



THE COLLABORATIVE FOR CHILDREN’S HEALTH POLICY: 2019-22 POLICY FRAMEWORK

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A Unified Policy Framework

Established in 2018, the Collaborative for Children’s Health Policy (CCHP) is a broad-based, statewide coalition of 700+ nonprofit, public, for profit and community representatives that have come together with the shared aim of working together to remove the real barriers that prevent sustaining progress and attention on critical child health policies in Illinois, including changing administrations, budget challenges and the lack of vote or voice by children. Through effective collaboration, we are dedicated to making Illinois children's health a priority.

Through a participatory process conducted in 2018-19, CCHP has built the policy framework described within this document, the purpose of which is to focus and guide the collective work of the CCHP over the next several years. To maximize its effectiveness, the collaborative will take a leadership role¹ and dedicate CCHP resources to build expertise, staffing and mobilize around policy change to achieve the three goals included in the policy framework in these instances:

- Policy effort is fully consistent with mission & values
- Directly achieving results in policy framework as defined
- Enough resources are available to do it justice, given other commitments
- Other coalitions are not already leading this effort

¹ Leadership means dedicating significant expertise, staffing, and mobilization around policy change. CCHP may take a supportive role in other efforts that are consistent with its mission, values, and policy framework, which may take the form of signing onto support letters, distributing information to membership about policy initiative, and/or information sharing.

CCHP Overview

Given the real and significant challenges that Illinois children face to their health and well-being AND because it has proven difficult to sustain progress and attention on key child health policies in Illinois because of multiple barriers—changing administrations, budget challenges, competition among sectors and regions, community partners struggling, children’s inability to vote, and a fragmented system of accountability for child health policy—six organizations sought to build a new cross-sector coalition that would focus solely on child health. Links to those founding members’ websites are included below.

- [The Ann and Robert H. Lurie Children’s Hospital of Chicago](#)
- [EverThrive Illinois](#)
- [IL Chapter of the American Academy of Pediatrics](#)
- [IL Children’s Healthcare Foundation](#)
- [The Ounce of Prevention Fund](#)
- [Voices for Illinois Children](#)

CCHP’S MISSION

The Collaborative for Children’s Health Policy transforms child and adolescent health and well-being in Illinois by partnering to advance policies and investments that will achieve health equity for youth, families and communities.

OUR GUIDING PRINCIPLES

How we approach child health...	How we partner and work...
<ol style="list-style-type: none"> 1. We acknowledge that each child, family, and community is <u>unique</u>. 2. We employ a <u>developmental approach</u> because health evolves over the life course and is embedded in family and community health/well-being. 3. We acknowledge that health in infancy, childhood and adolescence <u>affects health in adulthood</u>. 4. We know that health and development are <u>impacted by numerous factors</u>, including but not limited to racism, inequality, disability, isolation, special health care needs or immigration status. 5. We understand that investments in children and adolescents support the long term <u>economic and social wellbeing of our state</u>. 6. We consider <u>access to services</u> a key component of health equity. 	<ol style="list-style-type: none"> 1. We recognize that <u>everyone</u> – families and youth of all income levels, all sectors and disciplines– has a role to play. We can reach more children and make real change when we work together. 2. We engage the people and organizations <u>most affected</u> by the policy in its development. 3. We encourage the <u>use of data</u>, including local data and local knowledge, evidence-based policies, and evaluation. 4. When they support health equity, we seek to <u>enhance existing</u> infrastructures, sustainability, implementation, and funding. 5. We seek to ensure that <u>potential negative effects</u> of any types of policies are minimized, and not borne by already disadvantaged populations.

CCHP'S STRATEGIC GOALS

Through a participatory planning process CCHP has determined that it will focus its resources in the coming years to achieve the three, interconnected strategic goals included in the table below. Within each goal there are short lists of key elements that help further define the types of initiatives that the Collaborative will lead, with more detail on an inventory of potential initiatives included in the following goal-specific tables.



