

Region 21 Early Childhood Needs Assessment: Focus on Mental & Behavioral Health



**Region 21: Franklin, Johnson, Massac &
Williamson Counties**



Region 21



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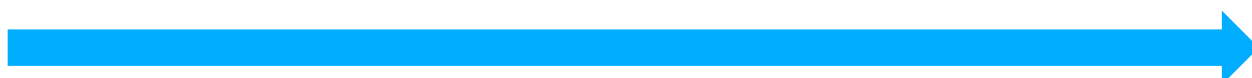
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Focus on Mental & Behavioral Health

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.birhtofiveil.com/region21/#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 21

Key Takeaways

- Families and community partners are not aware of the Mental and Behavioral Health services, resources, and supports available in the Region.
- Waitlists for Mental and Behavioral Health services in the Region are long due to the limited number of providers and available appointments.

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 21. Arrowleaf, Centerstone, and Stress & Trauma Treatment Center, Inc. provide

In this Region
691 Mental Health Providers
10 Pediatricians
4 Hospitals
Serve 9,049 children
birth to age five.

Data from IECAM, IDPH, and County Health Rankings.

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

services, but not often for children from birth to age five. Most services for young children are provided through Early Intervention, Prevention Initiative, School Social Workers, and Infant/Early Childhood Mental Health Consultants.

While services for young children may be available in the Region, not all families can access them. Most providers are in Williamson County. There are no hospitals in Johnson County and no pediatricians in Johnson or Massac County. Children can access services via Rural Health with Nurse Practitioners or Physicians Assistants. Providers note this is important because there has been a large increase in the number of children who need Mental and Behavioral Health services across the Region. One pediatrician shared that across southern Illinois they found the number of children who need Behavior Therapy has doubled in the past three to four years. The number of children with anxiety, depression, and Post-Traumatic Stress Disorder (PTSD) has increased by over 100%. They also said the number of children with these diagnoses continues to rise.

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. Regionally, community members said they are receiving referrals most from their child's doctor or pediatrician, Early Intervention, and schoolteacher/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. Even with a referral, some families wait for over a year to see a provider.



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 many families do not know who to contact to be connected to services. Those who do seek out referrals go to their child's doctor, pediatrician, teacher, school system, or to their peers.

Parents and caregivers noted that there is little community awareness of Mental Health and lots of stigma related to receiving services. They shared, though, that they do feel comfortable talking about their child's Mental and Behavioral Health with their pastor or with their child's pediatrician, school social worker, or teacher.

Council and community members noted challenges to accessing Mental and Behavioral Health services, 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. These challenges include:

- Lack of insurance coverage.
- Out of pocket cost.
- Time and effort needed to navigate the system.

Also, for many parents and caregivers who have children with behavioral challenges and disabilities, it is very difficult to find child care. Their children are frequently kicked out of centers or are not admitted because of their challenging behavior or diagnosis.

The referral process in Region 21 is stressful to navigate. Resources are limited and often outdated, and providers may accept only some insurance plans. Staffing shortages are one key reason for the struggle to receive referrals and access services.

“ My son, diagnosed autistic, struggled badly with self-harm. We tried to get him services through the school that we were told were available. However, when we requested behavioral therapy/services, we were told it wasn't available for us, as they said that my son 'isn't harming others', so self-harm didn't meet their requirements for them to assess him. We saw his doctor and got referrals to outside services. These services were all wait-listed and sadly, we have been on the waitlist for close to 2 years now. ”
– Community Member (Massac County)

“ Like many rural school districts throughout the State, our local school system suffers from insufficient staffing capacity due to the lack of critical funding necessary to holistically meet our students' needs. Because of this, unfortunately, it requires our current staff to wear multiple titles, increasing teacher and staff burnout and exacerbating the already significant shortage of highly qualified staff. ”
– Community Member (Johnson County)

Some community members said they are waiting four or five months to see a Mental Health provider. Others said they have been waiting over a year. Long wait times delay support and increase stress and anxiety for families. Waiting can create challenges with school and social interactions, and financial burdens for those who cannot access private services to fill the gap. Delayed services can also lead to poorer health, educational, and social outcomes.

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

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. In Region 21, there is currently only one available I/ECMH Consultant. They serve Franklin, Johnson, Massac, and Williamson Counties, as well as 12 other counties in southern Illinois. A second I/ECMH Consultant is in the process of being hired and onboarded to serve parts of Region 21. There are some I/ECMH Consultants that serve all of Illinois, but they may only offer virtual sessions. Council and community members said that a lack of staff, turnover of staff, funding for I/ECMHC services, and the large service area have led to long waitlists for I/ECMH Consultants by ECEC providers.

