



*Strategic Plan for Building a Comprehensive  
Children's Mental Health System in Illinois*

**Illinois Children's Mental Health Partnership**

**Annual Report to the Governor**

**September 30, 2007**

# Illinois Children's Mental Health Partnership Members

## Partnership Chair

Barbara Shaw

Illinois Violence Prevention Authority

## Executive Committee

Tanya R. Anderson

Illinois Department of Human Services, Division of  
Mental Health

Ray Connor

Individual Care Grant Parents Association

Ruth Cross

Naperville School District

Claudia L. Fabian

Latino Coalition for Prevention

Karen Freel

Ounce of Prevention Fund

Gaylord Gieseke

Voices for Illinois Children

Stephanie Hanko

Illinois Department of Healthcare and Family Services

Annette Johnson

Illinois Chapter, National Black Social Workers  
Association

Christopher Koch

Illinois State Board of Education

Carolyn Cochran Kopel

Illinois Department of Human Services

Maria McCabe

Illinois School Counselors Association

Denice Murray

Illinois Department of Children & Family Services

Wendy Blank-Navarro

Illinois Department of Corrections

Louanner Peters

Office of the Governor

Elizabeth Richmond

Illinois Adoption Advisory Council

Barbara Shaw

Illinois Violence Prevention Authority

Florence Townsend

Association of Black Psychologists

Peter Tracy

Association of Community Mental Health Authorities of  
Illinois

Paula Wolff

Chicago Metropolis 2020

## *Early Childhood*

Karen Freel

Ounce of Prevention Fund

Gaylord Gieseke

Voices for Illinois Children

## *Family Advocacy, Communication, and Education (formerly Family Involvement)*

Kim Miller

Children's Home Association

## *Public Awareness*

Florence Townsend

Association of Black Psychologists

Paula Wolff

Chicago Metropolis 2020

## *School Age*

Maria McCabe

Illinois School Counselors Association

Peter Tracy

Association of Community Mental Health Authorities of  
Illinois

## *Residential Treatment Workgroup*

Ray Connor

Individual Care Grant Parents Association

Barbara Shaw

Illinois Violence Prevention Authority

***School Policies and Standards***

Ruth Cross  
Annette Johnson

Naperville School District  
Illinois Chapter, National Black Social Workers  
Association

**Management Team**

Barbara Shaw  
Gaylord Gieseke  
Colette Lueck  
Karen VanLandeghem

Illinois Violence Prevention Authority  
Voices for Illinois Children  
Illinois Children's Mental Health Partnership  
Illinois Children's Mental Health Partnership

**Partnership Members**

Scott G. Allen  
Superintendent Gene Amberg  
Tanya Anderson

Illinois Chapter, American Academy of Pediatrics  
Urbana School District #116  
Illinois Department of Human Services, Division of  
Mental Health

Representative Patricia R. Bellock  
Wendy Blank-Navarro  
Debbie Bretag  
Juana Burchell  
Terry Carmichael  
Mary Ellen Caron  
Betsy Clarke  
Carolyn Cochran Kopel  
Ray Connor  
Ruth Cross  
Representative Elizabeth Coulson  
Representative Will Davis  
Claudia L. Fabian  
Karen Freel  
Kurt Friedenauer  
Gaylord Gieseke  
Gene Griffin  
Stephanie Hanko  
Annette Johnson

State Representative  
Illinois Department of Corrections  
Illinois Center for Violence Prevention  
Illinois State Board of Education  
Community Behavioral Healthcare Association  
Chicago Department of Children and Youth Services  
Juvenile Justice Initiative  
Illinois Department of Human Services  
Individual Care Grants Parents Association  
Naperville School District  
State Representative  
State Representative  
Latino Coalition for Prevention  
Ounce of Prevention  
Illinois Department of Juvenile Justice  
Voices for Illinois Children  
Illinois Childhood Trauma Coalition  
Illinois Department of Healthcare and Family Services  
Illinois Chapter, National Black Social Workers  
Association

Christopher Koch  
Susan Kaplan  
Susan Krause  
Patricia Leppala-Bardell  
Senator Iris Y. Martinez  
Maria McCabe  
Denice Murray  
Louanner Peters  
Kelly Rauscher  
Elizabeth Richmond  
Representative Kathleen A. Ryg  
Tom Schafer  
Senator Jeffrey M. Schoenberg  
Barbara Shaw  
Cara Smith

Illinois State Board of Education  
Illinois Association for Infant Mental Health  
Youth Service Bureau for McHenry County  
Illinois Federation of Families  
State Senator  
Illinois School Counselors Association  
Illinois Department of Children & Family Services  
Office of the Governor  
Illinois State Board of Education  
Illinois Adoption Advisory Council  
State Representative  
Illinois Department of Public Health  
State Senator  
Illinois Violence Prevention Authority  
Illinois Office of the Attorney General

Senator Dave Syverson  
Florence Townsend  
Peter Tracy

Senator Kathleen L. “Kay” Wojcik  
Juan Valbuena  
Paula Wolff  
Carol Wozniwski  
Lisa York

State Senator  
Association of Black Psychologists  
Association of Community Mental Health Authorities of  
Illinois  
State Senator  
Illinois Coalition for School Health Centers  
Chicago Metropolis 2020  
Mental Health America of Illinois  
Illinois School Psychologists Association

Dear Governor Blagojevich:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am delighted to present the second Annual Report to the Governor on the implementation of the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*. As you know, ICMHP is mandated by the Illinois Children's Mental Health Act of 2003 to develop, implement, and monitor the Strategic Plan. ICMHP efforts over the past year have been marked by significant advancements in implementing key Strategic Plan priorities. This Report highlights the numerous accomplishments Illinois is making to reform the children's mental health system through implementation of these priorities.

**Since the passage of the CMH Act, and in accordance with the ICMHP Strategic Plan, Illinois has served greater numbers of children at younger ages and earlier stages of need with more effective mental health programs and services, reduced fragmentation of services, enhanced interagency collaboration, and expended \$56.6 million less over the last three years by serving children with community based mental health services instead of costly hospitalizations.** These changes mean that children like Tracy—a four year old from Rockford who was experiencing significant behavior problems that were unmanageable by both her parents and preschool teachers—can be referred in a timely manner and receive services at a community agency that is now better trained and equipped to address the mental health needs of young children and their families. Additionally, her parents are gaining new skills in areas including parenting, stress management, and discipline techniques.

These achievements and the many others outlined in this Report are testament to the immense level of commitment and dedication shown by public and private sector agencies, organizations, and individuals working together to implement the Plan. They also exemplify how state, federal, and private investments in children's mental health can be effectively leveraged and maximized to effect true change on behalf of children and families in Illinois.

Investments in children's mental health have enabled key child-serving systems including mental health, education, juvenile justice, child welfare, child care, and primary health care to broaden their reach by promoting the importance of children's mental health and by serving greater numbers of children who may be at risk for mental health problems. Thanks to state and private investments, in this past year alone ICMHP and its member agencies awarded over \$3.2 million to communities across the state for the advancement of children's mental health programs and services.

Children's mental health is essential to the health, academic success, and overall well-being of Illinois children—clear and critical priorities outlined and advanced in the state under your leadership. Illinois continues to be recognized as a national leader for the passage of the CMH Act, the work of ICMHP, and for the progress we are making in developing a comprehensive mental health system that addresses the promotion, prevention, early intervention, and treatment needs of children from birth to age eighteen, and for youth ages 19-21 who are transitioning out of key public programs (e.g., child welfare, school, the mental health system). With your continued support, we can continue to play a national leadership role in modeling policies and practices that advance children's mental health in Illinois and nationwide.

ICMHP is very appreciative of the support your administration and other leaders have provided to implement the Strategic Plan. We look forward to our continued partnership with you and your office in meeting the mental health needs of Illinois children.

Sincerely,

Barbara Shaw, ICMHP Chair

## Background on the ICMHP Annual Report

Illinois became a national leader in recognizing the importance of mental health to children's overall health, well-being, and academic success with the passage of the Children's Mental Health (CMH) Act of 2003. This landmark and groundbreaking law underscored a clear and critical commitment by Illinois leaders to children's mental health and to the need for reforming an existing mental health system that is highly fragmented, under-resourced, and inadequately coordinated to meet the needs of Illinois children and their families.