1. Increase **access** to quality health services for **all children**

- **Availability of health services** in child's community: Primary and specialty care, dental, vision, school-based and in-home supports
- **Quality of care:** statewide quality measures tied to national standards; properly resourced medical homes, linguistic/culturally appropriate care
- **Affordability:** Public and private insurance coverage and adequate reimbursement rates for care and medications
- **Navigation:** Child- and family-centered strategies to coordinate care, especially for medically complex

2. Improve access to **child mental health** services

- Building **local systems of care** for child mental health that improve all access points
- Increase mental health consultation and socioemotional **supports in schools and early childhood settings**
- Statewide **child mental health outcome tracking:** establish baseline and tracking key indicators across systems
- Increase the use of **trauma-informed practices** in a range of settings including schools to support children exposed to adverse childhood experiences
- Identify and build upon **protective factors within families**

3. Address **key social determinants and influencers** of child health

- **Reframe role poverty plays in health and well-being**, as well as impact of health on social and economic position (2-way relationship), using clear, accessible evidence base
- Build **2-generation strategies** that focus on helping children and caregivers simultaneously, such as:
 - Policies that increase parental employment/income
 - Grow funding and quality of early childhood education, home visiting
 - Measures that improve community infrastructure, including quality education, affordable housing and safe public spaces
 - Protect and expand funding for essential public benefits

Goal #1: Increase Access to Health Services for All Children

Barriers	Policy Initiatives	Potential Starting Places
<p>Coverage/Reimbursement Inadequate reimbursement rates and/or coverage for necessary care in private and public insurance exacerbate access challenges.</p>	<p>Increase primary and specialty care reimbursement rates for child health services</p> <p>Address quality, consistency of care</p> <p>Expand types of providers who can be reimbursed and the variety of settings where they can work (e.g. community health workers, CADCs, case managers, etc.)</p>	<ul style="list-style-type: none"> • Undertake cross-state analysis of reimbursement and coverage • Uncover policy levers being developed or used in IL and in other states to increase reimbursement/coverage (i.e. waivers) • Statewide quality measures tied to national standards; properly resourced medical homes, linguistic/culturally appropriate care • Create targeted campaigns to increase rates/coverage
<p>Use of Telehealth Technology Insufficient use of technology to ease access challenges for populations that are geographically or otherwise isolated from health services.</p>	<p>Address the legal barriers to implementation, such as the requirement that physicians must be in the room with a child to provide care</p> <p>Build infrastructure in areas of state to allow for telehealth service provision</p> <p>Increase coverage/reimbursement for telehealth services</p> <p>Make sure healthcare providers are trained in telehealth and have the tools to successfully meet the needs of children and their families</p>	<ul style="list-style-type: none"> • Gather baseline knowledge: successful examples from like states, information about who can now provide telehealth services • Assess areas of state that lack infrastructure and advocate with cross-sector partners to build • Build and conduct trainings and toolkits for providers who have access to infrastructure
<p>Healthcare Professional Shortages Healthcare workforce is inadequate to address needs of populations in rural and some urban areas, including health specialties as well as racial, cultural, and linguistic competencies.</p>	<p>Grow interest through incentives/tuition support for child health fields, such as: Advance Practice Nurse certification and behavioral health specialists</p> <p>More training/certification for community health workers, mid-level providers</p> <p>Increase urban/rural funding in shortage areas for FQHCs</p>	<ul style="list-style-type: none"> • Identify non-academic supports that are needed to recruit & support diverse practitioners • Ensure cross-check of all policy initiatives to include diverse perspectives

