

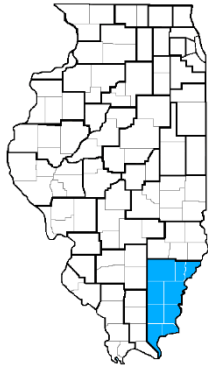
Region 20 Early Childhood Needs Assessment: Focus on Mental & Behavioral Health



**Region 20: Edwards, Gallatin, Hamilton,
Hardin, Pope, Saline, Wabash, Wayne &
White Counties**



Region 20



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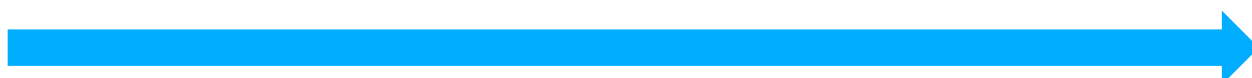
- Alisa Adams-Miller
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Focus on Mental & Behavioral Health

In June 2023, Birth to Five Illinois produced our first Early Childhood Regional Needs Assessments. These 39 individual reports highlight data and stories about Early Childhood Education and Care (ECEC) programs, services, and supports from caregivers, families, and ECEC providers in each Region of the State. This report is the next chapter.

Mental and Behavioral Health was a prominent and reoccurring need identified in our needs assessments across all 39 Regions. The feedback received throughout the State, along with the announcement of the Illinois Governor's Smart Start initiative and the State's focus on children's Mental Health, solidified our goal to better understand these issues at the community level.

Between February and May 2024, Regional staff led discussions with their Council members about the Mental and Behavioral Health services, supports, and resources available in their communities. Caregivers across the State reported frustration with the lack of Mental and Behavioral Health services, long waitlists to access available supports, and a lack of awareness of what resources are available in their Region. ECEC providers discussed the need for training on how to better support the Mental and Behavioral Health needs of children and families. They want more resources to address and improve their own Mental Health needs as well.

In this report you will find data and stories from families about the challenges and successes they have had accessing Mental and Behavioral Health services. You will also hear from ECEC providers about their experiences providing these services to young children and their families. We invite you to use this information to understand the needs of your Region, advocate for services, secure additional funding, bring awareness to available ECEC resources, and better support the caregivers, families, and ECEC providers in your community. If you have not read the previous needs assessment report, it can be found at www.birthtofiveil.com/region20/#report.

Thank you for supporting the work of Birth to Five Illinois!



Methodology

Regional Council members used data from various sources to guide their discussions, including: the Illinois Early Childhood Asset Map (IECAM), Illinois Department of Healthcare & Family Services (IDHFS), Illinois Department of Public Health (IDPH), Illinois Department of Human Services (IDHS), Illinois State Board of Education (ISBE), University of Illinois Urbana-Champaign Children & Family Research Center, County Health Rankings, and the Annie E. Casey Foundation. Council and community members shared their experiences accessing and providing local Mental and Behavioral Health services during meetings, interviews, focus groups, and surveys. Guest speakers were invited to talk about the support they provide for young children and their families. Information and data have been summarized and included in this report.



Focus on Region 20

Key Takeaways

- Counselors need to be hired and available at every school in the Region.
- Counties in the Region that have hospitals have more Mental and Behavioral Health services for young children and their families. Currently, Edwards, Gallatin, Pope, and White Counties do not have a hospital.
- Transportation is a large barrier for families who need Mental and Behavioral Health services.

Early Childhood Mental & Behavioral Health Regional Landscape

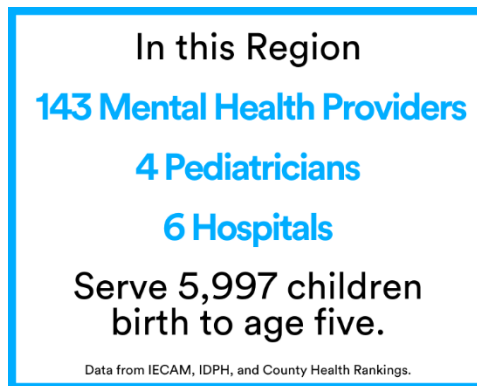
Regional Teams and Council members discussed the overall Mental and Behavioral Health landscape to better understand what is available to families and ECEC professionals in the Region. Conversations focused on who can access services and what the referral process looks like for families. These details, along with some data gathered earlier this year from a statewide survey on Mental and Behavioral Health, are found in this section.¹

