



Region 1 Action Council Meeting Notes.

Location: via Zoom.

Date & Time: February 13, 2024    1:30pm - 3:00pm.  
3:00pm - 4:30pm.

Council Members present: Brittany Brokaw, Tina Combs, April Darringer, Molly Dunn-Steinke, Cassie Delaney, Sarah Farha, Rosemary Grace, Carol Harlow, Katie Janssen

**Welcome/Icebreaker:** Attendees were reminded of the importance of the community agreements, especially when discussing sensitive topics such as mental health. The importance of confidentiality was emphasized. A light hearted icebreaker asked participants to share what their superpower would be and why.

**Data Literacy:** Bridget underscored the importance of using both quantitative and qualitative data in their discussions, stressing the need to understand the 'why' behind the data. She acknowledged the limitations of available data, particularly for specific populations, and the importance of personal experience and expertise. Bridget also initiated a conversation about the use of respectful language, emphasizing the importance of being mindful of terminology while being gracious to those who may use incorrect terms. The team also planned to explore mental and behavioral health services in their region, identify gaps and under-service areas, and make recommendations. Council members were encouraged to challenge the data if they thought it was incorrect. Bridget also mentioned the plans to conduct interviews and focus groups to gather more information. She outlined the purpose of their data collection, including informing goals, influencing state level policy, and monitoring progress and changes over time.

**Mental and Behavioral Health Landscape Region 1:** Bridget discussed the number of hospitals and healthcare facilities in their region, which covers six counties and includes four hospitals and 14 pediatricians. She highlighted that the number of physicians seemed low, but Cassie Delaney, an Action Council member who works in and around hospitals, clarified that the number could be accurate. Bridget also

discussed the presence of 14 to 15 rural community healthcare centers and noted the difficulty of counting community mental health centers. She expressed curiosity about Western Illinois Mental Health Centers, but no one on the Council had any knowledge of this organization. The team discussed the need to revisit the data and report back, as well as the potential use of alternative spaces such as mobile clinics in rural areas. Bridget also highlighted the need to identify community mental health centers, with Cassie Delaney identifying existing providers in the region. The conversation also touched on the coverage of various contracts with the State. Council members raised concerns about the high number of mental and behavioral health providers listed for Western Illinois, suspecting inaccuracies. The team discussed the possible reasons for the discrepancy, including the definition of a provider and the part-time or as-needed work of providers. Bridget proposed sending a survey to Council members to collect more accurate data. Council members agreed to review the information collected to date for accuracy. The discussion also highlighted the importance of understanding the number of pediatricians and physician assistants working in the area and the travel times for caregivers to receive services. Feedback from caregivers and referral sources for mental health services were also discussed.

**Mental Health Services Access Challenges:** The team discussed the challenges in accessing mental health services for children, with Bridget noting an average wait time of 4 to 6 months and Cassie adding that wait times could vary up to 6 to 9 months for medication management. Cassie Delaney discussed the challenges private insurance holders face in accessing mental health services, with many providers not covered by insurance and sessions costing between \$50 to \$75 dollars per session. She noted that there are more comprehensive mental health services available for children from kindergarten through 12th grade via the Individualized Education Program (IEP) compared to those for birth to five-year-olds. The team discussed the IEP, which is legally required for certain students with special needs. They talked about how children not enrolled in publicly funded schools can still access IEP services, with the home school district taking the lead in coordinating these services. The conversation also highlighted the challenges of obtaining an IEP for behavioral issues. Bridget decided to meet with district staff and larger programs to understand how they are addressing these issues and ensuring equity. The team also identified numerous issues within the system that were preventing children from getting back on track and meeting their needs, emphasizing the importance of fixing these issues to help children. Brittany pointed out the lack of resources such as speech therapists and occupational therapists, and questioned if there were enough district staff to cater to the mental and behavioral needs of the children.

**Regional Referral Origins and Challenges:** Bridget English led a discussion on the origins of regional referrals. She pointed out that nearly 70% of referrals came from

doctors or pediatricians, a figure significantly higher than the state average of 57%. Bridget also noted that 38% of referrals were self-sourced through Google searches or from friends or family. The role of school staff and social workers in referrals was also discussed, with both groups contributing 15%. The team discussed the reasons why school staff might not be making referrals for mental health services. It was suggested that staff might be overwhelmed, not educated enough, or assuming that referrals are coming from elsewhere. April noted that staff often recommend students to see their doctors for referrals. Cassie pointed out that referrals often come when behaviors have escalated, rather than preemptively when signs start showing up. She also mentioned potential barriers to families seeking mental health support due to stigma or beliefs that children are too young to understand their mental health needs. Bridget raised the possibility that teachers and center staff might not recognize the need for referrals. Regina Nichols shared that in rural school districts, they only get a social worker once a week and often have to share them with other districts. The group also discussed the role of early childhood mental health consultants and school social workers in making referrals.

Sarah Farha suggested that fear of cost might explain the low number of referrals from school staff. Bridget also highlighted the importance of early intervention referrals, which were significantly lower at the regional level compared to the state level. Molly Dunn-Steinke explained that this could be due to unfilled positions and maternity leaves in the early intervention team. The group also discussed the challenge of accessing quality developmental screenings, particularly for families not in home visiting programs.

**Childcare Services and School Districts Discussion:** Molly Dunn-Steinke clarified that she works under a grant which allows childcare centers and family childcare providers to access her services, but school districts are not covered by that grant. Bridget English highlighted an equity issue as school districts are not compelled to work with Molly's services unless they have a Prevention Initiative for Birth to 3 or Preschool For All Expansion. There was a discussion about whether school districts are required to have a mental health consultant or if it's optional, with Molly stating it is mandated. Sarah Farha mentioned budget constraints and difficulties in finding funding.

**Updates on Regional Work:** Bridget English provided updates on regional work, acknowledging challenges faced and assuring that the Scott County group was not disbanded. She also mentioned updates for other counties and the plan to keep the dual meeting format for the rest of the year. The team also discussed potential guest speakers and the possibility of arranging a parent focus group.

**Announcements:** Conscious Discipline Workshop information