Among other key areas, the CMH Act created the Illinois Children's Mental Health Partnership (ICMHP) and charged it with developing a Children's Mental Health Plan containing short-term and long-term recommendations for providing comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth to age 18, and youth ages 19-21 who are transitioning out of key public programs. The ICMHP submitted its *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*<sup>1</sup> (hereinafter the Strategic Plan) to Governor Rod Blagojevich in June 2005. The Strategic Plan is a comprehensive vision and strategic roadmap for achieving the goals set forth in the CMH Act. It embodies the collective vision and tireless work of over 250 individuals representing families, children and youth, policymakers, advocates, and key systems including mental health, education, early childhood, health, child welfare, substance abuse prevention, violence prevention, and juvenile justice.

The Strategic Plan outlines six Core Goals and ten Strategic Priorities necessary to reform the children's mental health system in Illinois. The six Core Goals are as follows:

- Goal I: Develop and strengthen prevention, early intervention, and treatment policies, programs, and services for children.
- Goal II: Increase public education and awareness of the mental health needs of children.
- Goal III: Maximize current investments and invest sufficient fiscal resources over time.
- Goal IV: Build a qualified and adequately trained workforce with a sufficient number of professionals to serve children and their families throughout Illinois.
- Goal V: Create a quality-driven children's mental health system with shared accountability among key state agencies and programs.
- Goal VI: Invest in research.

This ICMHP Annual Report to the Governor, which is required by the CMH Act, reports on the progress of ICMHP and its member agencies and organizations in implementing the Strategic Plan and makes recommendations for further advancement of the Plan. It provides an overview of key ICMHP accomplishments and related outcomes, highlights activities that have been implemented to achieve the ten Strategic Priorities, and highlights state efforts—either implemented directly by ICMHP or its member agencies and organizations—to address the six Core Goals of the Plan. Finally, ICMHP makes recommendations for future directions to ensure continued implementation of the Strategic Plan to develop a comprehensive system of prevention, early intervention, and treatment for Illinois children and their families.

---

<sup>1</sup> The *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois* can be accessed at: [https://www.accountonline.com/Logouthttp://www.ivpa.org/childrensmhtf/pdf/ICMHP\\_Strategic.20050908.pdf](https://www.accountonline.com/Logouthttp://www.ivpa.org/childrensmhtf/pdf/ICMHP_Strategic.20050908.pdf).

## Overview of Key ICMHP Accomplishments, Outcomes, and Recommendations

ICMHP continues to make significant progress in implementing the Strategic Plan Core Goals and Strategic Priorities by working with its five Standing Committees (Early Childhood, School Age, School Policies and Standards, Public Awareness, and Family Advocacy, Communication, and Education) and a Residential Treatment Workgroup. These committees actively engage over 200 groups and individuals in ICMHP work. The numerous accomplishments of ICMHP and its member agencies and organizations were marked this past year by implementation of several Strategic Plan priorities. In fact, the ICMHP and its member agencies awarded over \$3.2 million to communities across the state for advancement of children's mental health programs and services in FY 07. (Please see the chart on page 14 for *Implementation of FY 07 Appropriation for ICMHP Strategic Plan Priorities* and page 15 for a state map of grantee sites.)

The following report highlights key ICMHP accomplishments and, where relevant, related outcomes, in implementing the ICMHP Strategic Plan. In addition, recommendations for continued implementation and advancement of the Strategic Plan are noted.

- **Enhancing children's school readiness and ability to achieve academic success** through implementation of a Social and Emotional Learning (SEL) Standards Professional Development Plan for educators in partnership with the Illinois State Board of Education (ISBE). Illinois was the first state to develop and adopt SEL Standards and as such, has become a model for other states<sup>2</sup>.
  - **Key Outcomes:**
    - Supporting professional development and the creation of a three-year plan for implementation of the SEL Standards in 85 participating schools by providing grants of \$10,000 in FY 07 to 38 school districts across the state.
    - Established an SEL Cadre of master trainers and coaches to support the participating schools by providing grants of \$50,000 or more in FY 07 to six Regional Offices of Education (ROEs), an Intermediate Service Center, and a Chicago technical assistance agency.
    - Trained 18 SEL Cadre members to provide training and ongoing coaching to the 85 participating schools across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL).
- **Strengthening the capacity of school districts to identify and meet the early intervention mental health needs of students** in natural settings and in coordination with existing mental health support programs and structures through implementation of a School Mental Health Support Grants program that is administered by the Illinois Violence Prevention Authority (IVPA) in collaboration with ISBE and ICMHP.
  - **Key Outcome:** Supporting 15 school districts in the development of a coordinated, collaborative early intervention mental health support system for students that is

---

<sup>2</sup> The State of New York adopted SEL Standards as a result of state legislation that was modeled on the Illinois Children's Mental Health Act of 2003. Several other states are also adopting SEL standards based on the Illinois standards.



integrated with community mental health agencies and organizations and other child-serving agencies and systems by providing grants to these school districts ranging from \$25,000 to \$170,000 in FY 07.

- **Enhancing the capacity of community mental health agencies to address the mental health needs of young children ages 0-7** through implementation of an Early Childhood Children's Mental Health Consultation Project that is designed to develop and pilot test a Children's Mental Health Consultation model for these agencies.
  - **Key Outcome:** Seven community mental health agencies (four in the Chicago metropolitan area and three in other regions of Illinois) are receiving in-depth mental health consultation and training to mental health providers and staff through implementation of a comprehensive and multi-faceted consultation model, one of the first of its kind in the nation.
- **Providing early intervention services (e.g., individual and group counseling, social skills building) to children and adolescents** who do not meet the criteria for a DSM-IV diagnosis through implementation of an Early Intervention Services grants program, administered by the Illinois Department of Human Services, Division of Mental Health (DMH).
  - **Key Outcome:** Building and enhancing activities to intervene early with children who are at risk of developing more significant mental health problems through grants of up to \$100,000 that were awarded to community mental health agencies in each of the five DMH regions of the state (5 grants in total). FY 08 appropriations are being utilized to expand this program.
- **Providing social/emotional support services for 16-18 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice)** through implementation of a Transition Services grants program administered by DMH.
  - **Key Outcome:** Developed five pilot programs for youth transitioning from the Department of Corrections back into the community, and youth transitioning out of the Child and Adolescent Mental Health Services system (DMH) into the adult mental health services system through grants of up to \$100,000 that were awarded by DMH to community mental health agencies in each of the five DMH regions of the state (5 grants in total). FY 08 appropriations are being utilized to expand this program.
- **Educating the public and other key target audiences about the importance of children's social and emotional development and mental well-being**, and to reduce the stigma of childhood mental illness through implementation of a Public Awareness Campaign Plan.
  - **Key Outcome:** In collaboration with DMH, engaged a media firm to develop and implement a Public Awareness Campaign whose primary dissemination strategy is an interactive website that will provide information on mental health and well-being to policymakers, health and mental health providers, educators, family members, consumers, and the general public.

