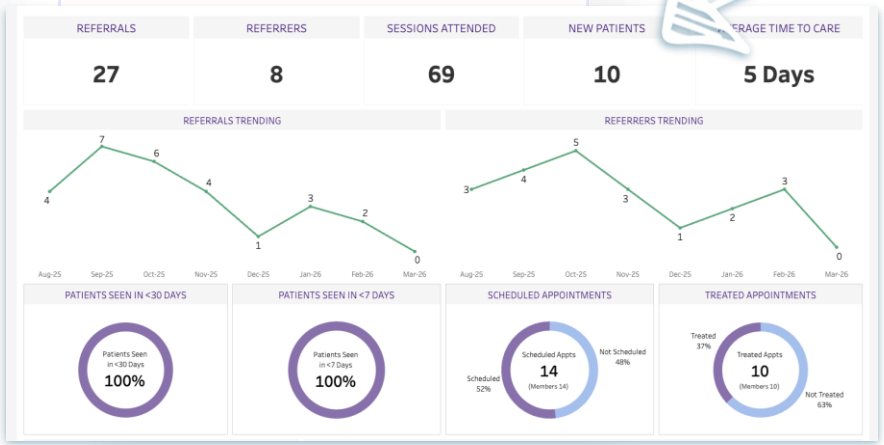
Treatment

The clinician creates an individualized treatment plan including emotional and behavioral goals, therapy skills, home strategies, safety considerations, and session frequency. (Psychiatric care, if needed)

3

Reporting

Monthly or quarterly we provide reporting on engagement and outcomes.



Questions?

New Patient Appointments Available Next Week
IL Therapy & Psychiatry

Partner Success

Heather.Torres@hellobackpack.com

Escalated questions and aggregate reporting.

Care Coordination

scheduling@hellobackpack.com
records@hellobackpack.com

Member/patient specific questions.

Referrals & Scheduling

hellobackpack.com/refer-a-patient/

866-968-6342

Mon-Fri 8am-7pm EST
Sat-Sun 8am-12pm EST
(avg wait time to speak to a rep <1 min)

Patients and Families Love Us

> I went in feeling anxious, overwhelmed, not wanting to be there...but the space created was very warm and positive. I felt very comfortable opening up and i just felt better in the end. We also talked about some solutions to my frequent social anxiety problems especially during interviews...which gave me hope that I can probably overcome whatever it is that I am going through.

> Amazing therapist. Able to form a bond with a child who can never build bonds with those outside the family. Can not say enough about how amazing my son's therapist has been.

> She's been a very caring and understanding therapist for my daughter. I'm surely sticking with her throughout my child's growth.

> For once someone actually listened to my issues and didn't say I need medication to fix what was wrong with me.

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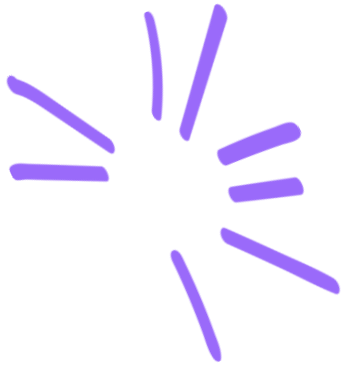

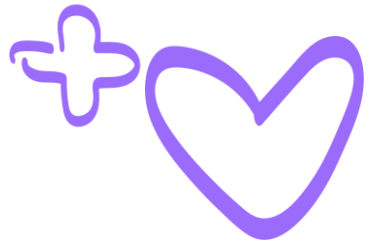

Children specialized. ***Whole-family optimized.***

Q1 2026

Thank You

County Care Kudos

Nicole Oquist –Manager of Care Coordination at Access

Katalina Trujillo worked closely with an older adult patient who was financially experiencing exploitation from family members. She developed a trusting relationship with them which allowed for the patient to disclose the situation to her. She reported the case to APS and collaborated with the patient's care team as well as the SSI department on ensuring the patient received their funds directly and was no longer mailed. She also outreached the local USPS to establish additional security on the patient's mail delivery system. Her dedication to the patient's wellbeing, creative troubleshooting, and fostering a trusting relationship allowed for the elimination of exploitation and a safer living environment. We are honored to acknowledge her hard work with this patient!

Announcements

- Our next webinar is Wednesday August 19th at 2:00pm.
- Slides posted on CountyCare Care Coordination Webpage:
  - http://www.countycare.com/carecoordination (we are working on access here)
- Have feedback? Ideas for future topics? Please share!
  - stephanie.nickles@cookcountyhealth.org