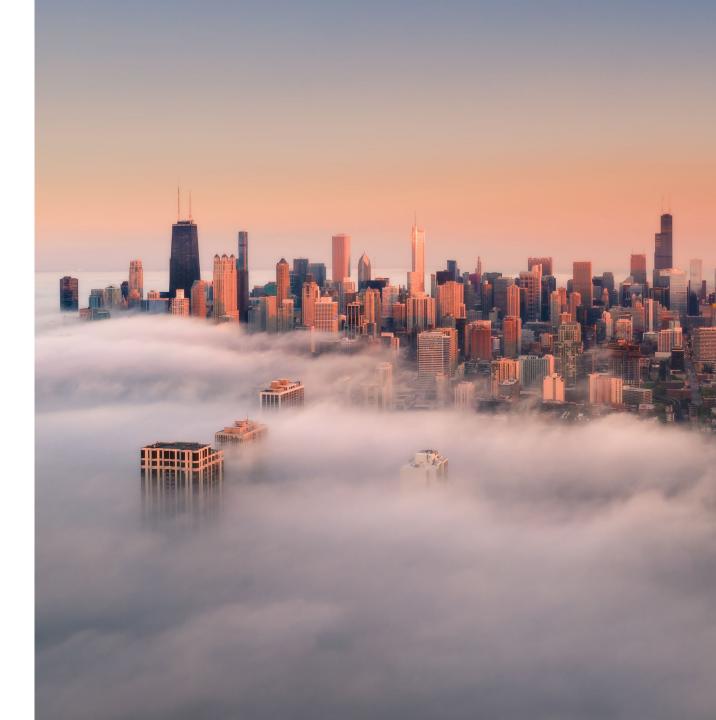


## Weathering the Elements

Current Ecosystem, Challenges and Strategies to Meet the Moment



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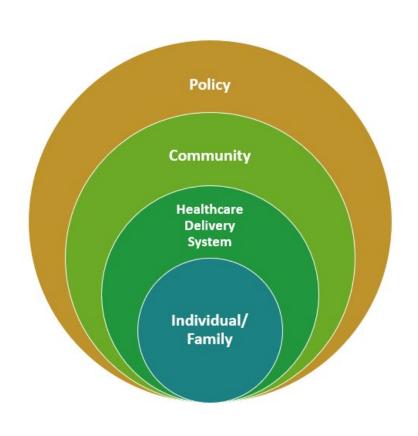
### **DISCUSSION PURPOSE**

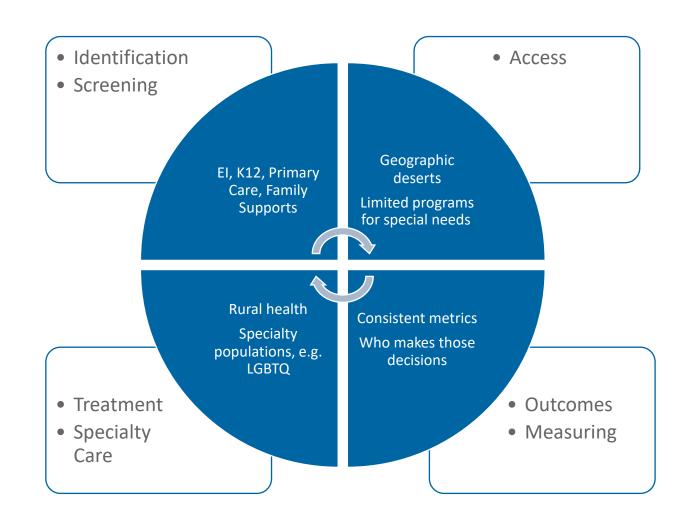
### Weathering the Elements:

- Understanding the current ecosystem
- Planning for expected challenges
- Responding with bold strategies to meet this pivotal moment



### SOCIOECOLOGICAL MODEL: IMPACTING IDENTIFICATION, ACCESS, TREATMENT & OUTCOMES FOR CHILDREN & YOUTH





### **POLICY INPUTS: FEDERAL, STATE & LOCAL**







HR1 RHTP MAHA SAMHSA Pathways to
Success
SB 1560
Children's BH
Transformation

Local 1115
Waiver
implementation
Other local
initiatives

### **FEDERAL**

### $\gg$ What it is:

- >> Major federal budget and reconciliation act passed in July 2025
- >> Key provisions relevant to children and families:
  - >> Changes in Medicaid/CHIP financing and eligibility (expanding work-reporting requirements, more frequent eligibility redeterminations)
  - >> Provider tax restrictions, state-directed payment changes
  - >> Potential cuts or realignment in support programs (nutrition, early childhood, etc.)