- **Promoting parent/caregiver leadership and support in the children’s mental health system through initiation of a Family Leadership Project.** FY 08 appropriations for ICMHP strategic priorities will enable implementation of a regional network to support parents and caregivers in understanding their children’s mental health needs, navigating the complexities of the children’s mental health system, and serving as leaders in the local, regional, and statewide children’s mental health system.
- **Serving over 600 schools with the ISBE Positive Behavior Interventions and Supports (PBIS) program** (an expansion of 75 schools in FY 07) with particular emphasis on children and youth with significant behavioral challenges and/or mental health needs. FY 08 appropriations are being utilized to continue work with the 75 new PBIS schools and expand the PBIS program in an additional 50 schools.
- **Strengthening the capacity of community mental health agencies to utilize evidence informed practices in their children’s mental health service system** through implementation of the DMH Evidence Informed Practice (EIP) Initiative.
  - **Key Outcome:** Ten agencies throughout the state were awarded small grants (<\$10,000) to participate in the EIP Initiative.
- **Monitored the Screening, Assessment and Support Services (SASS) system**—a collaborative effort among the Departments of Healthcare and Family Services (HFS), Human Services (DHS), and Children and Family Services (DCFS). As required by the CMH Act, Illinois expanded the SASS program, extending it to all HFS-eligible children. SASS is a single statewide system that serves children experiencing a mental health crisis whose care requires public funding from one of the three agencies, with an emphasis on providing family-friendly, single point of entry and services in the most appropriate setting.
  - **Key Outcome:** If the SASS program had not been in place during FY05 through FY07, HFS estimates that psychiatric inpatient hospitalization and related costs for eligible children and adolescents for the Departments of Human Services, Children and Family Services, and Healthcare and Family Services would have been approximately \$56.6 million more over the last three years<sup>3</sup>.
- **The Department of Healthcare and Family Services submitted Medicaid claims for Individual Care Grants (ICG) as required by the CMH Act.**
  - **Key Outcome:** The ICG claiming during FY 07 was \$1.7 million, resulting in FY 05 – FY 07 total claiming of \$7.1 million.
- **Promoting an understanding of the impact of trauma on children’s mental health** and the importance of providing trauma informed services for children who have experienced trauma through a newly-formed Illinois Childhood Trauma Coalition that received seed grant support in FY 07.
- **Increased awareness about the number of youth within the juvenile justice system who are impacted by mental health issues** and about appropriate screening tools, policies, and

---

<sup>3</sup> This data was provided by HFS and is based on a cost trend analysis using FY 00 through FY 04 data.

procedures for use with this population. The ICMHP in partnership with DMH and the MacArthur Foundation conducted a *Colloquium on Mental Health Screening and Assessment for Youth with Juvenile Justice Involvement*. The Colloquium, attended by over 100 participants, featured national experts and a panel of state leaders in the field of juvenile justice.

- **Key Outcome:** Due to the success of this statewide meeting, representatives from Circuit Court Districts across the state have requested that the ICMHP work with a local steering committee to conduct regional Colloquia.
- **Developed recommendations for improving residential treatment services in Illinois.** The recommendations were developed by an interagency and stakeholder (e.g., families) Residential Treatment Workgroup that examined how children’s residential mental health treatment services are funded and accessed in Illinois and across the country. The recommendations will be presented to ICMHP this fall, after which an action plan for implementation of the recommendations will be developed.
- **Successfully advocated for a \$9 million appropriation to support key Strategic Plan priorities in FY 08.** DMH will administer \$6 million of the total appropriation (\$3 million of which are “lockbox” funds) and ISBE will administer \$3 million of the appropriation.
- **Secured over \$250,000 in private and public funds and in-kind funds and services from Illinois state agencies, corporations and foundations** (Illinois Violence Prevention Authority, Illinois Children’s Healthcare Foundation, Michael Reese Health Trust, and Blue Cross Blue Shield of Illinois) to support ICMHP and implementation of selected Strategic Plan priorities in FY 07.
- **Increasing integration of state and local mental health and school systems to improve mental health supports for Illinois students** through a federal grant from the U.S. Department of Education (nearly \$300,000). Key activities include development of six core trainings that will be provided to the School Mental Health and Early Intervention Grantees, and promotion of state level interagency planning and data-sharing.
- **Supported passage of the Perinatal Mental Health Disorders Prevention and Treatment Act (SB0015)** to help curb postpartum depression among new mothers and improve their children’s healthy development. Signed by the Governor on August 27, 2007, the new law calls for the development of procedures to assist health care providers in reviewing maternal mental health during regularly scheduled doctor visits.
- **Supported passage of SB 1739 which amends the state Public Aid code to allow licensed clinical social workers to be reimbursed for services under Medicaid.**
- **Developed plans to create three new ICMHP work groups: Financing and Assessment Strategies Work Group, Benchmarks Work Group and Consultation Work Group.**
- **Conducted numerous presentations at the national, state, and community level to educate key groups** about Illinois efforts to reform the children’s mental health system.

ICMHP is nationally recognized by federal agencies (e.g., Substance Abuse and Mental Health Services Administration), national organizations (e.g., National Governors Association) and other states (e.g., Michigan, New York) for its work in improving the children's mental health system.

## **Recommendations for Further Implementation of the ICMHP Strategic Plan**

1. Continue to promote and support children's mental health (e.g., public awareness campaign) as a top priority area for addressing the health, academic success, and well-being of Illinois children and youth.
2. Continue to support implementation of the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*, using ICMHP as a key state-level entity for promoting the development and implementation of a comprehensive children's mental health system in Illinois.
3. Increase funding for ICMHP Strategic Plan priorities in FY 09 consistent with decreased expenditures achieved from implementation of the SASS system and increased federal match from ICG.
4. Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system.
5. Increase the visibility of Illinois initiatives and efforts in the state and country as a model for children's mental health system development.

## ICMHP Strategic Plan Priorities

ICMHP identified the following Strategic Priorities for focus in the first two to three years.

1. Promote ongoing family/consumer and youth involvement in administrative, policymaking and resource decisions regarding the Illinois children's mental health system at the state and local level.
2. Advocate for increased children's mental health services and programs.
3. Develop culturally competent mental health consultation initiative(s) that educate, support and assist providers in key child-serving systems (e.g., early childhood, child care, primary care, public health, mental health and education).
4. Create a comprehensive, culturally inclusive, and multi-faceted public awareness campaign plan.
5. Build public and private sector awareness and response to maternal depression with attention to prevention and early intervention efforts, and necessary follow-up assessment and treatment services, where appropriate.
6. Build and enhance school-based activities focused on social and emotional educational and support services and provide professional development and technical assistance to school administrators and staff.
7. Promote mental health screening and assessment and appropriate follow-up services of children and youth involved in the child welfare and juvenile justice systems.
8. Increase early intervention and mental health treatment services and supports for children:
  - ages 0-5 years;
  - transitioning out of public systems (e.g., child welfare, mental health, juvenile justice);
  - who have been exposed to or experienced childhood trauma (e.g., violence);
  - who need follow-up services in the SASS system beyond 90 days; and
  - who have mental health problems that are not severe enough to qualify them for public programs.
9. Convene a multi-agency and multidisciplinary work group to examine how children's residential mental health treatment services are funded and accessed in order to develop strategies for improving financing, cost-effectiveness, and access to residential services and alternative community services, where appropriate.
10. Initiate development of a policy and research center(s) to support research-based workforce development, best practice models and technical assistance on children's mental health in such areas as cultural competence, family involvement and consumer-driven care.

