

Promoting children's mental health and children's mental health service delivery in rural central Illinois

Brenda J. Huber, PhD, ABPP
Illinois State University





Livingston County: 2009-10

~40,000 people (93% White) >1,000 sq miles

12 public school districts; 27 attendance centers

10 FTE MD & 5 FTE Mid-level providers

Low median family income & Low HS/BS graduation rates

55% babies born to single mothers; 14% to <20

Double state average child abuse/neglect reports; founded sexual abuse cases

2-4x state fatal accident rate

High substance abuse hospitalization

High domestic violence reports

Flooding, deployment, uncertain employment



Illinois Children's Healthcare Foundation:

*“Who has a plan that’s so bold and
innovative it just might work?”*

Implementation:
Sept. 2011 – Dec. 2016*

*Originally three years; additional year granted in 2014



Livingston County Children's Network Established 2010 icchildrensnetwork.org

Funded in part by the Illinois Children's HealthCare Foundation
2010-2017

- Livingston County Special Services Unit
- Livingston County Mental Health Board
- Livingston County Board for the Care and Treatment of Persons with
Developmental Disabilities
- Regional Office of Education for DeWitt, Livingston and McLean Counties
 - A Domestic Violence & Sexual Assault Service
 - Livingston County Probation/Court Services
- Livingston County Commission on Children & Youth
 - Institute for Human Resources
 - OSF Healthcare Systems, Resource Link
 - Livingston County Health Department



Community Needs

Risk Behaviors:

- Drug & Alcohol Use
- Truancy & Drop-out
- Obesity & Body Image
- Teen Pregnancy
- Self-injury & Suicidal Thoughts
- Bullying & Violence

Risk Factors:

- Family Instability
- Family Mobility
- Parent Availability
- Parenting Skills
- Poverty
- Stigma associated with help-seeking
- Increasing mental health needs of adults and kids

Protective Factors:

- Lack of trusting/nurturing relationships
- Lack of structure/supervision for youth (youth center, afterschool care, mentoring)
- Lack of quality child care



Problems with service system:

Screening:

- Lack of awareness and misinterpretation of mental health signs & symptoms
- Need a systematic way to identify at-risk children and adolescents

Assessment:

- No comprehensive assessments are available in county

Referral:

- Privacy regulations and releases create obstacles
- System is difficult to navigate
- People in outlying areas hesitant to seek services in Pontiac
- Lack of knowing what services exist; how to access them (parents & providers)
- Lack of understanding each others' systems, eligibility, funding, & expectations

Treatment:

- People terminate early; have unrealistic expectations
- Lack of locally available services (transportation barriers)
- Lack of providers with sufficient capacity for need and expertise
- Lack of intensive services for high-need families
- Lots of kids with prescriptions by MD/lack of psychiatric care
- Lack of services for parents to understand, cope, intervene with kids
- Complicated/restrictive eligibility for funding streams



Vision:

Families all across Livingston County will utilize and value a comprehensive continuum of services to promote children's social and emotional development which will, in turn, effectively reduce at-risk behaviors and strengthen relationships.

Mental Health is like the levelness of a table.

- Levelness is a quality of every table.
- Levelness determines the functioning or usability of the table.
- There are many degrees of the levelness of a table.
- There are many reasons that a table might not be level — it could be:
 - the table
 - the floor
 - or both
- Positive mental health can be achieved by adjusting the floor, the table, or both.
- Tables don't level themselves. They must either be made that way or they require intervention by people who know about furniture and levelness.



COURTESY OF FRAMEWORKS INSTITUTE

LCCN Goals & Objectives

1. Increase capacity of system of care

- A. Increase workforce to meet needs
- B. Increase skills of current personnel
- C. Fill identified service gaps
- D. Identify funding sources

2. Increase accessibility of services

- A. Identify barriers to utilization
- B. Decrease stigma barrier
- C. Decrease financial barrier
- D. Decrease transportation barrier
- E. Increase awareness of services & how to access them

3. Increase coordination of services

- A. Promote linkages to the medical home
- B. Increase likelihood of successful transition from one setting/provider to another
- C. Increase collaboration between providers serving same clients
- D. Utilize data to evaluate process & outcomes

4. Decrease rates of risk behaviors and frequency & severity of mental disorders

- A. Promote child & adolescent social- emotional skill development
- B. Nurture protective factors (e.g., adult-child relationships & school engagement)
- C. Identify and support at-risk children & adolescents