Data from online sources and community partners shows that there are some Mental and Behavioral Health services available for families in Region 20. Yet most providers do not serve children from birth through age eight. Some families see Family and Psychiatric Nurse Practitioners for services. Others rely on support groups, Prevention Initiative parent groups,

¹ www.birthtofiveil.com/s/Statewide_MBH_SurveyDataReport_English_R.pdf

school-based counselors and social workers, and faith leaders for help. There are no hospitals dedicated to children's services in the Region.

While Mental and Behavioral Health resources for young children may be available in the Region, not all families can access them. Most services are in Saline, Wayne, and White Counties. There are few or no public transportation options to connect families to services in or outside the Region. Council members noted that Lincoln Prairie Behavioral Health Center, located in Springfield, is the closest facility for inpatient services. They serve children aged three to 17. Yet there are very few Mental Health professionals who are certified to serve children under the age of seven. Traveling from the northern or southern part of Region 20, it would take a family four hours to arrive at the facility.



Sixty-one percent (61%) of people surveyed from across the State said that they waited two or more months to gain services after receiving a referral. Eleven percent (11%) said they were never able to get services for their child. Thirty-seven percent (37%) of those surveyed said they traveled an average of 30 or more minutes for services. This travel time feedback is the same as what we heard from community members in the Region during Council meetings, focus groups, and/or interviews.

Survey respondents across the State and Region answered that they are most often getting referrals from their child's doctor or pediatrician, Early Intervention, a schoolteacher/staff, or a child care worker/staff. Nineteen percent (19%) of survey respondents from across the State said they never got a referral and only looked for help on their own. Regionally, community members said they are receiving referrals most from their child's doctor or pediatrician. Yet even when families receive a referral, some are waiting over two years to receive services.



Focus on Families & Caregivers

Parents and caregivers were asked to share their experiences in accessing Mental and Behavioral Health services, supports, and resources in the Region. Their feedback suggests that the referral process is difficult to navigate for many reasons.

Many parents and caregivers struggle to receive referrals and access to services, with staffing shortages being a key reason why. Because there are not enough providers, caseloads are large.



I know they [social workers] serve so many counties and so many people and it's hard to make one specific school a priority or one specific child a priority when they're not with them every day. – Community Member



Council members only know of one child psychiatrist in the Region. However, the psychiatrist sees children through a virtual program at a clinic that is not centrally located. Often, insurance companies will not cover Teladoc services, which creates another barrier. If a child receives a referral for counseling services and the counselor recommends that they see a psychiatrist for possible medication, it can take a month or longer to find a provider who will prescribe medication for Mental Health treatment. Providers leave their practice or change locations often, which also increases wait times for families.

“ **My child got their PTSD [post-traumatic stress disorder] diagnosis due to childhood trauma. But thanks to five years with the psychiatrist, my child’s Mental Health improved...although I am thankful...I wonder how many kids miss diagnosis because we don’t have a psychiatrist close to home.** ”
– Community Member

“ **It took two years to get a referral to counseling. Once he got into a counselor, it took probably 6 months to see somebody, and then from there, he didn’t see anybody again until he was in school. I asked for the school counselor because they never got him set up for therapy. Eventually, I got the school counselor to transfer him to another counseling service offered at the school, and they were able to get him into a psychiatrist. In total it took probably 3 years.** ” – Community Member

Children’s social and emotional growth can be negatively affected by long wait times. Those experiencing untreated Mental Health or Behavioral challenges may lose friendships or be disciplined at school. They may also fall behind academically while they wait to access support. Children are at greater risk of harming themselves or others if they are experiencing intrusive suicidal or homicidal thoughts, so Mental and Behavioral Health supports are critical.