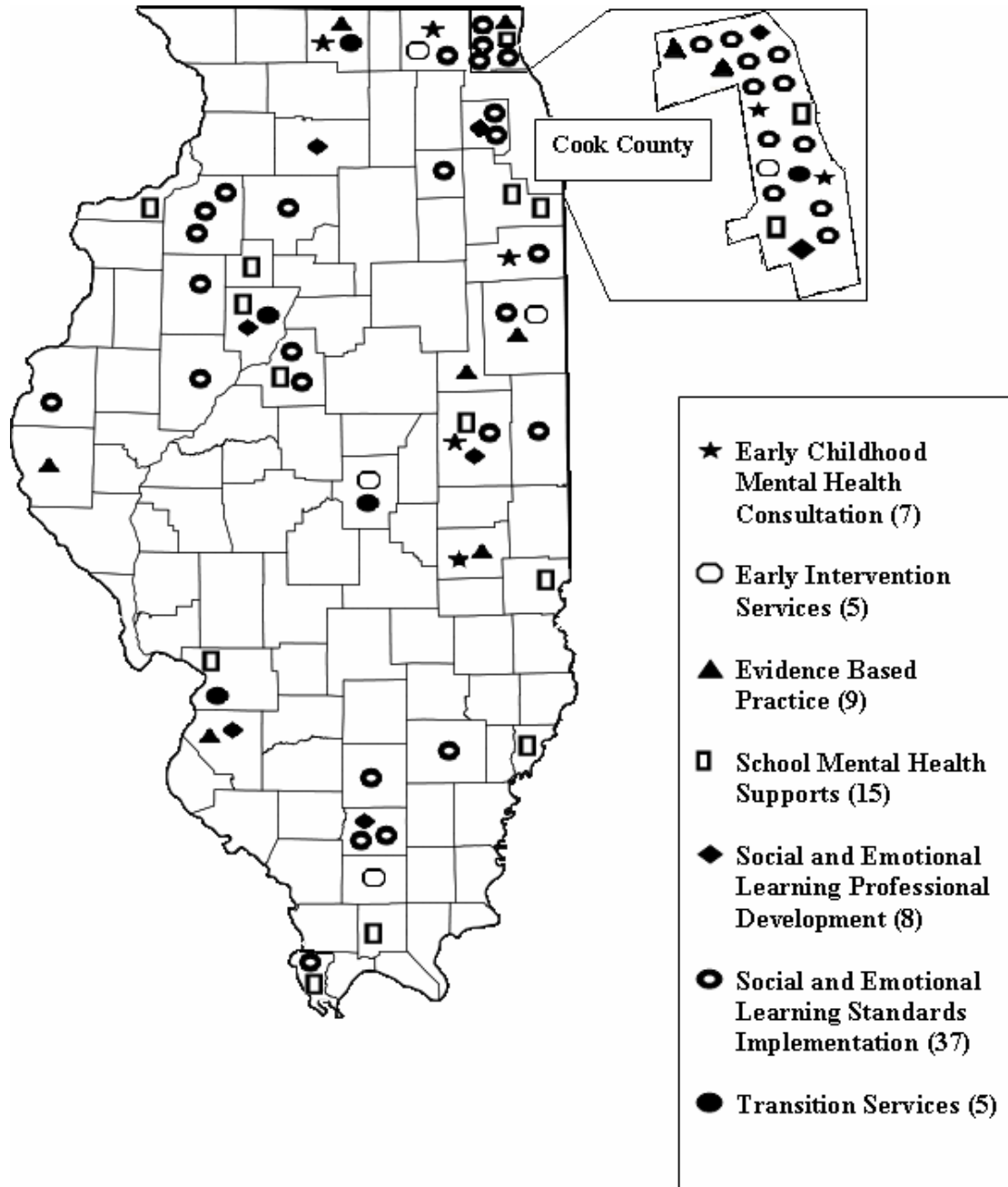
Source: Illinois Children's Mental Health Partnership, Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois. June 2005. Accessible at: [http://www.ivpa.org/childrensmhtf/pdf/ICMHP\\_Strategic.20050908.pdf](http://www.ivpa.org/childrensmhtf/pdf/ICMHP_Strategic.20050908.pdf)

## Implementation of FY 07 Appropriation for ICMHP Strategic Plan Priorities

Program	Funding	Purpose	Agency
Children's Mental Health Consultation Initiative	\$ 150,000	To develop and enhance the capacity of community mental health agencies to provide services to young children ages 0-7 years by providing consultation and training by experts in early childhood mental health.	DHS/DMH to ICMHP
Children's Mental Health (CMH) Public Awareness Campaign	\$ 300,000	To develop and implement a statewide public awareness campaign to reduce the stigma of mental illness and raise awareness of the importance of children's social/emotional development, in accordance with the Children's Mental Health Act of 2003.	DHS/DMH
School-Based Activities Focused on Social and Emotional Educational and Student Support Services	\$3,000,000	To support the following school based activities: <ol style="list-style-type: none"> <li>1) \$1 million for professional development related to the Social/Emotional Learning Standards.</li> <li>2) \$500,000 to expand the Positive Behavior Intervention and Supports (PBIS) Program to additional schools.</li> <li>3) \$1.35 million for grants to school districts to implement social/emotional development curricula, conduct staff development, increase in-school student mental health support services, and/or purchase community mental health services for students.</li> <li>4) \$150,000 for staff and implementation costs.</li> </ol>	ISBE in collaboration with ICMHP and IVPA
Children's Mental Health Early Intervention and Treatment Services	\$1,200,000	To provide the following specific services: <ol style="list-style-type: none"> <li>1) Transitional Services (\$500,000): social/emotional support services for 18-20 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice).</li> <li>2) Trauma Services (\$50,000): services for children exposed to childhood trauma, and infrastructure development to support identification/service provision.</li> <li>3) Juvenile Justice Aftercare Project (\$150,000): services for support of an aftercare program within DOC/JJD to assess the mental health needs of youth who are returning to the community from juvenile correction facilities, and link them to transition services.</li> <li>4) Early Intervention Services (\$500,000): services for children and adolescents that do not require DSM diagnosis, such as individual or group counseling or skills building services.</li> </ol>	DHS/DMH  DHS  DHS  DHS
Evidence-Based Practice Initiative	\$ 250,000	To support a multi-pronged initiative to further infuse research-based practices and evidence-based care into the Illinois Child and Adolescent Mental Health and other child-serving systems.	DHS/DMH
ICMHP Infrastructure	\$ 100,000	To support ICMHP staffing and operations.	DHS/DMH
<b>TOTAL FY 07 APPROPRIATION*</b>	<b>\$5 million</b>		

**Agency Totals:** ISBE: \$3 million DHS/DMH: \$2 million

## Implementation of ICMHP Strategic Priorities: FY 2007 Grantee Sites



## **Progress in Addressing the Six Core Goals of the Strategic Plan**

ICMHP and its member agencies and organizations have made significant progress in addressing many of the recommendations set forth in the Strategic Plan and numerous efforts are underway. Highlights of this progress are outlined below. For additional information on ICMHP and agency initiatives, agency contact information is included in Appendix A. A copy of the 2006 ICMHP Annual Report is accessible at:

[http://www.ivpa.org/childrensmhtf/pdf/2006\\_ICMHP\\_annual\\_report.pdf](http://www.ivpa.org/childrensmhtf/pdf/2006_ICMHP_annual_report.pdf) .

### **Goal I: Develop and strengthen prevention, early intervention, and treatment policies, programs, and services for children.**

#### **PREVENTION**

**Recommendation: Promote ongoing family/consumer participation in operations, policymaking and resource decisions regarding the Illinois children’s mental health system at the state, regional and local level.**

- ICMHP partnered with the Illinois Family Partnership Network, Illinois Federation of Families, Illinois Parent and Teachers Association, Mental Health Association in Illinois, and the National Alliance on Mental Illness (Illinois Chapter) to create a newly reconstituted ICMHP family involvement committee – Family, Advocacy, Communication and Education (FACE).
- ICMHP developed a plan for creating a regional Family Leadership Project that will be initiated in FY 08 with funds appropriated to DMH for ICMHP priorities.
- FY 08 funds will be utilized to support the creation of Family Specialist positions within DMH to promote family engagement in the children’s mental health system.

**Recommendation: Promote state and local agency children’s mental health policies and practices that are culturally and linguistically competent.**

- ICMHP surveyed a sub-group of community mental health agencies to determine how they incorporate cultural competence strategies and activities in programs and services for children.
- ICMHP is developing cultural competence strategies and benchmarks to ensure that cultural competence is demonstrated throughout all ICMHP efforts.

**Recommendation: Develop culturally and linguistically appropriate mental health consultation initiatives that are accessible and available to programs and providers in key child-serving systems including early childhood, child care, primary care, mental health and education.**

- Children’s mental health consultation—a model for enhancing the capacity of providers in key child-serving agencies to address and respond to the mental health needs of children and their families—is being implemented in several Illinois systems including mental health, child care, primary health care, and the Part C Early Intervention system, and as part of the Governor’s Preschool for All Initiative.
- ICMHP, in partnership with DMH, is implementing an Early Childhood Children’s Mental Health Consultation Project to develop and pilot test a Children’s Mental Health Consultation



model to enhance the capacity of community mental health agencies to respond to the mental health needs of young children ages 0-7. In fall 2007, seven community mental health agencies (four in the Chicago metropolitan area and three in other regions of Illinois) began work with the ICMHP to develop and pilot test the model, one of the first of its kind in the nation. Appropriations in FY 08 are being used to expand the number of pilot sites.