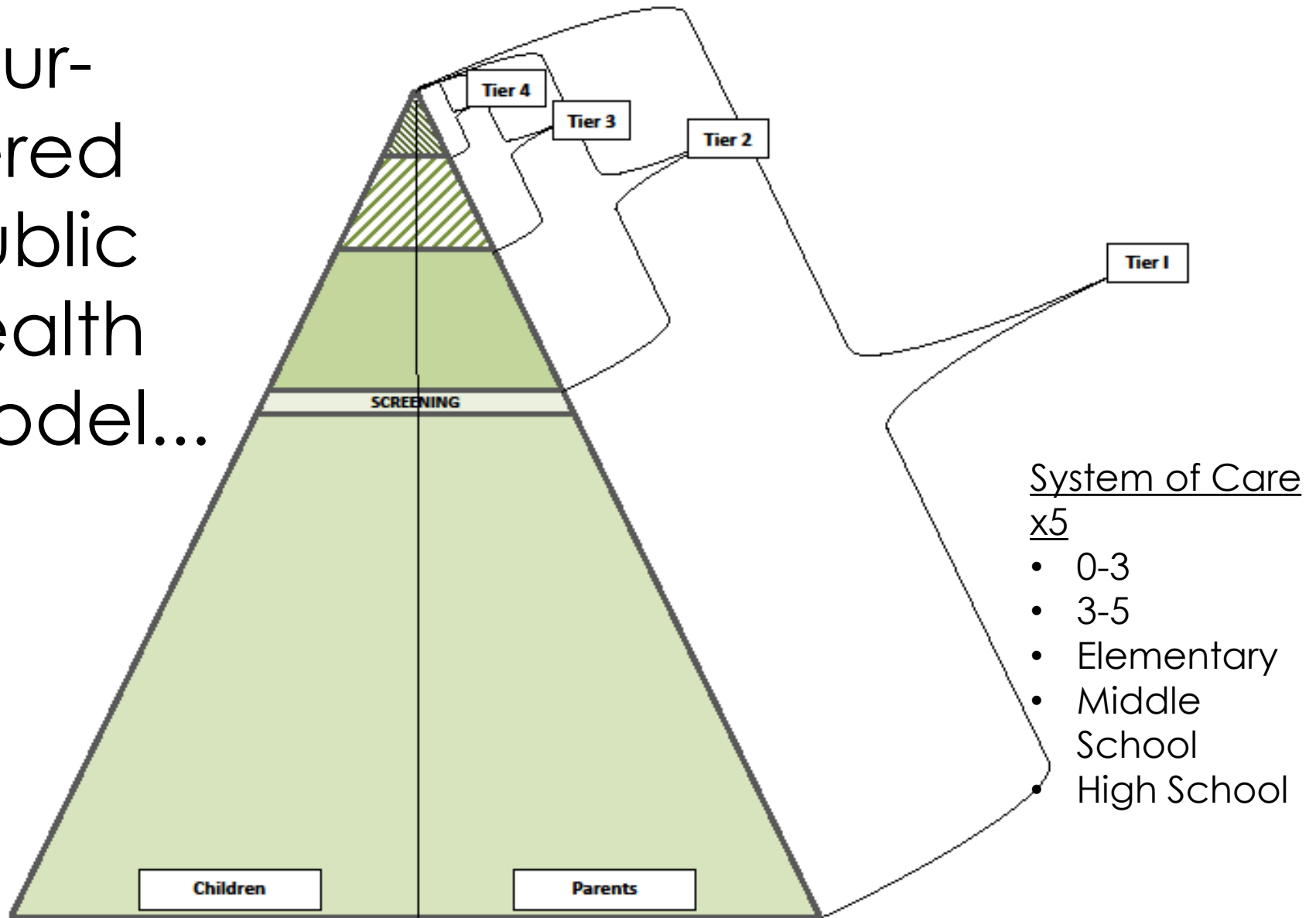
Problem:

- ▶ Children, adolescents, and families with different levels of need; not accessing appropriate level of support in a timely fashion resulting in further deterioration.