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.



Infant and Early Childhood Mental Health Consultants support us as caregivers to strengthen children's social, emotional, and behavioral health development. At this time, we have one Consultant who serves the southern 15 counties which leads to longer than optimal wait times for services. – Community Member (Williamson County)



ECEC professionals also shared about the kinds of Mental Health support they need in their classrooms. These include lower student/teacher ratios, as well as training and resources on Mental Health topics and how to effectively respond to challenging behaviors.

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



Keep Mental Health in the conversation. We must talk about it to be able to recognize and provide supports for it.
– Community Member (Johnson County)



ECEC professionals also provided information on the steps that can be taken to better support their Mental Health. These include:

- A work culture that normalizes talking about Mental Health and well-being.
- A work culture that encourages work/life balance.
- Access to therapeutic resources.
- Sessions focused on mindfulness, relaxation, and managing stress.
- Staff recognition and a community of support.
- Teacher and staff appraisal that is encouraging.



Paying people more money to add in extra requirements really makes a difference in overall quality for everyone.
– Community Member (Williamson County)



We need systemic methods put into place. Having a required social emotional component embedded into the culture from the top down [is needed]. – Community Member (Franklin County)



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.

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

Using the Pyramid Model in ECEC programs is optional and varies across the State. There are currently 133 implementation sites in Illinois. There are two implementation sites in Region 21: one at a child care center and one in a Preschool for All program. One provider shared their experience with the program.



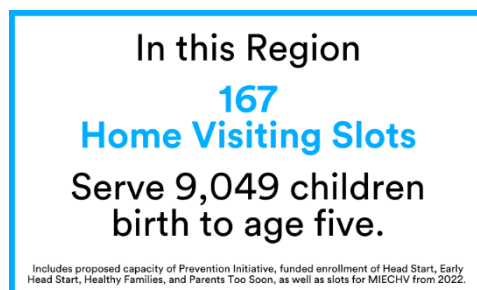
The Pyramid Model is a great resource with multiple tools to use with children in the classroom. The training model was well thought out to get the best results for success. At the beginning of the implementation of the Pyramid Model I thought why take so long to get the information to us. After the process began, I understood greatness cannot be rushed and the best way to introduce this model successfully is to do it over time and to keep repeating the process and it will get ingrained into the program and be successful over a long period of time.

– Early Childhood Center Director (Williamson County)



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.



Focus on Families & Caregivers

There are three Home Visiting programs with seven Home vVisitors serving families in Region 21. Overall, the entire Region is underserved.

Parents and caregivers were asked to share how Home Visiting services support the well-being of their family. They explained that receiving Home Visiting services has given them important resources to support their family, as well as opportunities for them to work towards meaningful goals.

“ Home Visiting provided me support when I had very little. I was a young kid trying to figure out how I would raise my own child. Home Visiting taught me skills to transition to motherhood, activities to learn how to be my child’s teacher, and helped me get access to health services. ”
– Community Member (Franklin County)

“ W Home Visiting was helpful to me because it provided direct support in my home environment while allowing both me and my child to avoid travel and unnecessary wait times that are overly stressful. ”
– Community Member (Franklin County)

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.

Hope Autism Clinic provides services for children ages two to eight who have been evaluated for, and diagnosed with, Autism. All diagnoses at this time must come from the Knights of Columbus to qualify for services at the Clinic. The wait list for a diagnostic appointment can be anywhere between nine months and two years. The program has full- and half-day therapy options, but there is a minimum commitment of 20 hours per week. Currently, only private insurance is accepted, and there is no option for private pay. Any child within a 50-mile radius of a clinic can be served. They serve 22 children at two clinics.

Programming consists of teaching appropriate behaviors across domains (e.g., language, play, social, daily living) along with reducing challenging behaviors. The overall goal for programs is to prepare children for the least restrictive environment in educational placement and increase appropriate interactions at home.

The Regional Office of Education (ROE) #21 shared information about the work of the School Social Worker/Social-Emotional Learning (SEL) Culture and Climate Coach. There is a grant that allows districts, in partnership with SEL Coaches, to identify, develop, and implement a comprehensive plan to address the safety and well-being of students and staff. This opportunity is extended at no cost to all schools and districts in Area VI, which covers 26 of Illinois’ southernmost counties. There are 23 school districts in the ROE and 41 schools participating in the SEL Learning Cohorts. Of these participating schools, 13 have preschool programs.