- ICMHP is convening a Consultation Work Group to develop a plan to promote and implement children's mental health consultation in key child-serving systems in Illinois as a core strategy for supporting and building the capacity of a variety of providers to respond to the social/emotional and mental health needs of children, and building and enhancing the children's mental health workforce.
- ISBE in partnership with the Erikson Institute is implementing a social and emotional development consultation program for the Preschool for All initiative. The goals of the project are to support programs in better understanding ways of preparing for and using mental health consultation and to ensure that mental health consultants serving the statewide Pre-K programs are supported and well qualified.
- ISBE in partnership with the Erikson Institute administered the first year of a multi-year effort to build and sustain a statewide network of qualified consultants to strengthen the capacity of Prevention Initiative (PI) programs<sup>4</sup> to address the mental health needs of high-risk families.

**Recommendation: Work in partnership with the Governor's maternal depression task force to strengthen and develop best practices, quality standards and professional training to address perinatal depression in women of child-bearing age.**

- The Department of Healthcare and Family Services (HFS) provides Medicaid reimbursement to primary care providers for perinatal depression screening, using an HFS-approved screening instrument (i.e., the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory, and the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire). Primary providers include: physicians, nurse practitioners, general hospitals, Federally Qualified Health Centers, Encounter Rate Clinics, Rural Health Clinics, Certified Health Departments and School Based/Linked Centers.
- The Illinois Chapter, American Academy of Pediatrics, the Illinois Academy of Family Physicians, Advocate Health Care, and the Ounce of Prevention Fund, through the Enhancing Developmentally Oriented Primary Care (EDOPC) project, trained over 2,000 primary care providers and their staff at 266 presentations on early childhood development topics including maternal depression screening and social/emotional development.
- The University of Illinois at Chicago continues to operate a statewide Perinatal Mental Health Consultation Service for providers, should a screening indicate that a pregnant or postpartum woman is suffering from depression. The Consultation Service is funded by the federal Health Resources and Services Administration, with assistance from HFS and the Michael Reese Health Trust. Providers can receive free consultation by a team of experts in

---

<sup>4</sup> The Prevention Initiative Program was initiated in 1989 to establish community initiatives to reduce school failure by coordinating and expanding services to family and children less than three years of age living in high risk areas. The aim of the prevention initiative is to create a partnership to support the development of infants and children from birth to age three years, by focusing on the child and family through a network of child and family service providers.

perinatal depression and information about appropriate medications and referral sources by calling a statewide toll-free hotline. UIC also offers a wide range of training opportunities for providers on the identification, treatment, and referral of women with perinatal depression.

- Evanston Northwestern Healthcare (ENH), in collaboration with the University of Illinois at Chicago, HFS, and the Michael Reese Health Trust, has worked to lay the groundwork for a statewide expansion of the 866-ENH-MOMS hotline. The ENH MOMS hotline provides crisis intervention, immediate support, and mental health referrals to new and expectant mothers. ENH has conducted a needs assessment of almost 300 mental health service sites statewide to determine resource needs and level of interest in serving women with perinatal depression. The initial contact was followed up with a packet of materials regarding perinatal depression, including training opportunities available. ENH is collaborating with UIC, HFS and DHS to provide training in perinatal mood disorders to clinicians in almost 300 mental health service sites throughout Illinois. This effort will continue into 2008 with the official statewide release of 866-ENH-MOMS.
- The HFS Web site includes information on perinatal depression for both providers and patients, including treatment resources.
- HFS claims federal match for allowable expenditures related to the perinatal depression initiative.
- ICMHP has organized a Summit on Maternal Depression to identify the strengths, weaknesses, barriers and opportunities to advancing a coordinated system that responds to the needs of mothers and their children. The summit will gather professionals from the adult mental health system and systems to support healthy child development to provide information and networking opportunities.
- Supported passage of the Perinatal Mental Health Disorders Prevention and Treatment Act SB 0015 (Public Act 95-0469) to help curb postpartum depression among new mothers and help improve their children's healthy development. Signed by the Governor on August 27, 2007, the new law calls for the development of procedures to assist health care providers in reviewing mothers' mental health during their regularly scheduled doctor visits.
- HFS and its perinatal depression partners will be training providers on the requirements of the newly enacted Perinatal Mental Health Disorders Prevention and Treatment Act.

**Recommendation: Promote and support initiatives that strengthen and develop best practices, quality standards, and professional training associated with voluntary mental health screening conducted with parental consent and parental involvement and in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies.**

- HFS, with funding from the Michael Reese Health Trust and the Illinois Children’s Healthcare Foundation, is working with the EDOPC Project<sup>5</sup> to promote developmental and social emotional screening of children using validated screening and evaluation tools with pediatric primary care providers. Advocate Health Care operates the EDOPC project in partnership with the Illinois Chapter of the American Academy of Pediatrics, the Illinois Academy of Family Physicians, and the Ounce of Prevention Fund. The EDOPC project provides training to HFS’ pediatric providers on developmental and social emotional screening using a training philosophy based on Healthy Steps, an evidence-based program. The goal of the project is to assure that pediatric providers fully understand the federally required components of Early and Periodic Screening, Diagnosis and Treatment (EPSDT), particularly those related to subjective developmental surveillance and objective developmental screening so they can implement and effectively provide developmentally oriented primary care, anticipatory guidance, and referral for follow-up care as needed, and as required by federal law. The EDOPC project has trained over 2,000 primary care providers and their staff at 266 presentations on early child development topics including maternal depression screening, developmental screening, and screening for social emotional development.
- HFS claims federal match for allowable expenditures related to the EDOPC project.
- Requirements for objective developmental screening, including social emotional screening, have been incorporated into HFS’ managed care program and the Primary Care Case Management (PCCM) program. The PCCM program includes a pay-for-performance component. Objective developmental screening will be tracked and trended and providers will receive feedback on their performance.
- HFS provides reimbursement to pediatric providers for developmental and social emotional screening using a validated screening instrument.
- ICMHP conducted a Colloquium on Mental Health Screening and Assessment for Youth with Juvenile Justice Involvement in partnership with DMH and the MacArthur Foundation. The Colloquium, attended by over 100 participants, featured national experts and a panel of state leaders in the field of juvenile justice.
- DCFS conducts a mental health screen of all children entering the child welfare system as part of its Integrated Assessment Services Model. The Model is designed to improve the child welfare system’s capacity to address critical safety and risk factors, and the medical,

---

<sup>5</sup> As one of five states, HFS participated in the Assuring Better Child Health and Development II (ABCD II) project with the support of the Michael Reese Health Trust. ABCD II was a three-year initiative funded by the Commonwealth Fund and administered by the National Association for State Health Policy that ended in December 2006. The initiative was designed to strengthen primary health care services and systems that support the social and emotional development of young children under age three. The purpose of ABCD II was to test how to integrate a social emotional screening component into primary health care practices and to explore how Medicaid (HFS) can promote children’s healthy mental development. Participation in this initiative resulted in HFS making a number of policy changes to promote the healthy mental development of young children. When the ABCD II project ended, HFS began working closely with the Enhancing Developmentally Oriented Primary Care (EDOPC) Project to institutionalize the focus on healthy development, including social emotional development of young children.

educational, developmental, behavioral, and emotional needs of children and the adults who care for them.

**Recommendation: Work with ISBE to ensure that the plan, submitted to the Governor on December 31, 2004, is implemented to incorporate the Social and Emotional Learning Standards as part of the Illinois Learning Standards.**

- ICMHP and ISBE are implementing a three-year Social and Emotional Learning (SEL) Standards Professional Development Plan for educators to enhance children's school readiness and ability to achieve academic success. Illinois was the first state to develop and adopt SEL Standards and as such, has become a model for other states<sup>6</sup>. The SEL Standards Professional Development Plan calls for development of a cadre of trainers across the state in ROEs and other technical assistance entities to support school districts as they infuse the SEL Standards into school climates, classrooms, and teaching strategies.
  - Provided grants of \$50,000 or more in FY 07 to six ROEs, an Intermediate Service Center, and a Chicago technical assistance agency to establish an SEL Cadre of master trainers and coaches to support participating schools across the state.
  - Provided grants of \$10,000 in FY 07 to 38 school districts across the state to support development of a three-year plan for implementation of the SEL Standards among other activities.
  - Trained 18 Cadre members to provide training and ongoing coaching for 85 participating schools representing 38 districts, including the Chicago Public Schools, in partnership with ISBE and CASEL. Training and technical assistance activities are designed to support participating schools in developing and implementing a three year SEL implementation plan, conducting SEL training for parents, and participating in regional SEL assemblies.