Solution:

- Four-tiered public health model
- Inter-connected systems approach

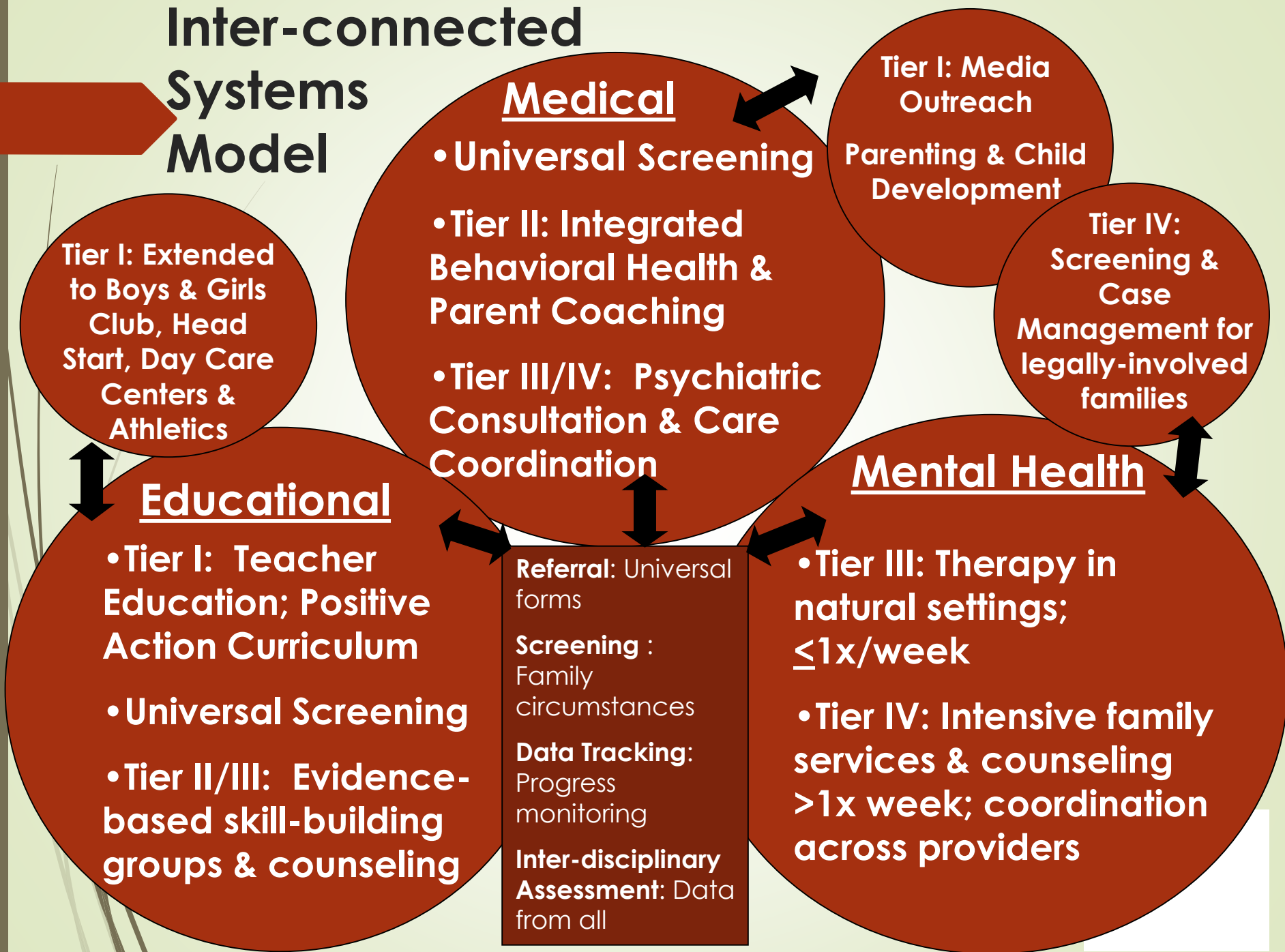
Four-tiered public health model...





Iterative Planning process: Change = Vulnerability

- Administrators & clinical leadership
- Disciplines, age groups, levels of need
- Long-term Work groups
 - Medical
 - School
 - Tier IV
 - 0-5
 - Professional Education
 - Community Outreach

Inter-connected Systems Model



Community-wide commitments

- 
- Universal exchange of information form
 - Referral decision tree
 - Communication protocol
 - Intake & signed release
 - Feedback loop
-
- Community outreach (Walk/Summit)
 - Professional education on evidence-based treatments
 - Progress monitoring
 - Comprehensive Inter-disciplinary staffing/assessments as necessary
- 

