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1 AN ACT concerning health.

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

- Section 1. Short title. This Act may be cited as the 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 services, education, corrections, juvenile court, health, and 10 employment and economic development. To better meet the needs 11 of these children, it is the intent of the General Assembly to 12 13 establish an integrated children's mental health service 14 system that:
 - (1) allows local service decision makers to draw funding from a single local source so that funds follow clients and eliminates the need to match clients, funds, services, and provider eligibilities;
 - (2) creates a local pool of State, local, and private funds to procure a greater medical assistance federal financial participation;
- 22 (3) improves the efficiency of use of existing 23 resources;

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- 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.

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

- 11 Section 10. Definitions. In this Act:
- "Child" means a person under 18 years of age.
- 13 "Department" means the Department of Human Services.
- "Emotional disturbance" means an organic disorder of the brain or a clinically significant disorder of thought, mood, 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.
- "Emotional disturbance" is a generic term and is intended to reflect all categories of disorder described in the clinical code list published by the Secretary as usually first

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evident in childhood or adolescence. 1

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

- (1) a person related to the child by blood, marriage, 6 or adoption;
- (2) a person who is the child's foster parent or 7 8 significant other; or
- 9 (3) a person who is the child's legal guardian or 10 custodian.

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

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

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- level, to accomplish locally agreed-upon service goals for the target population. The fund shall be used to help the local children's mental health collaborative to serve the mental health needs of children in the target population by allowing the local children's mental health collaboratives to develop and implement an integrated service system.
 - "Integrated service system" means a coordinated set of procedures established by the local children's mental health collaborative for coordinating services and actions across categorical systems and agencies that results in:
 - (1) integrated funding;
 - (2) improved outreach, early identification, and intervention across systems;
 - (3) strong collaboration between parents and professionals in identifying children in the target population, facilitating access to the integrated system, and coordinating care and services for these children;
 - (4) a coordinated assessment process across systems that determines which children need multiagency care coordination and wraparound services;
 - (5) a multiagency plan of care; and
 - (6) individualized rehabilitation services.

Services provided by the integrated service system must meet the requirements set out in this Act. Children served by the integrated service system must be economically and culturally representative of children in the service delivery 1 area.

"Local children's mental health collaborative" or "collaborative" means 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.

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

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

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

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

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

"Secretary" means the Secretary of Human Services.

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

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

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option of the local children's mental health collaborative.

- 2 Section 15. Local children's mental health collaborative.
 - 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 nongovernmental entities such as parents of children in the population; parent and consumer organizations; target 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 cooperative; and
 - (3) to develop a plan to contribute funds to the children's mental health collaborative.
 - (b) Two or more children's mental health collaboratives may consolidate decision making, pool resources, and collectively act on behalf of the individual collaboratives, based on a written agreement among the participating collaboratives.

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

Each local children's mental health collaborative

- identify a service delivery area operational target population within that service delivery The operational target population area. must economically and culturally representative of children in the service delivery area to be served by the local children's mental health collaborative. The size of the operational target population must also be economically viable for the service delivery area;
- (3) seek to maximize federal revenues available to serve children in the target population by designating local expenditures for services for these children and their families that can be matched with federal dollars;
- (4) design, develop, and ensure implementation of an integrated service system that meets the requirements for State and federal reimbursement and develop interagency agreements necessary to implement the system;
- (5) expand membership to include representatives of other services in the local system of care including prepaid health plans under contract with the Secretary to serve the needs of children in the target population and their families;

- (6) create or designate a management structure for fiscal and clinical responsibility and outcome evaluation;
 - (7) spend funds generated by the local children's mental health collaborative as required in this Act;
 - (8) explore methods and recommend changes needed at the State level to reduce duplication and promote coordination of services, including the use of uniform forms for reporting, billing, and planning of services;
 - (9) submit its integrated service system design to the Department for approval within one year of notifying the Secretary of its formation;
 - (10) provide an annual report and the collaborative's planned timeline to expand its operational target population to the Department; and
 - (11) expand its operational target population.
 - (d) The members of a local children's mental health collaborative may share data on persons being served by the collaborative or its members if the person gives written informed consent and the information sharing is necessary in order for the collaborative to carry out its duties under this Section. Data on persons shared under this subsection (d) retain the original classification as to each member of the collaborative with whom the data is shared. If a federal law or regulation impedes information sharing that is necessary in order for a collaborative to carry out duties under this Section, the appropriate State agencies shall attempt to

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- 3 Section 20. Integrated local service system. The 4 integrated service system established by the local children's 5 mental health collaborative must:
 - (1) include a process for communicating to agencies in the local system of care eligibility criteria for services received through the local children's mental health collaborative and a process for determining eligibility. The process shall place strong emphasis on outreach to families, respecting the family role in identifying children in need, and valuing families as partners;
 - (2) include measurable outcomes, timelines for evaluating progress, and mechanisms for quality assurance and appeals;
 - (3) involve the family, and when appropriate the child, in developing multiagency service plans to the extent required by law;
 - (4) meet all standards and provide all mental health services as required in this Act, and ensure that the services provided are culturally appropriate;
 - (5) spend funds generated by the local children's mental health collaborative as required in this Act; and
 - (6) encourage public-private partnerships to increase efficiency, reduce redundancy, and promote quality of

1 care.

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- Section 25. Revenue enhancement; authority and responsibilities. The children's mental health collaborative shall have the following authority and responsibilities regarding federal revenue enhancement:
- 6 (1) the collaborative must establish an integrated fund;
 - (2) the collaborative shall designate a lead county or other qualified entity as the fiscal agency for reporting, claiming, and receiving payments;
 - (3) the collaborative or lead county may enter into subcontracts with other counties, school districts, special education cooperatives, municipalities, and other public and nonprofit entities for purposes of identifying and claiming eligible expenditures to enhance federal reimbursement;
 - (4) the collaborative shall use any enhanced revenue attributable to the activities of the collaborative, including administrative and service revenue, solely to provide mental health services or to expand the operational target population. The lead county or other qualified entity may not use enhanced federal revenue for any other purpose;
 - (5) the collaborative or lead county must develop and maintain an accounting and financial management system

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- adequate to support all claims for federal reimbursement, including a clear audit trail and any provisions specified in the contract with the Secretary;
 - (6) the collaborative or its members may elect to pay the nonfederal share of the medical assistance costs for services designated by the collaborative; and
 - (7) the lead county or other qualified entity may not use federal funds or local funds designated as matching for other federal funds to provide the nonfederal share of medical assistance.

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