**Recommendation: Promote increased collaboration and partnerships among schools and school-based mental health, community mental health, health care, juvenile justice, substance abuse, developmental disability, Early Intervention (Part C of IDEA) and child care programs and systems, families/caregivers, and others to promote optimal social and emotional development in children and youth and access to appropriate services.**

- ICMHP developed guidelines for schools on how to develop partnerships with diverse community agencies to ensure a comprehensive, coordinated approach to addressing children's mental health, and social and emotional development.
- ISBE expanded the Positive Behavior Interventions and Supports (PBIS) program to serve over 600 schools (an expansion of 75 schools in FY 07), with particular emphasis on children and youth with significant behavioral challenges and/or mental health needs. PBIS is a proactive systems approach for creating and maintaining safe and effective learning environments in schools, and ensuring that all students have the social/emotional skills needed to ensure their success at school and beyond. FY 08 appropriations are being utilized to continue work with the 75 new PBIS schools and expand the PBIS program in an additional 50 schools.

---

<sup>6</sup> The State of New York adopted SEL Standards as a result of state legislation that was modeled on the Illinois Children's Mental Health Act of 2003.

- ICMHP, in collaboration with ISBE and IVPA, awarded grants of up to \$100,000 in FY 07 to 15 school districts for the development of a coordinated, collaborative early intervention mental health support system for students that is integrated with community mental health agencies and organizations and other child-serving agencies and systems.
- ICMHP is working with the DCFS Strengthening Families Initiative to support 50 early childhood centers to promote and build protective factors in young children and their families in order to prevent child abuse and neglect.
- DCFS in partnership with the Juvenile Protective Association (JPA) provided statewide trainings to DCFS caseworkers to improve the quality of parent-child visits for children in foster care. Additionally, JPA provided grand rounds training to each DCFS region in the state for a half-day each month focusing on mental health issues, case planning, and intervention.
- DHS through its Caregiver Connections<sup>7</sup> project served Illinois childcare providers with 998 distinct consultations by mental health consultants. Of these consultations, only 20 (2 percent) resulted in a reported disenrollment from a child care center. Additionally, Caregiver Connections provided 517 instances of technical assistance and held 270 training events around the state, fielding over 6000 participants.

## **EARLY INTERVENTION**

**Recommendation: Expand on and build the capacity of child-serving systems and agencies (e.g., early childhood, health care, education, community mental health) to provide early intervention services that are accessible to children.**

- ICMHP, in partnership with DMH, implemented an Early Childhood Children’s Mental Health Consultation Project to develop and pilot test a Children’s Mental Health Consultation model to enhance the capacity of community mental health agencies to respond to the mental health needs of young children ages 0-7. In fall 2007, seven community mental health agencies (four in the Chicago metropolitan area and three in other regions of Illinois) began work with the ICMHP to develop and pilot test the model, one of the first of its kind in the nation. FY 08 appropriations are being utilized to expand the number of pilot sites.
- DMH awarded a grant of up to \$100,000 to community mental health agencies in each of the five DMH regions of the state (5 grants in total) to build and enhance activities to intervene early with children who are at risk of developing more significant mental health problems. FY 08 appropriations are being utilized to expand this program.
- DHS requires that school health centers funded by the agency assess health risks on all regular clinic users by the time of their third visit. School-age children who are identified as at risk for abuse, illegal substance use, violence, depression or other mental health issues are provided more in-depth assessment on site or referred for mental health services.

---

<sup>7</sup> Caregiver Connections, supported by IDHS, is an early childhood mental health consultation initiative serving Illinois childcare providers who care for children aged birth to age five. The program provides on-site, program level mental health consultation, technical assistance, training, and community liaison. Typical services include on-site observation of children, environment, and staff; assistance with screening for social-emotional concerns; problem solving and classroom strategy assistance; and referral for children and families when appropriate. Caregiver Connections works closely with the Child Care Resource and Referral (CCR&R) system, aligning service delivery areas with those of the CCR&R agencies and reporting activities through a CCR&R Data Tracking Program.

- DCFS in collaboration with Chicago State University and Northwestern University, through a Trauma Initiative, is developing a system that responds to the effects of adverse traumatic events to its clients and family members. The trauma informed practice model will identify, intervene and mitigate the effects of adverse and traumatic experiences of children who are entering protective care or currently living in traditional foster care or home of relative care. This model also continues with efforts to reduce, if not alleviate, secondary trauma experienced by children while living in out-of-home care.

**Recommendation: Promote and support initiatives that strengthen best practices, quality standards and professional training associated with mental health screening and related follow-up assessment and treatment services, as appropriate, for children in the child welfare and juvenile justice systems, in accordance with existing Illinois federal confidentiality, consent, reporting, and privacy laws and policies.**

- DCFS conducts a mental health screen of all children entering the child welfare system as part of its Integrated Assessment Services Model. The Model is designed to improve the child welfare system's capacity to address critical safety and risk factors, and the medical, educational, developmental, behavioral, and emotional needs of children and the adults who care for them.
- DMH awarded grants of up to \$100,000 to community mental health agencies in each of the five DMH regions of the state (five grants in total) to develop pilot programs for youth transitioning from the Department of Corrections back into the community, and youth transitioning out of the Child and Adolescent Mental Health Services system (DMH) into the adult mental health services system. FY 08 appropriations are being utilized to expand this program.
- DMH allocated funds to assist the new Juvenile Justice Department to improve aftercare planning for youth discharged from corrections facilities.
- ICMHP conducted a Colloquium on Mental Health Screening and Assessment for Youth with Juvenile Justice Involvement in partnership with DMH and the MacArthur Foundation. The Colloquium, attended by over 100 participants, featured national experts and a panel of state leaders in the field of juvenile justice.

**Recommendation: Promote the development of a coordinated community response to children exposed to trauma.**

- ICMHP is a lead entity in the Illinois Childhood Trauma Coalition (ICTC) designed to educate and raise awareness about the impact of childhood trauma on children's health and development, and to promote trauma-informed services within Illinois child serving-systems. FY 07 funds (\$50,000) were granted to ICTC to conduct first year activities.

## TREATMENT

**Recommendation: Build and strengthen a quality system of care in Illinois based on the mental health “System of Care” Principles to ensure that children once identified as needing services, have access to a comprehensive array of clinically appropriate assessment, treatment services and supports.**

- As mandated by the CMH Act and as part of the Administration’s ongoing commitment to improving access to and quality of health care for children, Illinois expanded the SASS program, extending it to all Healthcare and Family Services-eligible children. In order to avoid further fragmentation of the children’s mental health system, HFS joined forces with the Departments of Children and Family Services (DCFS), and Human Services (DHS) and have integrated the state’s previously fragmented mental health crisis response system for children and adolescents into a coordinated system linking children and adolescents to agencies that provide comprehensive mental health services. The Screening, Assessment and Support Services (SASS) program’s integrated effort has expanded service delivery to include HFS recipients, shifting costs between departments, and allowing DHS to provide a wider array of services for its core population. In addition to expanding the service population, the SASS program has been able to show increased clinical outcomes while expending less money for inpatient psychiatric hospitalizations.
- ICMHP formed an interagency and stakeholder (e.g., families) Residential Treatment Workgroup that examined how children’s residential mental health treatment services are funded and accessed, and developed recommendations for improving financing, cost-effectiveness, and access to residential services and alternative community services, where appropriate.
- DMH awarded grants of up to \$100,000 to community mental health agencies in each of the five DMH regions of the state (five grants in total) to develop pilot programs for youth transitioning from the Department of Corrections back into the community, and for youth transitioning out of the Child and Adolescent Mental Health Services system (DMH) into the adult mental health services system.
- DMH is utilizing FY 08 appropriations to award grants of up to \$100,000 to community mental health agencies in each of the five DMH regions of the state (5 grants in total) to provide services to children under the age of five and their families who are at risk for or experiencing mental health issues.
- The DMH Evidence Informed Practice Committee, together with ICMHP, developed and implemented a plan for further infusing research-based practices and evidence-based care into the Illinois Child & Adolescent Mental Health System and other child-serving systems. This initiative increased linkages between universities and community mental health providers focused on evidence-based practices (EBP) in children’s mental health, increased provider and consumer knowledge regarding EBP, assisted community providers in developing methods and tools to document successful outcomes, and supported community mental health agency administrators in developing the necessary infrastructure to enhance evidence-informed service delivery. Grants were awarded to ten community mental health agencies throughout the state to pilot test the model. FY 08 appropriations are being utilized to expand the number of initial pilot programs.
- The DMH Evidence Informed Practice Committee developed recommendations for DMH, university partners, community mental health agencies, mental health providers and

consumers regarding shared responsibilities and expectations in order to fully infuse evidence informed practices within the community mental health service system.

