Mental Health Strategic Plan Task Force
Child and Adolescent Services Committee Report

Section 1: Background

1A. Population Description
All children and adolescents birth through transition age (starting at 16 through transition to adult services) are the target population for this plan. All children and families with or at risk of behavioral health concerns should have access to a developmentally appropriate comprehensive array of services and supports leading to improved functioning at home, school, community and throughout life.

1B. Current System Structure
The Child and Adolescent DMH Mental Health System in Illinois are administered by the Illinois Department of Human Services (IDHS), Division of Mental Health (DMH), Child and Adolescent Services (C&A). The Departments of Children and Family Services, Juvenile Justice and the Illinois State Board of Education also carry a level of statutory responsibility. The mental health services currently provided statewide to children and adolescents with social, emotional, and behavioral disorders who depend on public funding, are rendered through a network of community based mental health providers. However, there is not one governing body that ensures a statewide integrated system of behavioral health care across all child-serving systems.

Section 2: Vision, Values & Principles

Vision: We envision a universal health system for all children/adolescents regardless of payer that is family driven, youth guided, and culturally competent that supports optimal physical and mental health; where social and emotional wellbeing, behavioral disorders and substance use, are recognized as health issues; and where stigma and other barriers to services, supports, and recovery are eliminated.

Mission: We will provide the highest quality behavioral health service and a service delivery system that is culturally and clinically appropriate for the children, adolescents, young adults and families served. This mission will be accomplished through universal prevention and promotion of mental health, early interventions based on risk factors, and the use of an individual service plan that is based on an integrated and interconnected systems approach to service delivery that is grounded in evidence informed practices. This allows for individual emotional, cognitive and spiritual growth resulting in the building of resilience and the successful recovery and reclaiming of health.

Values:
1. All major components of the interconnected systems model are aligned to integrate with Medicaid, and managed care models, which are currently being developed and will be developed in the future. Future health care delivery must ensure that Systems of Care principles are utilized, through the development of state wide implementation of consistent outcome measures, assessment tools, family supports and evidence informed practices.
2. All Child, Adolescent, and Young Adult services for individuals with or at risk for behavioral health challenges and their families are delivered through an individualized multi-system planning process grounded in a spectrum of effective strengths based, client centered, trauma informed, culturally and linguistically competent services.

3. All services are delivered across a continuum that is organized into a coordinated network of care, with the goal of building meaningful partnerships with families and youth that ensures the highest level of fidelity in service delivery resulting in successful outcomes at home, in school, in the community, and life.

The principles for which this plan is grounded in are consistent with the Systems of Care Principles that are provided in the attached Addendum.

Section 3: System Strengths and Gaps

3A. System Strengths

Over the past several years, DMH C&A services have engaged in multiple collaborative planning processes. This includes, but is not limited to, the Illinois United for Youth-Systems of Care Planning Process, Human Services Commission Workgroup on Rationalizing the Service Delivery System Sub-workgroup for Children’s Behavioral Health, Illinois Mental Health Planning and Advisory Council Child and Adolescent Services, Illinois Children’s Mental Health Partnership Strategic Planning Process, and Cross Agency Coordination Task Force on Transition Age for House Resolution 1117. As a result, we are poised to create a State of the Art Behavioral Health System in Illinois that ensures the highest level of fidelity and services delivery based on Systems of Care Values and Principles. Current system strengths include the following:

1. The passage of PA-96-1501, in 2011 which requires the reform of the current Medicaid system by implementing the following strategies:
   a. At least 50% of all Medicaid and All Kids enrollees will be in a coordinated system of care.
   b. Reimbursement will be made using pay-for-performance, and risk-based capitation methods thereby creating incentives for plans to improve health care outcomes, disseminate and utilize of evidence-based practices, encourage meaningful use of electronic health record data, and promote innovative service models.

2. The requirement of the Illinois’ Medicaid Reform legislation provides an opportunity to expand Care Coordination for youth.

3. The recent statewide planning processes including Illinois United for Youth and the Human Services Commission-Workgroup on Rationalizing the Service Delivery System, Sub-workgroup for Children’s Behavioral Health that is providing a blueprint to improving and expanding services.

4. Contracted providers deliver treatment services in alignment with the Child and Adolescent Service System Program (CASSP) principles.

5. The current Screening Assessment and Support Services program is a multi-agency collaborative effort providing effective crisis services.