Other children in the home may experience anxiety or depression due to having a sibling with an untreated Mental Health condition. Parents and caregivers may have to take time off work to care for their child who needs major support. This can have a negative financial impact if the parent or caregiver cannot use paid time off. It can even result in job loss. Caregivers’ own Mental Health may suffer while their child’s Mental Health condition goes untreated.

Council and community members noted challenges to accessing Mental and Behavioral Health resources specifically for the State’s priority populations.² These are people who may face barriers to ECEC service due to their race, ethnicity, language, culture, religion, and education. They said:

² www.oecd.illinois.gov/content/dam/soi/en/web/oecd/documents/priority-populations-recommendation-final-approved.pdf

- Parents and caregivers may resist the idea of seeking support for their child because of community stigma, even after working with the school, Home Visiting program, or the doctor.
- Some families drive to another county or state to access services. Others take public transportation, but options are limited.
- Very few providers will accept Medicaid, and families experiencing income challenges are unable to pay out of pocket for services needed.

Infant/Early Childhood Mental Health Consultation (I/ECMHC)

I/ECMH Consultants provide training and support for the Early Childhood Education and Care (ECEC) professionals who work directly with young children.³ I/ECMH Consultants are not therapists or counselors, they offer feedback to child care, preschool, Early Intervention, and Home Visiting professionals on their interactions with young children. This report section includes data from Council and community members, IECAM, and the Birth to Five Illinois Mental and Behavioral Health Survey.

Statewide, there is a need for more I/ECMH Consultants to support ECEC professionals. Currently, only two I/ECMH Consultants serve all nine counties in Region 20 through Project Child and the Child Care Resource & Referral (CCR&R) Agency. These Consultants also serve 18 additional counties in other parts of southern Illinois. The caseload for both is high, leaving most areas with little access to support.

Additionally, family child care providers said they were unaware they could receive support through I/ECMHC. Council members noted that there are no I/ECMHC services in school-based settings, and they would like to see that change. Community members shared that there are few professionals who are qualified to offer I/ECMHC services, there is little funding to pay for an I/ECMH Consultant, and it is a challenge for programs to recruit and retain I/ECMH Consultants.

In the Birth to Five Illinois statewide survey, Early Childhood Educators and Administrators were asked if they had utilized I/ECMHC services or attended a training held by an I/ECMH Consultant; 44% of the 216 respondents answered yes. Forty-five percent (45%) answered that they received all the support they needed from their Consultant; 21% answered they had not; 34% said they were still receiving support at the time of the survey.



Focus on Early Childhood Professionals

ECEC professionals were asked to share their experiences working with I/ECMH Consultants and about their own and their students' Mental Health needs. Many were happy with the support,

³ www.oecd.illinois.gov/illinois-infant-early-childhood-mental-health-consultation.html

training, and direction provided to ECEC staff. Other ECEC professionals discussed the barriers and challenges they had with using I/ECMHC.

“ My Family Child Care facility utilized the services of an I/ECMH Consultant. I was satisfied with the services, but not necessarily the recommendation [that the Consultant made]. – Community Member ”

Council and community members pointed out that though I/ECMHHC is needed, especially when some staff may not have a background or training in ECEC, many do not know that Consultants are available for their program.

“ With staff shortages and hiring individuals who have little to no training to assist in the classroom, Mental Health training is often not a priority. – Community Member ”

ECEC professionals also shared about the kinds of Mental Health support they need in their classrooms. Even though I/ECMH Consultants do not receive funding to be included in school-based settings, ECEC professionals expressed that I/ECMH Consultants would be beneficial in every classroom. Along with classroom-specific supports, ECEC professionals provided information on the steps that can be taken to better support their Mental Health. These include:

- Access to employer sponsored health care (including Mental Health).
- Mental Health days as paid time off, in addition to sick days.
- Regular check-ins from administration.
- Regular scheduled breaks during the workday, including breaks without children in their classroom.
- Workdays set aside for Mental and Behavioral Health training.

