



Children's Behavioral Health Transformation Initiative

SB 726 Feigenholtz/LaPointe

Background:

This proposal will further the work of the [Children's Behavioral Health Transformation Initiative \(CBHTI\)](#), launched by Governor Pritzker in March of 2022, to evaluate and redesign the delivery of behavioral health services for children in Illinois. The CBHTI [Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children](#) outlines twelve strategies that aim to adjust capacity, streamline and centralize access, and intervene earlier to prevent acute crises. The below five changes to existing law continue to build an integrated and comprehensive approach to improving access to and availability of mental and behavioral health services for young people.

Proposed Changes:

LEADING INDICATORS

Current law requires HFS to identify leading indicators for elevated behavioral health crisis risk and share them with Medicaid Managed Care Organizations (MCOs) and other HFS care coordination entities; this change will add a description of data elements that will be analyzed and outline a phased approach to identifying, analyzing, and utilizing lead indicators to ensure that MCO's are held accountable to respond to lead indicator triggers with increased service intensity.

READINESS ASSESSMENT

In December of 2023, ISBE conducted a [landscape scan](#) of universal mental health screenings for students in grades K-12. This proposal will extend the foundation of universal mental health screenings in schools, requiring ISBE to create a capacity assessment to gauge readiness to implement universal mental health screenings in schools. The result of this change will provide a framework to districts to implement universal mental health screenings and provide information to the CBHTI to plan a phased approach for full implementation.

REPEAL WELLNESS CHECKS IN SCHOOLS PROGRAM ACT

Current law requires HFS to partner with school districts that have a high percentage of students enrolled in Medicaid and a high number of referrals to the CARES hotline, to identify screening tools to identify mental health conditions in adolescents and assist participating school districts in establishing a referral process for immediate intervention for students who are identified. This statute is duplicative of the work being done by the CBHTI. The result of this change will mean that school mental health screening guidance and law will sit with ISBE, not under HFS, and will apply to all youth in Illinois.

ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP (ICMHP)

Current law established the Children's Mental Health Partnership in 1993, tasked to advise state agencies on short-term and long-term strategies to provide comprehensive and coordinated services for children birth to 25 and their families with the goal of addressing children's mental health needs across a full continuum of care. Statutory language is amended with the proposal to require a community needs assessment to determine gaps in community-based services for youth and switch ICHMP oversight from Lurie Children's Hospital to the Department of Public Health (IDPH). The result of the change will

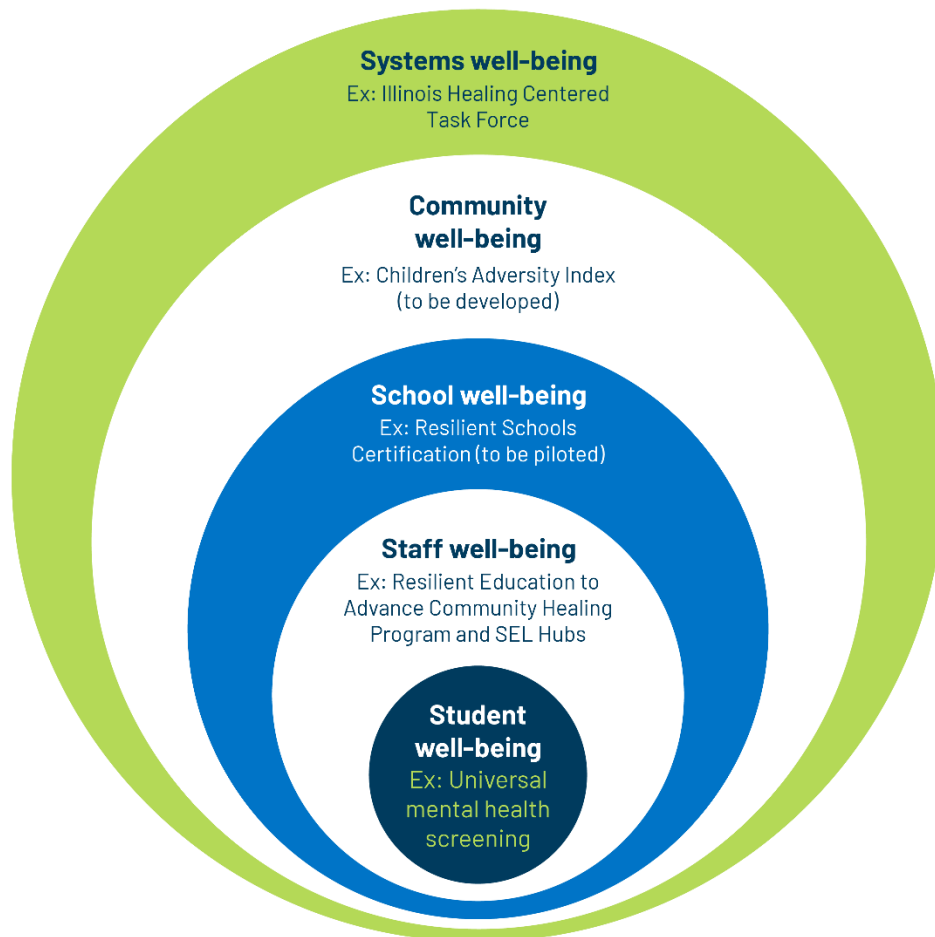


provide the CBHTI team with the ability to build on mapped existing networks (including IDPH regions), as well as the availability of community-based services.

PERSONAL SUPPORT WORKERS.

Current law does not require or lay out the use of personal support workers outside of the DD Waiver program. This proposal allows development personal supports workers to provide in home respite for youth requiring intensive supervision due to behavioral health needs. The result of this change will enable the CBHTI and the Department of Human Services to build a program to ensure one on one behavioral health aids are available to support children and families the interagency team serves.

Resilient Illinois Schools



ILLINOIS CHILDREN'S BEHAVIORAL
HEALTH TRANSFORMATION
INITIATIVE



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