6. The Individual Care Grant program provides direct care to severely emotionally disturbed youth and adolescents that meet the criteria that is mandated by Illinois Administrative rule 135. The mission of the ICG is to ensure that child centered family focused treatment is provided for each youth who receives the grant.
**3B. System Gaps**
The current system structure is characterized by fragmentation and siloed systems that are difficult for children, adolescents and their families to navigate. Over the past year, DMH-C&A in partnership with other child serving systems have engaged in multiple planning efforts to identify a consistent set of system needs that identify challenges within the current structures. System Gaps include a need for:
1. Additional care coordination and communication between levels of intensity and across service systems for children and their families.
2. Coordination and communication across all child service systems so that there is one door (or no “wrong door”) to access services.
3. A broad array of services designed to meet the unique needs of young adults’ transition to adult service delivery systems.
4. Enhancement of the current service delivery system to reduce psychiatric hospitalizations and residential placements.
5. Reducing the segregation of funding for services which may result in fragmentation of care.
7. Establishment of a more flexible array of services customized to the individual (including but not limited to respite care, therapeutic recreation, employment supports, peer supports, and other non-traditional services).
8. Establishment of an administrative framework that includes state, local and family voices.
9. Promote of services that are culturally competent and sufficient in scope and duration.
10. Maximization of service funding (e.g. blending, braiding, pooling, etc.) in support of the service array.
11. Ensure transparency in utilization and cost data across systems and ensure there is an active cross system Continuous Quality Improvement process.
12. Developing a workforce trained to provide intensive home based community behavioral support services.
13. Increasing support for prevention and early intervention services in order to save significant dollars spent on more intensive levels of care.
14. Increasing the number of medical professionals working in Behavioral Health including Child and Adolescent Psychiatrists, Advanced Practice Nurses, and Physician Assistants to provide consultation to primary care physicians.
15. Provision services in the most natural setting with transportation available when necessary.
16. Increasing Tele-psychiatry services to areas where access to Child and Adolescent Psychiatrists is limited.
17. Strengthening the implementation of the behavioral health portion of the federal Early Periodic Screening Diagnosis and Treatment (EPSDT) requirements to cover prevention and early intervention services for children and adolescents as mandated by the Affordable Care Act (ACA).
Section 4: Goals, Objectives & Activities

Goal 1:
Develop and implement a statewide, unified, state-of-the-art System of Care to promote optimal social and emotional development for all children, adolescents, and young adults with behavioral health needs.

1. Develop an administrative structure that will support implementation of the System of Care.
   a. Seek the necessary authorization for restructuring of the current Child and Adolescent mental health system including legislation.
   b. Work with partnering agencies to develop a coordinating council for full Systems of Care implementation. Collaborative partners should including but not limited to the Illinois Departments of Children and Family Services, Healthcare and Family Services, Juvenile Justices, Human Services Divisions of Alcohol and Substance Abuse, Mental Health, and the Illinois State Board of Education. Membership should also included regional, local, and family membership including the following associations and agencies; Resources Opportunities Communities and Supports (ROCS), Association of Community Mental Health Authorities of Illinois (ACMHAI), The Child Care Association, Community Behavioral Health Care Association, Chicago Public Schools, the Illinois Children’s Mental Health Partnership, Illinois Association of Rehabilitation Facilitation.

2. Review all current services for conformity to the above Vision, Mission, and Values and revise policy and service delivery as necessary. Utilize any information discovered to inform the development of the flexible broad array of services.

3. Develop a flexible broad array of services across a continuum of interventions from prevention, promotion, early interventions and treatment that covers the age spectrum from birth through transitioning young adults.
   a. Ensure that all aspects of the service array are family driven, youth guided, and cultural and linguistically competent approaches to services and systems
   b. Review, develop, and implement a continuum of interventions that will meet the individual unique needs of Illinois’ System of Care.

4. Ensure that Managed Care contracts and other regulatory documents are consistent with the Systems of Care Approach and EPSDT and other federal mandates.

Goal 2:
Develop a financial framework that leverages all sources of federal, state and private funding to support the Systems of Care.

1. Seek the necessary authorization for restructuring of the current Medicaid Rule 132 to develop a specific Medicaid Rule for Children, Adolescents, and Young Adults that will allow for the delivery of a flexible broad array of community based behavioral health services.

2. Seek the necessary authorization for utilizing funds saved from system restructuring to support the expansion of a comprehensive System of Care and all Federal Mandates.
3. Ensure that any care management approach utilized in Illinois is integrated with health homes and cross system service planning.

**Goal 3:**
Develop and redesign the current mental health system allowing service delivery for all children, adolescents, and young adults regardless of individual needs, strengths, and level of acuity.
1. Review and expand the Screening Assessment and Support Services (SASS) program.
2. Review, develop, and implement a uniform set of requirements in cross system treatment planning tool.
3. Review, develop, and implement transition planning processes to support children, adolescents, and young adults as the move across levels of care.
4. Review, develop, and implement Outcome Measures.
5. Review, develop, and implement a work force development strategy to ensure the Children and Adolescent behavioral health workforce possesses the core competencies necessary to implement a comprehensive array of services grounded in System of Care.
6. Review, develop, and implement ongoing training, technical assistance, and coaching to ensure that providers are prepared and skilled to provide effective services and supports consistent with the approach to system.