“ It is important that all ECEC professionals are encouraged to take frequent breaks and be able to step away from the classroom at regular intervals. – Community Member ”

“ These days, we are seeing children come in at a very young age who have experienced trauma. We are not equipped through our basic training to deal with some of the behavioral issues we are seeing. We need some training on how best to interact with children in these scenarios. – Community Member ”

Pyramid Model

Pyramid Model is a national program that promotes social-emotional development and teaches relationship skills. The goal is to help ECEC professionals build positive relationships with children, families, and other staff, giving ECEC staff the tools they need to address children's challenging behaviors. The Pyramid Model is not required by the State. However, it is used by child care, Head

Start, Early Intervention, Home Visiting, and state-funded preschool programs across Illinois.⁴ There are three tiers to the Pyramid Model training.

1. Universal support is for all children. These may include daily check-ins with children about their emotions, creating classroom routines, and teaching classroom expectations.
2. Targeted social-emotional support is for fewer children. These may include teaching children self-regulation strategies, friendship skills, and how to solve problems on their own.
3. Intensive interventions are for a very small number of children. These may include using assessments to understand the root of a child's behavior, or the development of an individualized behavior support plan.

Using the Pyramid Model in ECEC programs is optional and varies across the State. There are currently 133 implementation sites in Illinois. Currently, there are no Pyramid Model implementation sites in Region 20.

Home Visiting

There are several Home Visiting programs in Illinois that support both pregnant persons and caregivers with a newborn baby. These programs aim to support people who may experience conditions that can lead to harmful health, educational, and social outcomes.³ Home Visiting programs do not provide direct Mental or Behavioral Health services. Instead, they support parent-child relationships by facilitating group connections, encouraging healthy growth and development, and promoting safety and family well-being. Home Visitors may also make referrals to services for Mental Health, domestic violence, substance misuse, and developmental disabilities, which can support the well-being of the entire family.

In this Region

137

Home Visiting Slots

Serve 5,997 children

birth to age five.

Includes proposed capacity of Prevention Initiative, funded enrollment of Head Start, Early Head Start, Healthy Families, and Parents Too Soon, as well as slots for MIECHV from 2022.



Focus on Families & Caregivers

There are several Home Visitors serving families in Region 20. Prevention Initiative is available in Hamilton, Saline, Wabash, and Wayne with limited slots. Head Start and/or Early Head Start Home Visiting is available in Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne, and White. Currently there are no programs in Pope and Hardin County that offer Home Visiting. When asked to share how Home Visiting services support the well-being of their family, parents and caregivers said the services were beneficial and Home Visitors helped their child transition to other services once they aged out of the program.

⁴ www.pyramidmodel.org/wp-content/uploads/2023/09/IL-How-to-Become-an-Imp-Site-Cross-Sector_9.13.2023.pdf

“ I am thankful for the services my child received...because he received services at an early age, he will be able to catch up to the level of his peers. ”
– Community Member

“ Home Visiting was an asset for us. It was a great help knowing milestones and how my children were comparing in child development. ”
– Community Member

Community Partners

Regional staff invited community Mental and Behavioral Health providers to Council meetings to present data and information about services in the Region. Some of the information shared is included in this section.

The Wabash and Ohio Special Education District (WOVSED) presented information to Council members about their services and the process of developing an Individualized Education Plan (IEP).⁵ WOVSED has seven School Psychologists who serve the 21 school districts in the Region. They also have an Occupational Therapist (OT), Physical Therapist (PT), Speech and Language Pathologist (SLP), paraprofessionals, and teachers who serve children with IEPs. Referrals for Special Education services can be made by a teacher, parent, caregiver, physician, Early Intervention, or an outside agency. Staff shared that there has been an increase in the need for more Mental and Behavioral Health support in schools over the past few years.

WOVSED also conducts preschool screenings to identify learning or developmental delays in all counties in the Region except Hamilton County. They noted that children do not have to attend a school that WOVSED serves to receive services. They can be assessed and evaluated by the team and then come to the school just to receive services, even if they are not enrolled.

Southern Illinois Safe From the Start is a cross-systems grant led by the Stress and Trauma Center. The project targets 16 counties in Southern Illinois. All nine counties in Region 20 will be included in the needs assessment. A Safe From the Start Advisory Board and a small steering committee will be established by the summer of 2025. Both will give input on a community plan to identify what, how, and when to increase awareness of the trauma-informed Mental Health treatment needs of children from birth to age five and their families.

