

Illinois Children's Mental Health Partnership, FY18 Annual Report to the Governor

October 9, 2018

Dear Governor Rauner,

On behalf of the members and partners of the Illinois Children's Mental Health Partnership (ICMHP), I am pleased to present you with our thirteenth Annual Report. This report will review the Partnership's participation in multiple projects involving children's health, including child trauma and mental health issues.

The primary issue affecting the work of the Partnership this last year centered on administrative changes. During the last year ICMHP began a transition to a new fiscal sponsor and workspace. In January, we moved to Lurie Children's Hospital. The institution has been a welcoming and gracious host. However, the required state contract and related funding (see the ICMHP FY16 Annual Report for a discussion of the budget issues) was delayed. This meant that the Partnership could not move forward on some activities and could not hire staff. ICMHP received the state funding this month and the Partnership is now prepared to start moving forward with hiring and additional activities. Due to the delays, this report will be briefer than previous reports.

Last year's Annual Report looked at the prevalence of children's mental illness in Illinois and the availability of mental health resources. These have not changed significantly. While several agencies and programs in the state did significant work related to children's mental health this past year, the Partnership's overall recommendations remain the same as last year. ICMHP recommends that, in the next year, Illinois focus on (1) assessing the data; (2) building upon current children's programs to address trauma; and (3) developing a children's system of care.

ICMHP stands ready to help the state in moving this agenda forward. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Gene Griffin". The signature is written in a cursive, flowing style.

Gene Griffin, J.D., Ph.D.
Chair, ICMHP

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NOTE: The Partnership represents multiple parties and interests. Some Partnership members, such as legislators and those representing State agencies, may recuse themselves from taking official positions on public policy. Positions taken by the Partnership as a whole do not necessarily reflect the views of all members of the Partnership.

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1. Illinois Children's Mental Health Partnership Activities

A. Administration- A significant portion of ICMHP's time and energy in the last year was spent on internal administrative issues. After vetting institutional candidates, the Executive Committee voted to pursue Lurie Children's Hospital Center for Childhood Resilience as the new fiscal sponsor based on alignment of mission and goals, strong reputation and existing relationship with the State. The Partnership moved to Lurie Children's Hospital in January 2018. This involved applying for state funding and moving over \$1million in existing contracts and programs related to the Early Childhood projects, described below. The new state funding, which began this September, will allow the Partnership to fill its two staff positions, both of which are currently vacant. This move to Lurie is a significant improvement for ICMHP and will allow the Partnership to more effectively focus on children's mental health issues in the future.

B. Hosting- ICMHP hosted four Executive Committee meetings and four full Partnership meetings. These meetings focused on statewide, cross-system issues related to children's mental health. ICMHP also hosted eight stakeholder meetings focused on tracking, analyzing, and recommending policy changes related to children's mental health. The Partnership distributed its FY17 Annual Report which can be found on the ICMHP website (<http://icmhp.org/about-icmhp/annual-reports/>).

C. Collaboration- Partnership members collaborated with many other committees and agencies, including the Social Emotional Screening Stakeholder Advisory Group, led by the Illinois Department of Public Health, Project AWARE State Management Team, led by the Illinois State Board of Education, and the Illinois Childhood Trauma Coalition (ICTC). ICMHP co-chaired a Stakeholder Input Group hosted by the Illinois Department of Healthcare and Family Services, related to its federal consent decree, *NB v Norwood*, which addresses children's mental health services for Medicaid-eligible children in Illinois. The Partnership assisted in the planning of the Illinois Birth to Three Working Conference, hosted by the Department of Children and Family Services in November 2017, in Springfield. Recently, the Partnership agreed to participate in the Illinois Collaborative Team for the Healthy Schools, Promising Futures Learning Collaborative, which will focus on expanding access to school health services through Medicaid reimbursement.

2. Early Childhood

A. Early Childhood Committee- There is a very active community of professionals interested in early childhood issues in Illinois. The Partnership's Early Childhood Committee (ECC) is creating a cross-walk of the various early childhood mental health efforts in Illinois. This includes establishing consistent definitions related to infant mental

health and creating universal materials and trainings that all State systems can use to reference when addressing early childhood mental health. The ECC has been working closely with the Illinois Association of Infant Mental Health (IAIMH) on these definitions and the ECC will be the cross-systems convener to vet these materials.

B. Mental Health Consultation Initiative- The Mental Health Consultation Initiative (MHC Initiative) began Phase III on October 1, 2017. The Partnership has been the lead on this project since 2015, and continues to convene a group of over 40 early childhood and mental health leaders to work on the goal of creating a cross-systems approach to infant/early childhood mental health consultation. In FY18, the Partnership secured funding from eight philanthropic partners to support this work, with a three-year project budget estimated at \$1.8 million. Additionally, public partners with Department of Human Services, the Department of Public Health, the Illinois State Board of Education, the Chicago Department of Public Health, and the City of Chicago Department of Family and Support Services have all committed to participating in a pilot.