**Goal 4:**
Develop and implement a cross-system program to effectively transition young adults from child and adolescent services to the adult system, with emphasis on care coordination, benefits, housing, employment and other necessary services.
1. Review, develop, and implement a model of transition from child and adolescent systems to adult systems.
2. Review, develop, and implement a work force development strategy to ensure the expansion of core competences within the Behavioral Health system that are grounded in the System of Care values and principles.
3. Review, develop, and implement ongoing training, technical assistance, and coaching to ensure that providers are prepared and skilled to provide effective services and supports consistent with the approach to system.
Addendum

Guiding Principles: Systems of Care Approach

1. Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

2. Provide individualized services in accordance with the unique potentials and needs of each child and family, guided by a strengths-based, wraparound service planning process and an individualized service plan developed in true partnership with the child and family.

3. Ensure that services and supports include evidence-informed and promising practices, as well as interventions supported by practice-based evidence, to ensure the effectiveness of services and improve outcomes for children and their families.

4. Deliver services and supports within the least restrictive, most normative environments that are clinically appropriate.

5. Ensure that families, other caregivers, and youth are full partners in all aspects of the planning and delivery of their own services and in the policies and procedures that govern care for all children and youth in their community, state, territory, tribe, and nation.

6. Ensure that services are integrated at the system level, with linkages between child-serving agencies and programs across administrative and funding boundaries and mechanisms for system-level management, coordination, and integrated care management.

7. Provide care management or similar mechanisms at the practice level to ensure that multiple services are delivered in a coordinated and therapeutic manner and that children and their families can move through the system of services in accordance with their changing needs.

8. Provide developmentally appropriate mental health services and supports that promote optimal social-emotional outcomes for young children and their families in their homes and community settings.

9. Provide developmentally appropriate services and supports to facilitate the transition of youth to adulthood and to the adult service system as needed.

10. Incorporate or link with mental health promotion, prevention, and early identification and intervention in order to improve long-term outcomes, including mechanisms to identify problems at an earlier stage and mental health promotion and prevention activities directed at all children and adolescents.

11. Incorporate continuous accountability and quality improvement mechanisms to track, monitor, and manage the achievement of system of care goals; fidelity to the system of care philosophy; and quality, effectiveness, and outcomes at the system level, practice level, and child and family level.

12. Protect the rights of children and families and promote effective advocacy efforts.

13. Provide services and supports without regard to race, religion, national origin, gender, gender expression, sexual orientation, physical disability, socio-economic status, geography, language, immigration status, or other characteristics, and ensure that services are sensitive and responsive to these differences.
Child and Adolescent Committee Information:

Purpose of committee: To develop a comprehensive strategic plan for the State’s mental health services for the next five years.

Membership by Agency: Representation from all of the child serving systems in Illinois comprised of representatives from the Illinois Departments of Children and Family Services, Healthcare and Family Services, Juvenile Justices, Human Services Divisions of Alcohol and Substance Abuse, Mental Health, and the Illinois State Board of Education. Membership also included regional, local, and family membership as well as the following associations and agencies Illinois Mental Health Planning and Advisory Council, Association Community Mental Health Authorities of Illinois, The Child Care Association, Community Behavioral Health Association, The Children’s Mental Health Partnership, Illinois Association of Rehabilitation Facilities, Community Counseling Center, and Chicago Public Schools.

Sub-Committee: Dr. Renee Mehlinger, Father James Swarthout, Dr. Constance Y. Williams, Lisa J. Betz, Ray Connor, Susan Ling, Carlendia Newton,

Committee At Large: Jaleel Abdul-Adil, Margaret Berglind, Lisa Betz, Michele Carmichael, Terry Carmichael, Shawn Cole, Sharon L. Coleman, Ray Connor, Ignacio Cuevas, Alisha Diebold, Eileen Durkin, Mark Fagan, Kellie Gage, Gaylord Gieseke, Beth Hanselman, Kristine Herman, Dr. Jennifer Jaworski, Marissa Kirby, Frank Kisner, Susan Ling, Colette, Lueck, Dr. Renee Mehlinger, Emily Miller, Carlendia Newton, Viviana Popler, Phyllis Russell, Dee Ann Ryan, Todd Schroll, Father James Swarthout, Dr. Cynthia Tate, Dr. Constance Williams, Markay Winston.


Focus: Child and Adolescent behavioral health services.