Medical Sector

- Increase the percentage of children with a medical home
 - Identify and support/refer at-risk children
 - Rule-out physiological explanations for symptoms
 - **Co-locate/integrate mental health services**
 - **IBH grant partnership OSF & ISU: Heyworth, Clinton, Chenoa & Pontiac (& OB)**
 - Increase MD psychopharmacology proficiency through psychiatric tele-consultation
-
- Provide publicly accessible information on child development and parenting
 - Provide parent coaching in response to expressed concerns

Side bar: Integrated Behavioral Health: Workshop series at ISU Summer 2016

- Approximately 70% of patients are appropriate referrals
 - Mental health disorders (e.g, anxiety, depression, ADHD, PTSD)
 - Health behavior change (e.g., weight management/Diabetes, smoking cessation, parenting)
 - Management of symptoms and psychosocial distress associated with their physical health. (e.g., grief, chronic health, sleep problems)

Education Sector



- Improve school climate, student engagement, & adult-child relationships and decrease stigma around seeking mental health services.
- Provide universal health promotion curriculum to increase social-emotional skills & academic success, and decrease risk behaviors
- Identify & support at-risk children and youth with evidence-based programs
- Facilitate communication across sectors
- Provide 1x weekly therapy with progress monitoring for students who likely have diagnoses

Mental Health Sector

- Provide services in natural settings that will reduce barriers (school based health center, doctor's offices, home, library, park)
- Engage in tele-case-management between sessions, increasing generalization and frequency of contact
- Involve parents in evidence-based treatment.
- Facilitate communication across sectors
- Provide screening and case management for youth in court
- Develop intense/frequent therapeutic services (>1x weekly) for highest need children

Tri-County Children's Network proposal:

Improving universal access
to a full continuum of
evidence-based mental
health services in DeWitt,
Logan, & Rural McLean

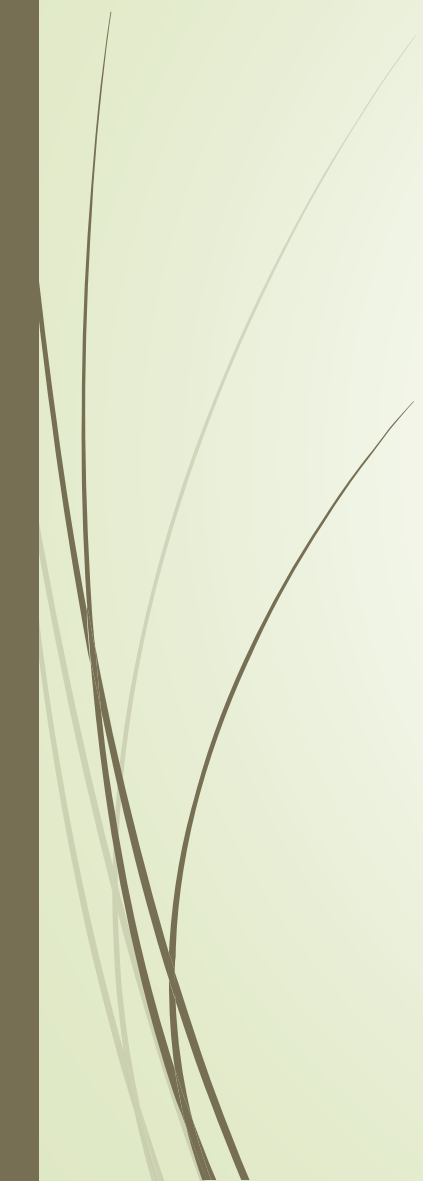
September 1, 2016-December 31, 2018

Illinois State University

Psychological Services Center



Target Population:

- TCSEA catchment area
 - 16 school districts
 - 13,000 children (PK-12th grade)
 - 6000 square miles
 - In collaboration with mental health, medical, and juvenile justice sectors
- 