### >> Possible Impact on Illinois:

- >> Risk of coverage losses for families/children
- >> Increased administrative burden on state systems

### **RURAL HEALTH TRANSFORMATION PROGRAM (RHTP):**

### $\gg$ What it is:

>> As part of HR1, RHTP is a \$50B fund for rural healthcare provider transformation to improve access in rural areas, support providers and technology, workforce, prevention/chronic disease management

### >> Relevance for children/families:

- >> Rural mental/behavioral health access
- >> Opportunities to leverage resources for
  - >> Telehealth
  - >> Transportation
  - >> Workforce investments for rural health centers/services

https://www.cms.gov/priorities/rural-health-transformation-rht-program/rural-health-transformation-rht-program

#### MAHA "MAKE OUR CHILDREN HEALTHY AGAIN"

- >> 2025 MAHA Commission strategy to curb childhood chronic disease (e.g., diet, environmental exposures, overmedicalization, stress/physical activity).
- >> Proposals include defining "ultra-processed food," stronger oversight on dyes/marketing, NIH chronic disease task force; critics flag limited pesticide action.
- >> IL implications: school nutrition & messaging, pediatric primary care integration, cross-agency prevention aligned with Medicaid & schools.

#### SAMHSA POLICY AGENDA

### >> What it is:

- >> Move away for the four pillars:
  - >> Harm reduction integrated with treatment and recovery
  - >> Person- and community-centered care that elevates lived experience and addresses inequities
  - >> Crisis response that diverts from jail and hospital whenever safe
  - »Rigorous, transparent science
- >> Moving the system of care backwards towards:
  - >> Preventing substance misuse without investment into prevention
  - »Addressing serious mental illness without focus on youth
  - >> Expanding crisis intervention but with law enforcement vs community/clinical team
  - >> Improving access to evidence-based treatment
  - >> Focus on sobriety and abstinence only
  - >> Warns against "any unlawful focus on specific populations"

### STATE

#### PATHWAYS TO SUCCESS

### >> What it is:

- >> Existing program for Medicaid-enrolled under-21 children with complex behavioral health needs
- >> Meant to provide intensive care coordination & home/community-based services

### >> Current status:

- >> Limited number of statewide providers contracted for this services
- >> Existing contractors challenged with limited programs

# 1115 HEALTHCARE TRANSFORMATION WAIVER

- Applicable approved areas for current implementation:
  - >>Includes new permitted services under Medicaid to address HRSN housing, food insecurity, re-entry, respite

### CHILDREN'S BEHAVIORAL HEALTH TRANSFORMATION INITIATIVE (CBHTI):

- >> What it is:
- >> State initiative to build coordinated, integrated behavioral health care systems
  - >>K12
  - >> Early Intervention & Child Find
  - >> Family and primary care
  - >> Health systems / hospitals

https://gov.illinois.gov/content/dam/soi/en/web/gov/documents/24-illinois-childrens-behavioral-health-transformation.pdf

#### SB 1560: UNIVERSAL MENTAL HEALTH SCREENING IN SCHOOLS

### >> What it is:

- >> Requires Illinois public school districts to offer annual mental health screening tools free of charge to students in grades 3-12, starting 2027-28.
- >> Provides model policies, guidance, training, confidentiality, options for opt-out, alignment with the BEACON portal (Behavioral Health Care & Ongoing Navigation) to link to resources.
- >> First state in U.S. to require this universal screening in that manner.

### MEDICAID MANAGED CARE PROCUREMENT

>> HFS is in process of procuring/renegotiating Managed Care Organization (MCO) contracts (HealthChoice Illinois, MMAI etc.). The procurement code, listening sessions, stakeholder input are parts of this.

### FEDERAL CHALLENGES/OPPORTUNITIES

Policy	Challenges	Opportunities
H.R. 1	Risk of coverage losses; administrative burden; state capacity to implement new rules; possible cuts in critical programs.	Could prompt states like IL to strengthen eligibility systems; opportunity to better track disparities; push for transparency.
RHTP	Ensuring rural providers have capacity; workforce shortages; technology infrastructure costs; sustain funding beyond pilot periods.	Expand telehealth; build local provider capacity; improve access in underserved areas.

### STATE CHALLENGES/OPPORTUNITIES

Policy	Challenges	Opportunities
1115 Waiver	Complexity of integrating non-medical social services; ensuring accountability; aligning payments; potential delay or resistance in implementation.	Big chance to address root causes (housing, food security); redesign care delivery; better outcomes and cost savings.
Pathways to Success / CBHTI	Workforce capacity; coordination among multiple agencies; ensuring home/community-based services are available; measuring outcomes.	More family-driven care; reduced institutionalization; better school and community outcomes.
SB 1560 (Screening)	Ensuring quality of screening tools; privacy and stigma concerns; sufficient downstream services for those screened; funding and training for schools.	Early detection; better mental health outcomes; integrating support in schools; reducing crisis burden.
Medicaid Procurement / Managed Care Contracts	Ensuring equity in contracting; making sure quality is maintained; maintaining provider networks; avoiding gaps during transitions.	Opportunity for innovation; contracting value-based care; requiring social determinants responsiveness; greater accountability.

### CONCLUSION