The Initiative has received significant national attention. ICMHP's Managing Director, Alli Schuck, participated in a national webinar specifically related to project financing, and Linda Delimata, a member of the project team, spoke about the project at the Center of Excellence for Infant/Early Childhood Mental Health Consultation. Additionally, the Center of Excellence selected Illinois to be one of 8 states to receive ongoing technical support around I/ECMHC expansion and sustainability.

C. Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Mental Health Consultation Project- The MIECHV Home Visiting Mental Health Consultation Project provided mental health consultation to MIECHV home visiting programs, working with over 45 programs across the state. In addition to already established trainings on maternal depression, maternal substance use, and domestic violence, FY18 added a new training module "I Can Parent, Too" which addresses the unique needs of working with parents and family members with intellectual challenges. Also, the Partnership continues to consult with the Illinois Pregnant and Parenting Youth in Care (IPPYC) project, which connects home visiting programs with the Department of Child and Family Services to provide services to young mothers in care. Recently, because of all these efforts, Prevent Child Abuse Illinois named the Partnership it's 2018 Illinois Home Visiting Leadership Award recipient.

3. After-School

ICMHP was chosen by the Bright Promises Foundation to lead a multi-year project focused on building the capacity of after school programs to address children's mental health. Titled the After School Parental Engagement and SEL Project, this project includes a partnership with the Illinois Afterschool Network (IAN). The project pairs mental health consultants with seven after school providers in Chicago, with a focus on supporting parent engagement around social emotional learning. The group is creating a mental health consultation framework that can serve as a resource for other after school programs.

4. Policy and Advocacy

The Policy and Advocacy Committee reviews ongoing legislation and legal proceedings that impact children's mental health. It hosted an "On the Table" event focused on high-needs youth. Participants included representatives of Managed Care Organizations (MCOs), the medical community, early childhood community, parent advocates, juvenile justice advocates, clinicians, and youth mental health advocates.

The committee also co-hosted a Children's Mental Health Policy Forum in Springfield with the Youth and Family Peer Support Alliance. This forum featured two panels: a panel of parents who are raising children with mental health concerns; and, a panel of "expert listeners" which included representatives from Division of Mental Health (DMH)/ Department of Human Services (DHS); the Department of Juvenile Justice (DJJ); Lurie Children's Hospital, Center for Childhood Resilience (CCR); IAIMH; and Fight Crime, Invest in Kids.

5. Notable Children's Mental Health Activities in IL in 2018

Throughout the last year, legislative, judicial, and executive events had an impact on children's mental health. ICMHP is now involved in several of these activities.

A. Illinois Legislature's Children's Health Caucus- In February, Illinois legislators from the House and Senate today announced the creation of a Children's Health Caucus. Co-chaired by Sen. Julie Morrison (D-Deerfield), Sen. Chuck Weaver (R-Peoria), Rep. Camille Lilly (D-Chicago) and Rep. Tom Demmer (R-Dixon), the caucus will focus on the health and well being of Illinois children and adolescents, including mental health and child trauma issues. The caucus is staffed by The Collaborative for Children's Health Policy, whose members include Lurie Children's Hospital. ICMHP participated in a panel presentation to the Caucus and will be seeking its guidance in appointing new legislative members to the Partnership.

B. Healthcare and Family Services (HFS)- The ICMHP FY17 Annual Report identified two HFS activities that are having a major impact on children's mental health. Both of these moved forward in the last year.

1. 1115 Waiver- In May, the federal government approved HFS' request for an 1115 Demonstration Waiver focusing on Medicaid beneficiaries with substance abuse and mental health issues. The Waiver took effect on July 1, 2018 and involves ten pilot programs, including intensive in-home services, and respite services. Also affected are related state plan amendments, including integrated physical and behavioral health homes, and crisis stabilization and mobile crisis response (based, in part on the earlier Screening, Assessment and Support Services (SASS) program for children). Details regarding implementation are pending.

2. *NB* Consent Decree- In January, the federal court approved a consent decree pertaining to the federal requirement that Medicaid-eligible children

receive Early Periodic Screening, Diagnostic, and Treatment (EPSDT). HFS is now developing a statewide implementation plan to provide these services throughout Illinois. As noted earlier, ICMHP co-chaired a stakeholder input committee for HFS. The full implementation plan is due in January, 2019.

C. Illinois Department of Children and Family Services (DCFS)- In the following summary, DCFS reported data on its youth, expenditures and programs.

DCFS FY2018	Distinct Youth Served	Expenditures (1), (2)
Paid Substitute Care	20,690	\$ 428,973,445
Institutions & Group Homes	1,432	\$ 115,483,146

(1) Expenditure data is preliminary, and is subject to change. Reflects payments through September, 2018

(2) Institution & Group Home Expenditures exclude Medicaid Mental Health services.

Successful DCFS programs related to children's mental health include:

1. IB3- The Illinois Birth Thru Three (IB3) project supports the adaptation of evidence-based, trauma-informed parenting programs to assist birth parents and substitute caregivers in addressing the adverse effects of maltreatment on child well-being and in promoting secure attachment relationships that can improve safety and permanency outcomes. The demonstration targets caregivers and children aged 0–3 who enter out-of-home care in Cook County, Illinois, regardless of their IV-E eligibility for federal reimbursement. Waiver authority expires on September 30, 2019. The cumulative costs savings (maintenance and administration) for IB3 through the June 30, 2018 quarter is \$432,568. Permanency outcomes continue to be positive. Evaluators report children within the intervention group are 7.3% more likely to achieve family unification [reunification or guardianship with relatives] than their counterparts within the comparison group.