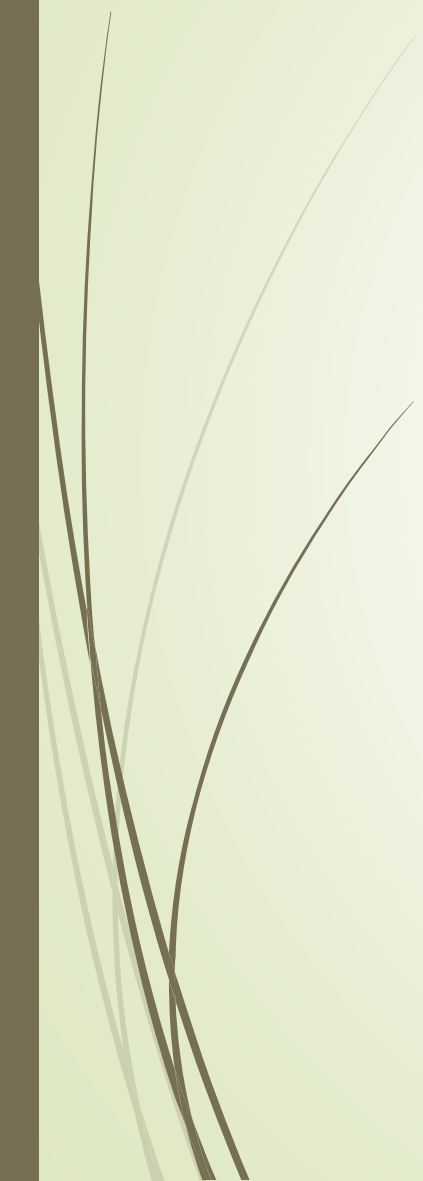
Increasing capacity:

- Inventory services
 - Identify gaps in services for certain populations or regions
 - Identify any duplication of services
- Re-allocate duplicated resources to address gaps
- Secure additional service providers to address service gaps
- Utilize evidence-based programs in natural settings.
- Provide professional development to:
 - People, who are not traditionally trained as mental health providers, will be involved in providing universal social-emotional supports and screening (e.g., teachers, day care providers, parents, or coaches).
 - Providers may need to re-tool to provide a slightly different kind of service (e.g., engaging in integrated behavioral health consultation, delivering a specific evidence-based treatment, or using an evidence-based screening measure).



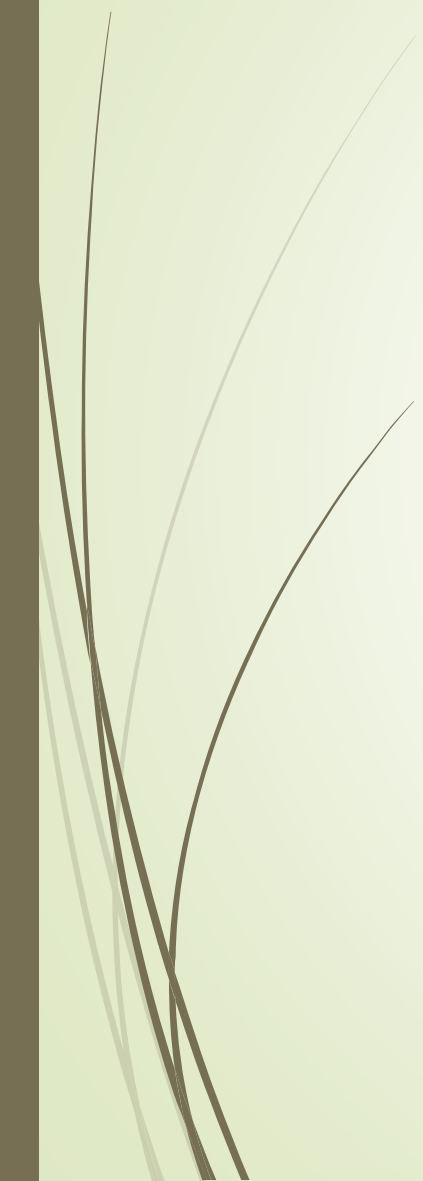
Improving coordination

- Develop and adopt uniform procedures
 - Exchange of information form
 - Referral decision tree
 - Communication protocols

 - Identify liaisons for each of the four sectors
- 



Iterative process of problem-solving that involves:

- Administrators from each sector/county familiar with funding, personnel, and institutional obstacles to proposed changes
 - Direct service providers from each sector/county familiar with clinical, cultural, and logistical issues; and
 - A jigsaw approach, where providers from the same sector across the three counties meet to consult with one another and parallel representatives from the CMHI communities to problem-solve sector-specific obstacles.
- 



Community Scorecard (examples)

- ▶ Are children accessing treatment?“
 - ▶ Number of children screened
 - ▶ Number of children receiving individual or group therapy in schools
 - ▶ Number of children receiving integrated behavioral health support in primary care
 - ▶ Number of children being served by the community mental health center
- ▶ "How are children functioning?“
 - ▶ Number of children with positive screens
 - ▶ Number of juvenile police reports
 - ▶ Number of children truant, suspended, or dropping out of school
 - ▶ Number of children hospitalized for in-patient psychiatric or substance abuse treatment



Questions?

bjhuber@ilstu.edu