

**Illinois Mental Health Planning and Advisory Council
Child and Adolescent Committee Meeting Minutes**

April 15, 2016

The Child and Adolescent Committee of the Illinois Mental Health Planning and Advisory Council met on Friday, April 15, 2016 at various locations in Illinois via video and telephone conferencing.

Video sites included Chicago Read, Thompson Center; Springfield; Tinley Park; S. Clinton

Ray Connor called the meeting to order at 1:30 P.M.

1. Introductions:

Introductions of the attendees were made. Ray Connor conducted the meeting.

2. Announcements and Review of Minutes from February 19, 2016

- Minutes from the last meeting were distributed. The minutes are accepted as distributed.

2. ICG Program Status – Jean Summerfield, DHFS

Judith Howard and Shawn Cole had conflicting meetings but wanted to be on the call. The ICG formally transitioned to HFS administration in March. The first priority is maintaining stability for those in the program or in the midst of applying for it. Value Options will be continued through June 30 and then we will explore the most effective methods for FY17 and beyond. We anticipate making changes to the ICG program. Currently we are working on the FY17 contract deliverables for SASS and rolling it out in the next 45 days for preview. HFS had begun to actively reach out to providers to remind them of their responsibilities to these populations. Providers will be required to report annually and particularly on those who are under-served. HFS is in the process of establishing a Technical Assistance meeting currently involved in the ICG program. A parent asked if during the transition time will there be any admissions accepted? She also explained that she currently have a grant and looking for placement in a residential facility and have been in process for 4 months. Jean asked for the inquiry to be sent to her via e-mail and she will respond.

3. IUY Update – Dr.

There is a new Project Director for the SOC Grant. The Director started in January and is still learning about the different providers and how we do mental health in Illinois as it relates to SOC. Her primary focus is how to transform government services to provide comprehensive services to children with serious emotional disturbances. We are partnering with DCFS, HFS, DASA, Illinois State Board of Education and other entities

to implement this project in 4 counties in Illinois. The demonstration area includes Iroquois, Vermilion, Champaign and Ford counties. We have been working closely with individuals in those areas to make sure we provide services to families, children, and youth. In light of that, she has traveled to participate in trainings to help her learn more. She attended the Peer Support Training in Champaign and focused more on how to support parents and also attended youth first aid instructor training. We're working with a group of individuals to host a Children's Mental Health Awareness Day on May 5. If any of you are having a Children's Mental Health Awareness Day activity, please send that info to Roberta who will pass it on to her. They are working to get a proclamation issued celebrating the work and contribution of caregivers and also agencies. She and Roberta will be attending Mobilization and Stabilization Training next week to look at how other states are providing those services. There continues to be work to finalize intergovernmental agreements and to improve response. Ray asked since this is covering the same area as the Choices project, how does this relate?. She said they are related and therefore using the same areas.

3. State Budget and Impact on Community Providers – Terry Carmichael & All

Terry reported that the only update was that there was a flurry of activity. Durkin thought that progress was made, but Cullerton did not. The promising news is that the Republicans for the first time put forth two bills which are both still in committee. Governor Rauner said that he would be proposing some bills and he did follow up on that but the question is whether they will be allowed to move forward. The Democrats had two bills. One came out of the Senate and passed into the House. Another bill that came out of the Senate that Barbara Flynn Curry had sponsored that passed both chambers and has been presented to the Governor's office. Terry's understanding from his sources is that the Governor intends to veto that bill. In terms of impact for the community, the biggest issue now is most CMH providers signed contracts with the State and the big question is what happens if this impasse goes into the next fiscal year. What will the providers have to do to recover the claims that have been accumulated over the last fiscal year? The DHS had an appropriations hearing in the House and Representative Harris was focused on one area. What DHS was going to be doing to make good on the contracts and the secretary responded that that decision was above her pay grade. Providers are very concerned about what that means since we haven't been in this position before. Directors have to make decisions about how to handle FY17 contracts. Terry reports that he continues to hear that organizations are shutting down programs so the impact is still negative. Catholic social services said they could make it until the end of the month and then have to make some difficult decisions. Dr. Hopkins asked whether providers will we even receive a contract for FY17 for psychiatric leadership funding which was cut in FY16. Terry responded that any DRF line item that was cut out of FY16 is gone from the administrative perspective. The bill that passed did put the money back in, but constitutionally the Governor doesn't have to spend that money in those line items. The question is how will that play out which is yet to be determined. An override decision by the Supreme Court was set up several months back. After the Supreme Court

made its finding, the Attorney General will be going back into Court to get the State not to pay the State workers because there is no appropriation and there is no money. The other issue is the school funding formulary. Terry said that unless you get the formulary fixed to where it is fair and equitable for the State, Cullerton isn't going to be moving the money

