



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB1786

by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

See Index

Amends the Children's Mental Health Act of 2003. Creates the Children's Mental Health Local Integrated Fund Law. Creates local children's mental health collaboratives. Defines a "local children's mental health collaborative" as an entity formed by the agreement of representatives of the local system of care including mental health services, social services, correctional services, education services, health services, and vocational services for the purpose of developing and governing an integrated service system. Provides that in order to qualify as a local children's mental health collaborative and be eligible to receive start-up funds, the representatives of the local system of care and nongovernmental entities such as parents of children in the target population; parent and consumer organizations; community, civic, and religious organizations; private and nonprofit mental and physical health care providers; culturally specific organizations; local foundations; and businesses, or at a minimum one county, one school district or special education cooperative, one mental health entity, and one juvenile justice or corrections entity, must agree to the following: (1) to establish a local children's mental health collaborative and develop an integrated service system; (2) to commit resources to providing services through the local children's mental health collaborative; and (3) to develop a plan to contribute funds to the children's mental health collaborative.

LRB100 05301 RLC 15312 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Children's Mental Health Act of 2003 is
5 amended by adding Sections 20.1, 20.5, 20.10, 20.15, 20.20,
6 20.25, and 20.30 as follows:

7 (405 ILCS 49/20.1 new)

8 Sec. 20.1. Short title. Sections 20.1 through 20.30 of this
9 Act may be cited as the Children's Mental Health Local
10 Integrated Fund Law.

11 (405 ILCS 49/20.5 new)

12 Sec. 20.5. Purpose. The General Assembly finds that
13 children with emotional or behavioral disturbances or who are
14 at risk of suffering those disturbances often require services
15 from multiple service systems including mental health, social
16 services, education, corrections, juvenile court, health, and
17 employment and economic development. In order to better meet
18 the needs of these children, it is the intent of the General
19 Assembly to establish an integrated children's mental health
20 service system that:

21 (1) allows local service decision makers to draw funding
22 from a single local source so that funds follow clients and

1 eliminates the need to match clients, funds, services, and
2 provider eligibilities;

3 (2) creates a local pool of State, local, and private funds
4 to procure a greater medical assistance federal financial
5 participation;

6 (3) improves the efficiency of use of existing resources;

7 (4) minimizes or eliminates the incentives for cost and
8 risk shifting; and

9 (5) increases the incentives for earlier identification
10 and intervention. The children's mental health integrated fund
11 established under this Law must be used to develop and support
12 this integrated mental health service system. In developing
13 this integrated service system, it is not the intent of the
14 General Assembly to limit any rights available to children and
15 their families through existing federal and State laws.

16 (405 ILCS 49/20.10 new)

17 Sec. 20.10. Definitions. In Sections 20.1 through 20.30 of
18 this Act:

19 "Base level funding" means funding received from State,
20 federal, or local sources and expended across the local system
21 of care in fiscal year 2018 for children's mental health
22 services, for special education services, and for other
23 services for children with emotional or behavioral
24 disturbances and their families. In subsequent years, base
25 level funding may be adjusted to reflect decreases in the

1 numbers of children in the target population.

2 "Child" means a person under 18 years of age.

3 "Children with emotional or behavioral disturbances"
4 includes children with emotional disturbances as defined in
5 this Section, and children with emotional or behavioral
6 disorders as defined in this Section.

7 "Department" means the Department of Human Services.

8 "Emotional or behavioral disorders" means an established
9 pattern of one or more of the following emotional or behavioral
10 responses:

11 (1) withdrawal or anxiety, depression, problems with
12 mood, or feelings of self-worth;

13 (2) disordered thought processes with unusual behavior
14 patterns and atypical communication styles; or

15 (3) aggression, hyperactivity, or impulsivity.

16 The established pattern of emotional or behavioral
17 responses must adversely affect educational or developmental
18 performance, including intrapersonal, academic, vocational, or
19 social skills; be significantly different from appropriate
20 age, cultural, or ethnic norms; and be more than temporary,
21 expected responses to stressful events in the environment. The
22 emotional or behavioral responses must be consistently
23 exhibited in at least 3 different settings, 2 of which must be
24 educational settings, and one other setting in either the home,
25 child care, or community. The responses must not be primarily
26 the result of intellectual, sensory, or acute or chronic

1 physical health conditions.