Gallatin County Wellness Center is housed in Gallatin County School District #7.⁶ They, in partnership with the Egyptian Health Department, offer telepsychiatry services, a Family Nurse Practitioner specializing in psychiatric care, and an on-site Youth Behavioral Health Counselor. Gallatin County Wellness Center accepts most insurance plans, as well as Medicaid and Medicare.

⁵ www.wovsed.org/

⁶ www.egyptian.org/gallatin-county-wellness-center/



Region 20 Strengths & Needs

Action and Family Council members considered public data and information collected through focus groups, interviews, and surveys about the Early Childhood Mental and Behavioral Health landscape of the Region. From there, they identified strengths and needs.

Regional Strengths

- Multiple agencies in the Region provide services or support families' Mental and Behavioral Health including the Stress and Trauma Treatment Center, Egyptian Health Department, Southern Illinois Resource and Advocacy Center, and Integrated Care for Kids.
- Mental and Behavioral Health providers are dedicated and passionate about supporting children and families.
- Mental Health services accessible to families who use Medicaid are available through the local hospital.
- More grants are awarded for school-based Mental Health services now than have been awarded in the past.
- Children receiving IEP services are mainstreamed in all classes and are no longer segregated from their other classmates.
- To support children who need behavioral intervention, expulsion and suspension prevention is offered through the Illinois State Board of Education (ISBE) and the Department of Children and Family Services (DCFS) provides Behavior Plan support.
- Medicaid is available to adopted children up to the age of 18.

Regional Needs

- More Mental and Behavioral Health resources to support ECEC professionals.
- More Mental and Behavioral Health resources to support the Region as a whole.
- I/ECMH Consultants supporting every child care home and child care center.
- More incentives to keep Mental and Behavioral Health providers working in the Region.
- Mental Health appointment times that are available during evenings and weekends.
- More awareness about available Mental Health programs.
- More Mental and Behavioral Health providers who serve children under the age of seven.
- A social/emotional therapist to support Early Intervention staff and children.
- More social/emotional support for children with behavioral needs in school and for their teachers.
- More transportation options to connect families to in-person Mental and Behavioral Health appointments.

- Data on the number of families in need of Mental and Behavioral Health support who speak a language other than English.
- More assessment resources for families with children on the Autism spectrum.



Region 20 Recommendations

After reviewing quantitative and qualitative data, as well as identifying strengths and needs for the Region, Council members developed recommendations.

- Build awareness of available Mental and Behavioral Health resources in each county.
- Create a list of available resources for Mental and Behavioral Health for the Region which parents and caregivers can easily access.
- Create a list of online resources for parents and caregivers with transportation challenges to be able to access without travel.
- Collaborate with community partners to raise awareness of the need for more Mental and Behavioral Health services and resources in the Region including I/ECMH Consultants, counselors in schools, and training for ECEC professionals.
- Meet with healthcare professionals to discuss the need for more Mental and Behavioral Health services and advocate for satellite offices and flexible scheduling to better meet the needs of parents and caregivers.
- Community partners should work together to identify transportation options to connect more families to Mental and Behavioral Health services.
- Collect more community-based data to further identify where resources may be needed for children, parents, and caregivers who need Mental and Behavioral Health services in a language other than English.
- Raise awareness among community partners about the need for more assessment resources for children who may have or have been diagnosed with Autism.



Next Steps

Over the coming months, we will continue to engage the community to expand our understanding of the Mental and Behavioral Health needs of local families and ECEC providers. If you have questions about this report or would like to get involved with the work of Birth to Five Illinois in Region 20, please find our contact information on the front inside cover of this document.

Resources

These resources were used during Council discussions and in the development of this report.

- Behavior Analyst Certification Board. (2023). Board Certified Behavior Analyst Certificate Registry. www.bacb.com/services/o.php?page=101135.
- Birth to Five Illinois (2024). Mental and Behavioral Health Survey. https://www.birthtofiveil.com/s/Statewide_MBH_SurveyDataReport_English_R.pdf.
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