4. Children's Mental Health Partnership Update – Allison Schuck

The website has gone live now. There has been an increase in utilization in both websites. The site address is www.icmhp.org.

A new Children's Cabinet has been created by the Governor through Executive Order. They are continuing to watch to see what is happening.

Allison report that work is continuing with partner organizations to try to keep up to date on the different legislative issues going on currently. Ray pointed out that with the budget impasse, the Children's Mental Health Partnership is not being funded.

5. Legislation Update – Ray Connor & Allison Schuck

Legislative updates were sent to the distribution list. Allison reviewed the bills that are currently on the "watchlist" for the Children's Mental Health Partnership. Allison referred to a bill which creates a youth diversion taskforce. The amendment gives details about the creation of the taskforce to keep kids out of the Department of Juvenile Justice and keep them into community mental health services. She also referenced SB565 which is a social emotional screening bill that would change the school code to include a social emotional screening.

Ray discussed the government simplification effort to reduce the number of government agencies. Illinois has the largest number of local governments in the country. The focus in many of the bills that are addressing this is townships. The argument is that townships are redundant and the functions performed by townships can be performed by other entities. A concern to the mental health community is that 708 boards that fund mental health services are often located within a township. Some 708 Boards are at different levels, but many are in the townships. The concern is that if government simplification goes forward that the 708 Boards continue to function. Ray said that SB2289, SB2287, and SB2212, all address this issue in some form or another.

6. SASS Statistics – Roberta Allen, DMH

Roberta reported that meetings were completed in each region and were very successful in hearing the needs and concerns regarding SASS. They are looking to increase those meetings to more than once per year. There was some earlier discussion of the IUY with Dr. Solomon and there will be 11 other States joining us in Newark, NJ for crisis response. The three State departments: DHS, DCFS, HFS are providing services to

22,000 unique youth. In FY2015, Medicaid eligible 0-21 who were enrolled were not eligible for SASS programming. In March there were 2839 screenings, 1406 youth served in the community, and [REDACTED] hospitalized. Of the 10,528 calls for March, 676 were non-crisis. The mobile crisis response youth are not included as to whether they were served in the community or in the hospital. Pam asked whether that data is written somewhere? Roberta said that it is not published anywhere. Roberta added that she can e-mail agencies with their specific information.

A participant asked of the youth that was hospitalized, do we have a record of where they went to? Roberta is taking notes of the information that is requested so it may be considered for inclusion with the new data. Roberta said that HFS may have that data because they are receiving the billing. Roberta believes this information will be available at some point. You may email the SASS Helpline things that you would like to see and have access to. A participant asked that since around 12,000 calls were made to the CARES line for March, who is making those calls? Roberta doesn't have that information. Roberta explained that they are currently receiving data from two locations: UIC and from the CARES line. A parent added that if the youth has private insurance, they are directed to call 911 and may not utilize the CARES line. Roberta said that she isn't sure if it is translating over to private insurance, but she is hoping that by educating them that these youth may come through with private insurance. Roberta added that insurance companies have case managers that can help provide parents with resources.

Judy Griffith reported on Allendale where there is an ongoing investigation related to the death of a youth. Judy explained that the primary focus is supporting the youth, families and staff. They have been fully cooperative with various departments and officials involved in the case. She is limited in what can be discussed because of the investigation.

7. DMH Updates

If there are any issues that arise before the next meeting or that participants would like to discuss at the next meeting, please feel free to contact either Ray Connor (rayconnor@comcast.net) or Dr. Dennis Hopkins (dhopkins@imhc.net)

Adjourned at 2:30 p.m.

Next meeting June 17, 2016 at 1:30 p.m.