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Meeting Minutes of:

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
Social and Emotional Learning Committee

Friday
March 23, 2018
11:00 a.m. – 1:00 p.m.

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| IDPH Offices 69 W. Washington 35th Floor Chicago, IL | IDNR Building One Natural Resources Way Lower Level Springfield, IL |
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Attendees

| Members in Attendance | Guests and IDPH |
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| Allison Schuck Amy Starin Barbara Bayldon Maryam Brotine Brianne Daubenspeck Lisa DeVivo Brenda Huber Jamilah Jordan Sandra Lawinger Shannon Lightner Andrea Palmer Tanya Dworkin Jean Becker Conny Moody Virginia Reising Becky Doran Andria Goss | Gene Griffin Jessica Hoffen Audrey Stillerman Jennie Pinkwater Alexander Smith Marie Irwin John Stallworth Jaclyn Driscoll Melaney Arnold |
| | Members Not In Attendance |
| | Monica Spence Cynthia Tate Jeff Aranowski Bambi Bethel-Leitschuh Lisa Betz Shawn Cole Juliana Harms Kati Hinshaw Judith Howard Jennifer Jaworski Molly Lamb Brandy Lane |

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Motions

None

Introductions

Facilitator Annette Charles called the meeting to order at approximately 11:00 a.m. and read the list of Committee members.

Minutes

This was the first meeting of this Committee, so there were no minutes to approve.

Agenda Items

1. Welcome and Level Setting (IDPH)

- a. Shannon Lightner provided level setting and background on what DPH has done to date and who DPH has spoken with to ensure that no duplicative or conflicting work is being done; DPH has looked at some of the tools available to determine what is reimburseable; DPH decided to hire meeting facilitators to ensure the meetings of this Committee are effective
- b. Tanya Dworkin reviewed the rules process and timeline; advised that DPH cannot implement the rules until they're effective; anticipated timeline is 12-18 months from when DPH starts drafting the rules
- c. Shannon Lightner provided a review of what the rules do and don't do

2. Facilitated Discussion (Facilitators and Committee Members)

- a. Definition of Screening
 - i. Review of Proposed Definition
 1. Committee agreement that no substantial pieces were missing from the proposed definition
- b. Parameters for consideration to ensure clarity/feasibility for implementation
 - i. Who may administer the screenings?
 1. Flexibility is required
 2. Discussion of who may interpret the screenings
 3. Suggestion made to review how lead screenings are done as a possible starting point
 - ii. Where can the screenings be conducted?
 1. Flexibility is required, but keep confidentiality in mind
 2. General consensus that the preference is a medical home
 - iii. Who should receive a copy of the results?
 1. The parents
 2. Suggestion that the parents can determine whether schools can have access, though the statute expressly states schools cannot get a copy of the SEL results
 3. Two part question: (1) Did the child screen positive; (2) In which areas did the child screen positive
 - iv. What laws govern privacy in various settings?
 1. HIPAA
 2. Mental Health Confidentiality Act
 3. It depends on the child's age; Children over 12 can access their screens
 4. FERPA
 - v. How should we articulate expectations for different age groups/grade levels that might need different screenings?

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1. Group discussion; No real consensus; It could vary with age or we could pick one screener that covers all age groups so a child can be monitored over the course of years
2. Need to educate providers on tools and requirements
- vi. Are there populations who aren't required to complete the screenings?
 1. No consensus
- vii. How should the results of the screenings most usefully/practically be included in the child health examination form?
 1. No consensus, but some suggestion that we use the space already allocated for mental health and don't separate out social/emotional from the rest of the health information
- c. Age-Appropriate Screening Tools
 - i. Criteria?
 1. Free/low cost and efficient, easy to score
 2. Inclusivity
 3. Consistent with ISBE standards and AAP recommendations (per statute)
 4. Cultural and linguistic
 - d. Concerns about Implementation
 - i. Primary Concerns? Suggestions for guidance?
 1. Where are children referred after a positive screen?
 2. What resources are available after a positive screen?
 3. How to support parents after a positive screen?
 4. Provider training on how to screen and interpret
 5. It will take up to 10 years to get providers and community to reach full buy-in
 6. Consider having focus groups and interactive conversations
 - ii. What key terms must be defined in the regulations?
 1. Validated screening tool
 2. Culturally and linguistically sensitive practices
 3. Screening – what it is and what it isn't
 4. Results v. Protocol
 5. How to fill out the child health examination form
 6. Clarify whether this is a child find issue (look at ADA and IDEA)
 7. Qualified school personnel

3. Public Comment

- a. Gene Griffin with Illinois Children's Mental Health Partnership: HFS has a consent decree related to early identification for Medicaid-eligible children, which overlaps with the SEL screening requirement; Request for this committee to work with HFS to avoid setting up conflicting requirements

4. Final Comments

- a. Suggestion to think not only in terms of implementation but guidance for non-English speakers
- b. Suggestion to also think about cultural appropriateness
- c. Suggestion to consider whether tools have been validated for different races, ethnicities, etc.

5. Closing / Next Steps

- a. Public comment may be submitted to DPH at DPH.MCH@illinois.gov until April 6, 2018; Public comments will help create next agendas
- b. Next meetings of this committee are May 7 and June 22, and then regulations will be developed

Adjournment