2 "Emotional disturbance" means an organic disorder of the
3 brain or a clinically significant disorder of thought, mood,
4 perception, orientation, memory, or behavior that:

5 (1) is detailed in a diagnostic codes list published by
6 the Secretary ; and

7 (2) seriously limits a child's capacity to function in
8 primary aspects of daily living such as personal relations,
9 living arrangements, work, school, and recreation.

10 "Emotional disturbance" is a generic term and is intended
11 to reflect all categories of disorder described in the clinical
12 code list published by the Secretary as usually first evident
13 in childhood or adolescence.

14 "Family" means a child and one or more of the following
15 persons whose participation is necessary to accomplish the
16 child's treatment goals:

17 (1) a person related to the child by blood, marriage,
18 or adoption;

19 (2) a person who is the child's foster parent or
20 significant other; or

21 (3) a person who is the child's legal guardian or
22 custodian.

23 "Family community support services" means services
24 provided under the clinical supervision of a mental health
25 professional and designed to help each child with severe
26 emotional disturbance to function and remain with the child's

1 family in the community. Family community support services do
2 not include acute care hospital inpatient treatment,
3 residential treatment services, or regional treatment center
4 services. Family community support services include:

5 (1) client outreach to each child with severe emotional
6 disturbance and the child's family;

7 (2) medication monitoring when necessary;

8 (3) assistance in developing independent living
9 skills;

10 (4) assistance in developing parenting skills
11 necessary to address the needs of the child with severe
12 emotional disturbance;

13 (5) assistance with leisure and recreational
14 activities;

15 (6) crisis assistance, including crisis placement and
16 respite care;

17 (7) professional home-based family treatment;

18 (8) foster care with therapeutic supports;

19 (9) day treatment;

20 (10) assistance in locating respite care and special
21 needs day care; and

22 (11) assistance in obtaining potential financial
23 resources, including those benefits. The county board must
24 offer help to a child with severe emotional disturbance and
25 the child's family in applying for federal benefits,
26 including Supplemental Security Income, medical

1 assistance, and Medicare.

2 "Individualized rehabilitation services" means
3 alternative, flexible, coordinated, and highly individualized
4 services that are based on a multiagency plan of care. These
5 services are designed to build on the strengths and respond to
6 the needs identified in the child's multiagency assessment and
7 to improve the child's ability to function in the home, school,
8 and community. Individualized rehabilitation services may
9 include, but are not limited to, residential services, respite
10 services, services that assist the child or family in enrolling
11 in or participating in recreational activities, assistance in
12 purchasing otherwise unavailable items or services important
13 to maintain a specific child in the family, and services that
14 assist the child to participate in more traditional services
15 and programs.

16 "Integrated fund" is a pool of both public and private
17 local, State, and federal resources, consolidated at the local
18 level, to accomplish locally agreed-upon service goals for the
19 target population. The fund shall be used to help the local
20 children's mental health collaborative to serve the mental
21 health needs of children in the target population by allowing
22 the local children's mental health collaboratives to develop
23 and implement an integrated service system.

24 "Integrated service system" means a coordinated set of
25 procedures established by the local children's mental health
26 collaborative for coordinating services and actions across

1 category systems and agencies that results in:

2 (1) integrated funding;

3 (2) improved outreach, early identification, and
4 intervention across systems;

5 (3) strong collaboration between parents and
6 professionals in identifying children in the target
7 population, facilitating access to the integrated system,
8 and coordinating care and services for these children;

9 (4) a coordinated assessment process across systems
10 that determines which children need multiagency care
11 coordination and wraparound services;

12 (5) multiagency plan of care; and

13 (6) individualized rehabilitation services.

14 Services provided by the integrated service system must
15 meet the requirements set out in this Law. Children served by
16 the integrated service system must be economically and
17 culturally representative of children in the service delivery
18 area.

19 "Local children's mental health collaborative" or
20 "collaborative" means an entity formed by the agreement of
21 representatives of the local system of care including mental
22 health services, social services, correctional services,
23 education services, health services, and vocational services
24 for the purpose of developing and governing an integrated
25 service system.

26 "Local system of care" means a coordinated network of

1 community-based services and supports designed to meet the
2 challenges of children and youth with serious mental health
3 needs and their families. These partnerships of families,
4 youth, public organizations, and private service providers
5 work to more effectively deliver mental health services and
6 supports that build on the strengths of individuals and fully
7 address children's and youths' needs.