2. Alcohol and Other Drug Abuse Title IV-E Waiver- The Department’s Alcohol and Other Drug Abuse (AODA) Title IV-E waiver project is designed to increase and accelerate reunifications and other family permanency and safety outcomes for foster children from alcohol and drug-involved families by providing an AODA assessment and referral service and by utilizing Recovery Coaches to assist birth parents with obtaining AODA treatment services and in negotiating departmental and judicial requirements associated with drug recovery and concurrent permanency planning. Thus far:

- Children in the demonstration took 5.6 fewer months to achieve reunification.
- The use of recovery coaches eliminated racial disparities in family reunification.

- As of June 30, 2017 (latest estimate available), the waiver demonstration has generated approximately \$10,587,174 in savings for the State of Illinois.

3. The Intensive Placement Stabilization Services (IPS) and Specialized Family Support Program- IPS is a community-based system of care that provides an array of critical, intensive, in-home therapeutic interventions to clients for whom DCFS is legally responsible with trauma reactions, emotional and behavioral problems, and who are at risk of losing their current placement/living situations and their families. In FY18, The Department expended \$7,145,418 for IPS contracts serving 1,523 unique clients over the course of the year. During FY18, Placement Stability Outcomes for clients served in the IPS program include:

- 62% of clients did not move during services, and 67% did not move within 6 months of services ending; and
- For youth “stepping down” from residential, group homes, or psychiatric hospitalization, 39% did not move during services and 67% did not move within 6 months of services ending.

D. Juvenile Justice - The legislatively created Illinois Mental Health Opportunities for Youth Diversion Task Force issued a report in February (https://static1.squarespace.com/static/59653faf099c014ab2324724/t/5a96305a8165f59f6321bb4d/1519792221453/NAMI-4478+TaskForceDiversionReport_L3.pdf), providing an action plan to divert youth with mental health conditions from the Illinois juvenile justice system. In September, the Cook County Board passed an ordinance raising the age of admission to its detention center from ten to thirteen. Alternatives for the younger youth will include services from the state's Comprehensive Community Based Youth Services (CCBYS), mental health care, and crisis stabilization (see <https://jjustice.org> and <https://chicago.suntimes.com/news/cook-county-board-ordinance-minimum-age-13-juvenile-detention/>).

E. Mental Health Parity Implementation- According to “Evaluating State Mental Health and Addiction Parity Statutes,” a report just released by The Kennedy-Satcher Center for Mental Health Equity in the Satcher Health Leadership Institute at Morehouse School of Medicine, The Kennedy Forum, The Carter Center, and Well Being Trust (WBT), Illinois received the top score for state statues designed to ensure equal access to mental health and addiction treatment, based on model legislation passed in Illinois this year (see https://chp-wp-uploads.s3.amazonaws.com/www.paritytrack.org/uploads/2018/09/KF-Evaluating-State-Mental-Health-Report-0918_web.pdf).

6. Recommendations

There was no significant improvement in children's mental health in Illinois in the last year. Therefore, our recommendations remain similar to what they were in our FY 2017 report.

- A. **Assessing the Data:** Illinois does not have good estimates of children's mental health needs, the number of children receiving appropriate services, the funds being spent, or whether children's mental health actually improves. In many cases the data exists but was not accessible to ICMHP. Of note, HFS is implementing a new children's mental health assessment tool, the Uniform Child and Adolescent Needs and Strengths (CANS). Once implemented, this new data set could prove useful to understanding children's mental health needs, changes in their functioning, and the effectiveness of services.
- B. **Building Upon Current Children's Programs to Address Trauma:** Child trauma and exposure to violence are broad reaching and can have a devastating impact on children, families, and communities. The Illinois Childhood Trauma Coalition (ICTC) is also based at Lurie Children's Hospital. ICMHP plans to work with ICTC and DMH to assist the state and local programs that need to become trauma-informed through training and planning.
- C. **Developing a Children's System of Care:** Plans are being developed at the state executive, legislative, and judicial levels, as well as by private agencies and foundations, that will affect children's mental health, but no one has taken a comprehensive look at the collective impact. ICMHP could develop a comparison of the plans and funding in relation to children's mental health. We ask the Governor to utilize the public/private partnership available through the Illinois Children's Mental Health Partnership to provide the support needed to create a collective approach that will better integrate the children's healthcare system.

Conclusions

The Illinois Children's Mental Health Partnership was created by statute to develop and monitor a Children's Mental Health Implementation Plan that provides comprehensive, coordinated mental health prevention, early intervention, and treatment services for children. ICMHP can continue to work with legislators, agencies, and clinical experts to help the State to meet these goals. As it completes its administrative changes, ICMHP stands ready to help the state in moving this agenda forward.