



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB0205

Introduced 1/22/2021, 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.

LRB102 03801 RLC 13814 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
2 and 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
21 relations, living arrangements, work, school, or
22 recreation.

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

1 evident in childhood or adolescence.

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

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

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

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

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

25 "Integrated fund" means a pool of both public and private
26 local, State, and federal resources, consolidated at the local

1 level, to accomplish locally agreed-upon service goals for the
2 target population. The fund shall be used to help the local
3 children's mental health collaborative to serve the mental
4 health needs of children in the target population by allowing
5 the local children's mental health collaboratives to develop
6 and implement an integrated service system.

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

11 (1) integrated funding;

12 (2) improved outreach, early identification, and
13 intervention across systems;

14 (3) strong collaboration between parents and
15 professionals in identifying children in the target
16 population, facilitating access to the integrated system,
17 and coordinating care and services for these children;

18 (4) a coordinated assessment process across systems
19 that determines which children need multiagency care
20 coordination and wraparound services;

21 (5) a multiagency plan of care; and

22 (6) individualized rehabilitation services.

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

1 area.

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

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

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

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

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

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

9 "Secretary" means the Secretary of Human Services.

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

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

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

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

25 Persons between the ages of 18 and 21 who meet these
26 criteria may be included in the target population at the

1 option of the local children's mental health collaborative.

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

3 (a) 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
6 nongovernmental entities such as parents of children in the
7 target population; parent and consumer organizations;
8 community, civic, and religious organizations; private and
9 nonprofit mental and physical health care providers;
10 culturally specific organizations; local foundations; and
11 businesses, or at a minimum one county, one school district or
12 special education cooperative, one mental health entity, and
13 one juvenile justice or corrections entity, must agree to the
14 following:

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

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

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

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

1 (c) Each local children's mental health collaborative
2 must:

3 (1) notify the Secretary within 10 days of formation
4 by signing a collaborative agreement and providing the
5 Secretary with a copy of the signed agreement;

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

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

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

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

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

3 (7) spend funds generated by the local children's
4 mental health collaborative as required in this Act;

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

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

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

15 (11) expand its operational target population.

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

1 obtain a waiver or exemption from the applicable law or
2 regulation.

3 Section 20. Integrated local service system. The
4 integrated service system established by the local children's
5 mental health collaborative must:

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

13 (2) include measurable outcomes, timelines for
14 evaluating progress, and mechanisms for quality assurance
15 and appeals;

16 (3) involve the family, and when appropriate the
17 child, in developing multiagency service plans to the
18 extent required by law;

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

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

24 (6) encourage public-private partnerships to increase
25 efficiency, reduce redundancy, and promote quality of

1 care.

2 Section 25. Revenue enhancement; authority and
3 responsibilities. The children's mental health collaborative
4 shall have the following authority and responsibilities
5 regarding federal revenue enhancement:

6 (1) the collaborative must establish an integrated
7 fund;

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

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

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

24 (5) the collaborative or lead county must develop and
25 maintain an accounting and financial management system

1 adequate to support all claims for federal reimbursement,
2 including a clear audit trail and any provisions specified
3 in the contract with the Secretary;

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

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

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