



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB0219

by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Children's Mental Health Local Integrated Fund Act. Creates local children's mental health collaboratives. Defines "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, 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.

LRB101 04707 RLC 49716 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 1. Short title. This Act may be cited as the  
5 Children's Mental Health Local Integrated Fund Act.

6 Section 5. Purpose. The General Assembly finds that  
7 children with emotional disturbances or who are at risk of  
8 suffering those disturbances often require services from  
9 multiple service systems including mental health, social  
10 services, education, corrections, juvenile court, health, and  
11 employment and economic development. To better meet the needs  
12 of these children, it is the intent of the General Assembly to  
13 establish an integrated children's mental health service  
14 system that:

15 (1) allows local service decision makers to draw  
16 funding from a single local source so that funds follow  
17 clients and eliminates the need to match clients, funds,  
18 services, and provider eligibilities;

19 (2) creates a local pool of State, local, and private  
20 funds to procure a greater medical assistance federal  
21 financial participation;

22 (3) improves the efficiency of use of existing  
23 resources;

1           (4) minimizes or eliminates the incentives for cost and  
2           risk shifting; and

3           (5) increases the incentives for earlier  
4           identification and intervention.

5           The children's mental health integrated fund established  
6           under this Act must be used to develop and support this  
7           integrated mental health service system. In developing this  
8           integrated service system, it is not the intent of the General  
9           Assembly to limit any rights available to children and their  
10          families through existing federal and State laws.

11          Section 10. Definitions. In this Act:

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

13          "Department" means the Department of Human Services.

14          "Emotional disturbance" means an organic disorder of the  
15          brain or a clinically significant disorder of thought, mood,  
16          perception, orientation, memory, or behavior that:

17                 (1) is detailed in a diagnostic code list published by  
18                 the Secretary; and

19                 (2) seriously limits a child's capacity to function in  
20                 primary aspects of daily living such as personal relations,  
21                 living arrangements, work, school, or recreation.

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

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

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

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

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

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

24 "Integrated fund" means a pool of both public and private  
25 local, State, and federal resources, consolidated at the local  
26 level, to accomplish locally agreed-upon service goals for the

1 target population. The fund shall be used to help the local  
2 children's mental health collaborative to serve the mental  
3 health needs of children in the target population by allowing  
4 the local children's mental health collaboratives to develop  
5 and implement an integrated service system.

6 "Integrated service system" means a coordinated set of  
7 procedures established by the local children's mental health  
8 collaborative for coordinating services and actions across  
9 categorical systems and agencies that results in:

- 10 (1) integrated funding;
- 11 (2) improved outreach, early identification, and  
12 intervention across systems;
- 13 (3) strong collaboration between parents and  
14 professionals in identifying children in the target  
15 population, facilitating access to the integrated system,  
16 and coordinating care and services for these children;
- 17 (4) a coordinated assessment process across systems  
18 that determines which children need multiagency care  
19 coordination and wraparound services;
- 20 (5) a multiagency plan of care; and
- 21 (6) individualized rehabilitation services.

22 Services provided by the integrated service system must  
23 meet the requirements set out in this Act. Children served by  
24 the integrated service system must be economically and  
25 culturally representative of children in the service delivery  
26 area.

1 "Local children's mental health collaborative" or  
2 "collaborative" means an entity formed by the agreement of  
3 representatives of the local system of care including mental  
4 health services, social services, correctional services,  
5 education services, health services, and vocational services  
6 for the purpose of developing and governing an integrated  
7 service system.

8 "Local system of care" means a coordinated network of  
9 community-based services and supports designed to meet the  
10 challenges of children and youth with serious mental health  
11 needs and their families. These partnerships of families,  
12 youth, public organizations, and private service providers  
13 work to more effectively deliver mental health services and  
14 supports that build on the strengths of individuals and fully  
15 address children's and youths' needs.

16 "Mental health services" has the meaning ascribed to it in  
17 Section 1-115 of the Mental Health and Developmental  
18 Disabilities Code.

19 "Multiagency plan of care" means a written plan of  
20 intervention and integrated services developed by a  
21 multiagency team in conjunction with the child and family based  
22 on their unique strengths and needs as determined by a  
23 multiagency assessment. The plan must outline measurable  
24 client outcomes and specific services needed to attain these  
25 outcomes, the agencies responsible for providing the specified  
26 services, funding responsibilities, timelines, the judicial or

1 administrative procedures needed to implement the plan of care,  
2 the agencies responsible for initiating these procedures and  
3 designate one person with lead responsibility for overseeing  
4 implementation of the plan.

5 "Respite care" means planned routine care to support the  
6 continued residence of a child with emotional disturbance with  
7 the child's family or long-term primary caretaker.

8 "Secretary" means the Secretary of Human Services.

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

13 "Target population" means children under 18 years of age  
14 with an emotional disturbance or who are at risk of suffering  
15 an emotional disturbance as evidenced by a behavior or  
16 condition that affects the child's ability to function in a  
17 primary aspect of daily living including personal relations,  
18 living arrangements, work, school, and recreation, and a child  
19 who can benefit from:

20 (1) multiagency service coordination and wraparound  
21 services; or

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

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

1 Section 15. Local children's mental health collaborative.

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

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

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

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

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

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

25 (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 Act;

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.

25 Section 20. Integrated local service system. The

1 integrated service system established by the local children's  
2 mental health collaborative must:

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

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

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

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

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

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

24 Section 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  
4 fund;

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

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

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

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

26 (6) the collaborative or its members may elect to pay

1 the nonfederal share of the medical assistance costs for  
2 services designated by the collaborative; and

3 (7) the lead county or other qualified entity may not  
4 use federal funds or local funds designated as matching for  
5 other federal funds to provide the nonfederal share of  
6 medical assistance.

7 Section 30. Additional federal revenues. Each local  
8 children's mental health collaborative shall report  
9 expenditures eligible for federal reimbursement in a manner  
10 prescribed by the Secretary. The Secretary shall pay all funds  
11 earned by each local children's mental health collaborative to  
12 the collaborative. Each local children's mental health  
13 collaborative must use these funds to expand the operational  
14 target population or to develop or provide mental health  
15 services through the local integrated service system to  
16 children in the target population. Funds may not be used to  
17 supplant funding for services to children in the target  
18 population. As used in this Section, "mental health services"  
19 are community-based, nonresidential services, which may  
20 include respite care, that are identified in the child's  
21 multiagency plan of care.