8 "Mental health services" has the meaning ascribed to it in
9 Section 1-115 of the Mental Health and Developmental
10 Disabilities Code.

11 "Multiagency plan of care" means a written plan of
12 intervention and integrated services developed by a
13 multiagency team in conjunction with the child and family based
14 on their unique strengths and needs as determined by a
15 multiagency assessment. The plan must outline measurable
16 client outcomes and specific services needed to attain these
17 outcomes, the agencies responsible for providing the specified
18 services, funding responsibilities, timelines, the judicial or
19 administrative procedures needed to implement the plan of care,
20 the agencies responsible for initiating these procedures and
21 designate one person with lead responsibility for overseeing
22 implementation of the plan.

23 "Respite care" means planned routine care to support the
24 continued residence of a child with emotional or behavioral
25 disturbance with the child's family or long-term primary
26 caretaker.

1 "Secretary" means the Secretary of Human Services.

2 "Service delivery area" means the geographic area to be
3 served by the local children's mental health collaborative and
4 must include at a minimum a part of a county and school
5 district or a special education cooperative.

6 "Target population" means children under 18 years of age
7 with an emotional or behavioral disturbance or who are at risk
8 of suffering an emotional or behavioral disturbance as
9 evidenced by a behavior or condition that affects the child's
10 ability to function in a primary aspect of daily living
11 including personal relations, living arrangements, work,
12 school, and recreation, and a child who can benefit from:

13 (1) multiagency service coordination and wraparound
14 services; or

15 (2) informal coordination of traditional mental health
16 services provided on a temporary basis.

17 Persons between the ages of 18 and 21 who meet these
18 criteria may be included in the target population at the option
19 of the local children's mental health collaborative.

20 "Therapeutic support of foster care" means the mental
21 health training and mental health support services and clinical
22 supervision provided by a mental health professional to foster
23 families caring for children with severe emotional disturbance
24 to provide a therapeutic family environment and support for the
25 child's improved functioning.

1 (405 ILCS 49/20.15 new)

2 Sec. 20.15. Local children's mental health collaborative.

3 (a) In order to qualify as a local children's mental health
4 collaborative and be eligible to receive start-up funds, the
5 representatives of the local system of care and nongovernmental
6 entities such as parents of children in the target population;
7 parent and consumer organizations; community, civic, and
8 religious organizations; private and nonprofit mental and
9 physical health care providers; culturally specific
10 organizations; local foundations; and businesses, or at a
11 minimum one county, one school district or special education
12 cooperative, one mental health entity, and one juvenile justice
13 or corrections entity, must agree to the following:

14 (1) to establish a local children's mental health
15 collaborative and develop an integrated service system;

16 (2) to commit resources to providing services through
17 the local children's mental health cooperative; and

18 (3) to develop a plan to contribute funds to the
19 children's mental health collaborative.

20 (b) Two or more children's mental health collaboratives may
21 consolidate decision making, pool resources, and collectively
22 act on behalf of the individual collaboratives, based on a
23 written agreement among the participating collaboratives.

24 (c) Each local children's mental health collaborative
25 must:

26 (1) notify the Secretary within 10 days of formation by

1 signing a collaborative agreement and providing the
2 Secretary with a copy of the signed agreement;

3 (2) identify a service delivery area and an operational
4 target population within that service delivery area. The
5 operational target population must be economically and
6 culturally representative of children in the service
7 delivery area to be served by the local children's mental
8 health collaborative. The size of the operational target
9 population must also be economically viable for the service
10 delivery area;

11 (3) seek to maximize federal revenues available to
12 serve children in the target population by designating
13 local expenditures for services for these children and
14 their families that can be matched with federal dollars;

15 (4) design, develop, and ensure implementation of an
16 integrated service system that meets the requirements for
17 State and federal reimbursement and develop interagency
18 agreements necessary to implement the system;

19 (5) expand membership to include representatives of
20 other services in the local system of care including
21 prepaid health plans under contract with the Secretary to
22 serve the needs of children in the target population and
23 their families;

24 (6) create or designate a management structure for
25 fiscal and clinical responsibility and outcome evaluation;

26 (7) spend funds generated by the local children's

1 mental health collaborative as required in this Law;

2 (8) explore methods and recommend changes needed at the
3 State level to reduce duplication and promote coordination
4 of services including the use of uniform forms for
5 reporting, billing, and planning of services;

6 (9) submit its integrated service system design to the
7 Department for approval within one year of notifying the
8 Secretary of its formation;

9 (10) provide an annual report and the collaborative's
10 planned timeline to expand its operational target
11 population to the Department; and

12 (11) expand its operational target population.