The Child Care Resource & Referral (CCR&R) Agency also has programs to address and support Mental and Behavioral Health. The Infant Toddler Child Care Specialist and Quality Specialist roles offer services to teachers and programs who have children with Behavioral Health needs. The CCR&R also offers training to child care center staff and administrators, Family Child Care providers, parents, and caregivers. These trainings topics include but are not limited to:

- Infant Massage Training
- Perinatal Mental Health
- Self-Compassion and Self-Care
- Is it Sensory or Behavior?
- Strengthening Your Village
- The Cost of Caring: Compassion Fatigue



Region 21 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

- Region 21 is made up of many small, rural close-knit communities. This provides families with a strong support system for seeking help, guidance, and understanding.
- Prevention Initiative programs offer valuable strengths by intervening early, creating supportive environments, and promoting healthy behaviors.
- I/ECMH Consultants train ECEC professionals on various topics, which helps lower stress associated with challenging student behaviors.
- Though not a direct Mental and Behavioral Health service, Healthy Families Home Visiting supports the whole family and can break the cycle of generational trauma.
- Several programs offer prenatal services with the goal of getting parents and caregivers involved from the start. These programs educate parents on available Mental and Behavioral Health services among other supports.
- A variety of programs and resources are available including physical, speech, occupational, developmental, and behavior therapies, as well as Home Visiting and developmental screening services.
- Social Emotional Learning Cohorts takes a prevention versus intervention approach and serve over 19,000 children in Region 21.
- The Autism Clinic at Hope provides one-on-one services that are individualized to the client.
- There is less stigma now about needing Mental and Behavioral support and receiving a diagnosis than there has been in the past.

Regional Needs

- More community awareness of available and up-to-date Mental Health resources.
- More providers to serve the Region so families can access Mental and Behavioral Health services without long wait times.
- Smaller caseloads for Mental and Behavioral Health providers.
- Affordable Mental Health services and more providers who accept different insurance plans.
- More professionals who can assess for Autism, which will decrease wait times.
- More Mental Health support for children with disabilities.
- More Home Visiting coverage for underserved areas of the Region explicitly designed to strengthen parent-child relationships and address Mental Health challenges.
- More funding and staffing for the Autism Center at Hope.
- More support and higher wages for behavior technicians.
- Have all children's services located in one facility to assist with regulation, stability, and consistency.
- Reliable transportation for families to attend therapy appointments consistently.
- Training and resources to help frontline workers navigate high-intensity behaviors and Mental Health crises.



Region 21 Recommendations

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

- Educate the public on the need for Mental and Behavioral Health support in Region 21, starting early when developmental supports are crucial.
- Develop and distribute up-to-date Mental Health resources to community partners.
- Educate ECEC professionals on the available Mental and Behavioral Health training, resources, and supports.
- Partner with colleges and universities to link early career Mental and Behavioral Health professionals with employment opportunities in the Region. Share strategic resources via social media and via existing job and resource fairs.
- Training for educators on how to effectively work with children with social and emotional delays.
- Stipends for behavior technicians working in underserved areas of the Region.
- Gather information from the community on where transportation to appointments is most needed and educate families on the transportation support that is currently available.



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 21, 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.
- County Health Rankings (2023). Explore health rankings. www.countyhealthrankings.org/explore-health-rankings/illinois?year=2023.
- Illinois Department of Healthcare & Family Services (DCFS) (2023). Provider search. www.enrollhfs.illinois.gov/en/provider-search.
- Illinois Department of Public Health (IDPH) (2023). Community Health Needs Assessments. www.healthcarereportcard.illinois.gov/community_health_assessments.
- Illinois Department of Public Health (IDPH) (2023). Number of hospitals. www.data.illinois.gov/dataset/410idph_hospital_directory.
- Illinois Department of Public Health (IDPH) (2023). Number of Rural Health Centers. www.data.illinois.gov/dataset/442idph_rural_health_center_directory.
- Illinois Early Childhood Asset Map (IECAM) (2021). Regional reports. www.rr.iecam.illinois.edu/dash-snapshot-report/landing.
- Illinois Network of Child Care Resource & Referral Agencies (INCCRRA) (2024). I/ECMHC database. www.registry.ilgateways.com/component/consultantsearch.
- The American Board of Pediatrics, Research Department. (2021). Data sent on November 21, 2023, related to www.abp.org/content/data-and-workforce. Chapel Hill, NC: The American Board of Pediatrics.



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