Goal #2: Improve Access to Child Mental Health Services

Barriers	Policy Initiatives	Potential Starting Places
<p>Lack of School-based Mental Health Services Insufficient socio-emotional and mental health supports for children and youth in schools and early childhood settings.</p>	Increase capacity of schools and early childhood settings to identify, assess, treat, support children with socioemotional or mental health concerns	<ul style="list-style-type: none"> FOR ALL MENTAL HEALTH POLICY PRIORITIES: Map out what policy work is happening across the state and develop recommendations about policy levers to pursue with greater collaboration in mental health in these areas. Needs assessment/map out the current mental health capacity in school districts Funding to increase number of clinicians or mental health professionals in schools/early childhood
	Address payment barriers for school-based care within Medicaid (coverage/rates)	
	Create supportive schools- community schools, wellness training, trauma-informed	
<p>Disincentives to Provide Child Mental Health Care Mental health coverage lags far behind in public and private health insurance plans</p>	Advocacy to increase reimbursement (with quality indicators) for mental health care, including MCO payment in Medicaid, crisis services	<ul style="list-style-type: none"> Engage in collaborative lobbying with other mental health networks and coalitions
	Reduce filing/administrative burdens for mental health provider billing	
	Increase flexibility of payment for team-based treatment, family-oriented payment, etc.	
<p>Inadequate Coordination of Care Need for more child- and family-focused alignment and coordination of care for better results</p>	Move toward local systems of care with all child-serving systems involving in planning, gaps analysis, and mental health system improvements	<ul style="list-style-type: none"> Statewide child mental health outcome tracking: establish baseline and tracking key indicators across systems- IL Children's Mental Health Partnership Data Collection? Socio-emotional learning tools used in schools are embedded in other systems Integrated health home used as model
	Better use of technology to improve I & R, create shared health records, track outcomes across systems	
	Create standardized mental health indicators and tools across systems (medical, community-based, schools)	
	Integration of mental health in primary care services, including improving communication/coordination across providers	

Goal #3: Address Key Social Determinants and Influencers of Child Health

Barriers	Policy Initiatives	Potential Starting Places
<p>Missed Opportunities We have not yet made the case for the general public about the interconnectedness of poverty, racism, inequality, health and well-being and the importance of ensuring that our children have what they need to thrive.</p>	<p>Engage communities and families to understand and capture their perspectives, stories</p> <p>Awareness & messaging campaigns: storytelling, messaging, framing about assets, not maximizing potential</p> <p>Make an economic or business case for investing in children's health (like Illinois Business Immigration Coalition)—why should Illinois invest in children?</p>	<ul style="list-style-type: none"> • Build baseline knowledge about intergenerational poverty and inequality and the effects on child health and well-being outcomes, including an analysis of disparities by race, ethnicity, and geography • Gather set of indicators for missed opportunity, such as: Minnesota indicators- race gap in hiring, # of businesses added to workforce, inclusive growth, access to opportunity, childcare, things people need to get to work • Create “input diagram” —what it takes for children to thrive • State-specific entity takes ownership of awareness building, seeks funding for public health messaging
<p>Lack of Affordable, Well-located Housing Families do not have access to safe, healthy, affordable housing in communities.</p>	<p>Increase the supply of affordable rental housing</p> <p>Advocate to change state/local housing legislation to improve housing conditions (quality, safety code compliance, lead remediation, mold, etc.)</p> <p>Increase supportive housing options for homeless and the highest need families, transitioning youth, homeless youth</p>	<ul style="list-style-type: none"> • Gather baseline knowledge: data on opportunity areas for children, existing laws, other coalitions and housing policy efforts underway • Build a set of considerations and recommendations regarding: 1) the role the Collaborative can play to advance progress on improving housing options for families; and 2) strategies to strengthen the intersections between housing and health, including strengthening connections between housing and health advocates • Identify opportunities and build formal partnerships with coalitions specializing in access to affordable housing for highest need families
<p>Inequitable Access to Quality Education There are inequities in access to quality educational opportunities, disproportionately impacting communities of color and low-income communities.</p>	<p>Improve quality and equity in education</p> <p>Increase after school and summer programming for students</p> <p>Ensure parent/child access to educational, employment and training opportunities</p> <p>Strengthen families through family-focused interventions (e.g. home visiting for new families, parent coaching/support)</p>	<ul style="list-style-type: none"> • Gather baseline knowledge: data on educational opportunities, other coalitions and policy efforts already underway in education policy • Build considerations and recommendations regarding: 1) the role the Collaborative can play to advance improved educational opportunities, including expansion of prenatal-to-three services; and 2) strategies to strengthen the intersection between health and education. • Identify opportunities to coordinate and build formal partnerships with coalitions specializing in education

Get Involved with CCHP

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<p>Find us on our website at www.collaborative4childrenshealth.org and/or sign up to connect with the Collaborative for Children's Health policy here.</p>	<p>Committees: Access to Child Health Services Access to Child Mental Health Services Social Determinants of Health Parent Advisory Group Physician Advisory Group</p>	<p>Affinity Groups: Data, Research and Evaluation Rural Health Youth</p>