13 (d) The members of a local children's mental health
14 collaborative may share data on persons being served by the
15 collaborative or its members if the person gives written
16 informed consent and the information sharing is necessary in
17 order for the collaborative to carry out its duties under this
18 Section. Data on persons shared under this subsection (d)
19 retain the original classification as to each member of the
20 collaborative with whom the data is shared. If a federal law or
21 regulation impedes information sharing that is necessary in
22 order for a collaborative to carry out duties under this
23 Section, the appropriate State agencies shall attempt to obtain
24 a waiver or exemption from the applicable law or regulation.

1 Sec. 20.20. Integrated local service system. The
2 integrated service system established by the local children's
3 mental health collaborative must:

4 (1) include a process for communicating to agencies in the
5 local system of care eligibility criteria for services received
6 through the local children's mental health collaborative and a
7 process for determining eligibility. The process shall place
8 strong emphasis on outreach to families, respecting the family
9 role in identifying children in need, and valuing families as
10 partners;

11 (2) include measurable outcomes, timelines for evaluating
12 progress, and mechanisms for quality assurance and appeals;

13 (3) involve the family, and when appropriate the child, in
14 developing multiagency service plans to the extent required by
15 law;

16 (4) meet all standards and provide all mental health
17 services as required in this Law, and ensure that the services
18 provided are culturally appropriate;

19 (5) spend funds generated by the local children's mental
20 health collaborative as required in this Law; and

21 (6) encourage public-private partnerships to increase
22 efficiency, reduce redundancy, and promote quality of care.

23 (405 ILCS 49/20.25 new)

24 Sec. 20.25. Revenue enhancement; authority and
25 responsibilities. The children's mental health collaborative

1 shall have the following authority and responsibilities
2 regarding federal revenue enhancement:

3 (1) the collaborative must establish an integrated fund;

4 (2) the collaborative shall designate a lead county or
5 other qualified entity as the fiscal agency for reporting,
6 claiming, and receiving payments;

7 (3) the collaborative or lead county may enter into
8 subcontracts with other counties, school districts, special
9 education cooperatives, municipalities, and other public and
10 nonprofit entities for purposes of identifying and claiming
11 eligible expenditures to enhance federal reimbursement;

12 (4) the collaborative shall use any enhanced revenue
13 attributable to the activities of the collaborative, including
14 administrative and service revenue, solely to provide mental
15 health services or to expand the operational target population.
16 The lead county or other qualified entity may not use enhanced
17 federal revenue for any other purpose;

18 (5) the collaborative or lead county must develop and
19 maintain an accounting and financial management system
20 adequate to support all claims for federal reimbursement,
21 including a clear audit trail and any provisions specified in
22 the contract with the Secretary;

23 (6) the collaborative or its members may elect to pay the
24 nonfederal share of the medical assistance costs for services
25 designated by the collaborative; and

26 (7) the lead county or other qualified entity may not use

1 federal funds or local funds designated as matching for other
2 federal funds to provide the nonfederal share of medical
3 assistance.

4 (405 ILCS 49/20.30 new)

5 Sec. 20.30. Additional federal revenues. Each local
6 children's mental health collaborative shall report
7 expenditures eligible for federal reimbursement in a manner
8 prescribed by the Secretary. The Secretary shall pay all funds
9 earned by each local children's mental health collaborative to
10 the collaborative. Each local children's mental health
11 collaborative must use these funds to expand the operational
12 target population or to develop or provide mental health
13 services through the local integrated service system to
14 children in the target population. Funds may not be used to
15 supplant funding for services to children in the target
16 population. For purposes of this Section, "mental health
17 services" are community-based, nonresidential services, which
18 may include respite care, that are identified in the child's
19 multiagency plan of care.

1 INDEX

2 Statutes amended in order of appearance

3 405 ILCS 49/20.1 new

4 405 ILCS 49/20.5 new

5 405 ILCS 49/20.10 new

6 405 ILCS 49/20.15 new

7 405 ILCS 49/20.20 new

8 405 ILCS 49/20.25 new

9 405 ILCS 49/20.30 new