- DCFS in partnership with the Child Care Association of Illinois and the Child Welfare Institute is expanding its existing performance based contracting initiative—the Performance Based Contracting and Quality Assurance Model—to private contract agencies providing residential, group care, independent living and transitional living services. Illinois has led the nation since 1997 in the implementation of performance-based contracting and quality assurance (PBC/QA) initiatives for foster care case management. The goals of the current expansion of PBC/QA to residential care are to incentivize shorter lengths of stay in residential care while improving client stability and functioning, allowing for expanded availability of residential care beds for children at earlier stages of their need, thereby increasing the likelihood of successful intervention. These high-end treatment focused services will be offered to more children and will have a comprehensive evaluation component to help inform the development of this new model.
- DCFS has implemented a systematic review of post-adoption and subsidized guardianship cases of 13 and 16 year olds to determine current service needs and deter potential disruption. Provider agencies will conduct assessments of living arrangements, child specific and family needs, and facilitate the provision of targeted services. This initiative is designed to address children in post-adoption and subsidized guardianship who may be at risk of high-end mental health needs, disruption due to aging and/or incapacitated caregivers, aging out older youth, and family crisis. The goals are to stabilize placement where necessary and preserve the adoption/subsidized guardianship.

## **Goal II: Increase public education and awareness.**

**Recommendation: Develop a comprehensive, culturally inclusive, and multi-faceted public awareness campaign to reduce the stigma of mental illness; educate families, the general public and other key audiences (e.g., educators, health and mental health providers, juvenile justice system officials, faith-based organizations, local health department officials) about the importance of children’s social and emotional development; inform families/caregivers, providers, and others about how to access services; and educate policymakers and others about the need for expanding mental health resources.**

- ICMHP finalized a Public Awareness Campaign Plan to educate the public and other key target audiences about the importance of children’s social and emotional development and mental well-being, and reduce the stigma of childhood mental illness. In collaboration with DMH, ICMHP engaged a media firm to develop the Public Awareness Campaign which will:
  - raise the subject of mental health in a non-threatening and strength-based manner,
  - strengthen the capacity of trusted professionals/influencers to motivate positive change,
  - connect the target audience with available services and resources,
  - identify and encourage preventive behaviors, and
  - build a broader base of support for mental health programs and planning through an interactive website that will provide information on mental health and well being to



- policy makers, health and mental health providers, educators, family members, consumers, and the public at large.
- ICMHP is developing a logo website and brochure in order to increase awareness of, support for and participation in the efforts of ICMHP on behalf of Illinois children and their families.
  - ICMHP is planning an Assembly for early winter 2008 to recognize and celebrate the accomplishments of the children's mental health community, celebrate successes in implementing the ICMHP Strategic Plan, encourage local collaborative planning efforts to address the prevention, early intervention and mental health needs of children and their families, showcase new programs and initiatives supported by ICMHP and its member agencies.
  - The Illinois School Psychologists Association (ISPA) is introducing a public awareness campaign program called *Take a School Mental Health Day*. The program will be rolled out across the state through the ISPA membership, over 2,000 strong, this school year. The program is focused on prevention and includes mini-lessons focused on the Illinois social emotional learning standards across all grade levels, protocols for garnering administrative support for children's mental health, and a parent education module.
  - ICMHP conducted numerous presentations at the national, state, and community level to educate Illinois communities, other states, federal agencies, and national organizations about Illinois efforts to reform the children's mental health system. ICMHP has become a national leader in children's mental health and is recognized by federal agencies (e.g., Substance Abuse and Mental Health Services Administration), national organizations (e.g., National Governors Association, Grantmakers for Children, Youth and Families, National Academy for State Health Policy, National Alliance for the Mentally Ill), and other states (e.g., Michigan and New York) for its work in improving the children's mental health system.

**Goal III: Maximize current investments and invest sufficient fiscal resources over time.**

**Recommendation: Maximize the use of key federal and state program funds for children's mental health, integrate multiple federal and state funding streams, and promote the use of local matching funds, where appropriate.**

- Successfully advocated for \$9 million in appropriations in FY 08 to support selected Strategic Plan priorities. Six million of the appropriation is being administered through the Division of Mental Health in DHS and three million is being administered by ISBE.
- ICMHP secured over \$250,000 in private and public funds and in-kind funds and services from Illinois state agencies, corporations and foundations (IVPA, Illinois Children's Healthcare Foundation, Michael Reese Health Trust, and Blue Cross Blue Shield of Illinois) to support ICMHP and implementation of selected Strategic Plan priorities in FY 07.
- In collaboration with ICMHP, DHS, and DOC/DJJ, ISBE is implementing a federal grant from the U.S. Department of Education for approximately \$300,000 to: 1) build local and state interagency coordination and collaboration across public schools, mental health providers, juvenile justice, and other child-serving systems to meet the mental health needs of Illinois students; 2) provide professional development, training, technical assistance and networking to improve access to, delivery, and evaluation of evidence-based, culturally competent services for students; and 3) develop outcome indicators and data collection

methods across agencies (local and state) to permit ongoing evaluation of the effectiveness of state and local efforts to provide, improve, and expand services that address the mental health needs of Illinois students.

- ICMHP is creating a Financing and Assessment Strategies Work Group to assess how the current children's mental health system is financed and to develop recommendations for improvement.

**Recommendation: Make effective use of Medicaid and All Kids to ensure that children receive appropriate mental health services.**

- The Department of Healthcare and Family Services (HFS) provides Medicaid reimbursement to primary care providers for perinatal depression screening, using an HFS-approved screening instrument (i.e., the Edinburgh Postnatal Depression Scale, the Beck Depression Inventory, and the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire). Primary providers include: physicians, nurse practitioners, general hospitals, Federally Qualified Health Centers, Encounter Rate Clinics, Rural Health Clinics, Certified Health Departments and School Based/Linked Centers. DHS has also identified children and adolescents who are referred to their community mental health providers as a result of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) physician visit as a priority population.
- Monitored the Screening, Assessment and Support Services (SASS) system—a collaborative effort among the Departments of Healthcare and Family Services (HFS), Human Services (DHS), and Children and Family Services (DCFS). As required by the CMH Act, Illinois expanded the SASS program, extending it to all HFS-eligible children. SASS is a single statewide system that serves children experiencing a mental health crisis whose care requires public funding from one of the three agencies, with an emphasis on providing family-friendly, single point of entry and services in the most appropriate setting. If the SASS program had not been in place during FY05 through FY07, HFS estimates that psychiatric inpatient hospitalization and related costs for eligible children and adolescents for the Departments of Human Services, Children and Family Services, and Healthcare and Family Services would have been approximately \$56.6 million more over the last three years<sup>8</sup>.
- HFS submitted Medicaid claims for Individual Care Grants as required by the CMH Act. The ICG claiming during FY 07 was \$1.7 million, resulting in FY 05 – FY 07 total claiming of \$7.1 million.

**Recommendation: Initiate the development of state funding sources and mechanisms, including incentive-based funding structures and community-based pilot projects and models, to promote best practices in prevention, early intervention, and treatment.**

- Successfully advocated for \$9 million in appropriations to support selected Strategic Plan priorities in FY 08. Six million of the appropriation is being administered by DMH/DHS and three million is being administered by ISBE.

---

<sup>8</sup> This data was provided by HFS and is based on a cost trend analysis using FY 00 through FY 04 data.

**Goal IV: Build a qualified and adequately trained workforce with a sufficient number of professionals to serve children and their families throughout Illinois.**

**Recommendation: Initiate efforts to expand the mental health workforce to ensure a diverse, adequately trained and qualified workforce that meets the needs of children and their families throughout Illinois.**

- The Illinois Association for Infant Mental Health (IAIMH) is advancing efforts to develop an infant mental health credential/endorsement, including hiring of a Project Director to facilitate the process and website improvements that will support the endorsement process.
- ICMHP will conduct a special meeting of the Partnership in FY 08 to discuss Workforce Development and to develop an action strategy on this topic.

**Recommendation: Increase the capacity of programs and providers who work with children (e.g., early childhood, health care, education, mental health, education, child welfare, juvenile justice) to promote and support the social emotional development and mental health needs of children and their families.**

- Children’s mental health consultation—a model for enhancing the capacity of providers in key child-serving agencies to address and respond to the mental health needs of young children and their families—is being implemented in several Illinois systems including mental health, child care, primary health care, and Early Intervention, and as part of the Governor’s Preschool for All Initiative.
- ICMHP along with multiple public and private providers formed the Illinois Childhood Trauma Coalition which works to educate providers and other groups about the impact of childhood trauma on children’s health and development. DCFS and national trauma experts have developed the first formal trauma curriculum for its staff and foster parents.
- ICMHP is convening a Consultation Work Group to develop a plan to promote and implement children’s mental health consultation in key child-serving systems in Illinois as a key strategy for supporting and building the capacity of a variety of providers to respond to the social/emotional and mental health needs of children, and in ultimately building and enhancing the children’s mental health.
- HFS, with funding from the Michael Reese Health Trust and the Illinois Children’s Healthcare Foundation, is working with the EDOPC<sup>9</sup> Project to promote developmental and social emotional screening of children using validated screening and evaluation tools with pediatric primary care providers. Advocate Health Care operates the EDOPC project in partnership with the Illinois Chapter of the American Academy of Pediatrics, the Illinois Academy of Family Physicians, and the Ounce of Prevention Fund. The EDOPC project

---

<sup>9</sup> As one of five states, HFS participated in the Assuring Better Child Health and Development II (ABCD II) project with the support of the Michael Reese Health Trust. ABCD II was a three-year initiative funded by the Commonwealth Fund and administered by the National Association for State Health Policy that ended in December 2006. The initiative was designed to strengthen primary health care services and systems that support the social and emotional development of young children under age three. The purpose of ABCD II was to test how to integrate a social emotional screening component into primary health care practices and to explore how Medicaid (HFS) can promote children’s healthy mental development. Participation in this initiative resulted in HFS making a number of policy changes to promote the healthy mental development of young children. When the ABCD II project ended, HFS began working closely with the Enhancing Developmentally Oriented Primary Care (EDOPC) Project to institutionalize the focus on healthy development, including social emotional development of young children.

provides training to HFS' pediatric providers on developmental and social emotional screening using a training philosophy based on Healthy Steps, an evidence-based program. The goal of the project is to assure that pediatric providers fully understand the federally required components of Early and Periodic Screening, Diagnosis and Treatment (EPSDT), particularly those related to subjective developmental surveillance and objective developmental screening so they can implement and effectively provide developmentally oriented primary care, anticipatory guidance and referral for follow-up care as needed, and as required by federal law. The EDOPC project has trained over 2,000 primary care providers and their staff at 266 presentations on early child development topics including maternal depression screening, developmental screening and screening for social emotional development.

- HFS claims federal match for allowable expenditures related to the EDOPC project.
- Requirements for objective developmental screening, including social emotional screening, have been incorporated into HFS' managed care program and the Primary Care Case Management (PCCM) program. The PCCM program includes a pay-for-performance component. Objective developmental screening will be tracked and trended and providers will receive feedback on their performance.
- HFS provides reimbursement to pediatric providers for developmental and social emotional screening using a validated screening instrument.

**Goal V: Create a quality-driven children's mental health system with shared accountability among key state agencies and programs.**

**Recommendation: Initiate development of outcome indicators and benchmarks, including links to and integration of early childhood and school learning standards, for ensuring children's optimal social and emotional development, and improving overall mental health.**

- ICMHP engaged in preliminary discussions with Illinois universities to develop and implement a quality indicators work group comprised of representatives from key ICMHP member state agencies, researchers and universities to identify a core set of outcome indicators and benchmarks for ensuring children's optimal social and emotional development and improving overall mental health.
- ICMHP is convening a Benchmarks Work group comprised of key state agencies, researchers, child advocates, families and other key groups to develop a plan for: 1) identifying and developing a set of core outcome indicators and benchmarks for which data is readily available and that can be measured over time; 2) regularly reporting findings to policymakers, the general public, and other key groups, and 3) making recommendations for quality improvement in programs and services, as identified.

## **Goal VI: Invest in research.**

**Recommendation: Initiate a Children’s Mental Health Resource Center(s) to collect and facilitate research on best practices and model programs; share information with Illinois policymakers, practitioners and the general public; develop culturally and linguistically competent training and educational materials; provide technical assistance; and implement other key activities.**

- The Evidence Based Practice Committee of DMH, together with ICMHP are developing and implementing a plan for further infusing research-based practices and evidence-based care into the Illinois Child and Adolescent Mental Health System and other child-serving systems. This initiative is designed to increase linkages between universities and community mental health providers focused on evidence-based practices (EBP) in children’s mental health, increase provider and consumer knowledge regarding EBP, assist community providers in developing methods and tools to document successful outcomes, and support community mental health agency administrators in developing the necessary infrastructure to enhance evidence-informed service delivery. Grants will be awarded to community mental health agencies in all five DMH regions of the State to pilot test the model.
- ICMHP is working with the Collaborative for Academic, Social, and Emotional Learning to provide technical assistance and expertise in development and implementation of the school-based work on social and emotional learning.
- In FY 08 ICMHP will initiate Resource Center activities at one or two academic institutions in Illinois.

**Recommendation: Develop and conduct process and outcome evaluations that measure changes to the children’s mental health system and in child outcomes as a result of implementation of the Illinois Children’s Mental Health Plan.**

- DMH is evaluating system change as a result of the Evidence Based Practice Initiative using comparative pre- and post-tests to determine the effectiveness of the interventions.
- ISBE and ICMHP are in the process of hiring independent university-based contractors to evaluate the schools and mental health-related activities.

## **Recommendations for Further Implementation of the ICMHP Strategic Plan**

1. Continue to promote and support children's mental health (e.g., public awareness campaign) as a top priority area for addressing the health, academic success, and well-being of Illinois children and youth.
2. Continue to support implementation of the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*, using ICMHP as a key state-level entity for promoting the development and implementation of a comprehensive children's mental health system in Illinois.
3. Increase funding for ICMHP Strategic Plan priorities in FY 08 consistent with decreased expenditures achieved from implementation of the SASS system and increased federal match from ICG.
4. Allocate funding across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system.
5. Increase the visibility of Illinois initiatives and efforts in the state and country as a model for children's mental health system development.

## Appendix A.

### Resources for Further Information on ICMHP and State Initiatives and Activities

Agency/Department	Contact	Phone	E-mail
Illinois Children's Mental Health Partnership (ICMHP)  Key ICMHP documents are available at: <a href="http://www.ivpa.org">www.ivpa.org</a>	Barbara Shaw	(312) 814-1514	<a href="mailto:Barbara.Shaw@illinois.gov">Barbara.Shaw@illinois.gov</a>
Department of Children and Family Services	Denice Murray	(312) 814-4589	<a href="mailto:Denice.Murray2@illinois.gov">Denice.Murray2@illinois.gov</a>
Department of Corrections	Wendy Blank-Navarro	(815) 727-3607 Ext. 6220 or 6240	<a href="mailto:wnavarro@idoc.state.il.us">wnavarro@idoc.state.il.us</a>
Department of Human Services	Carolyn Cochran Kopel	(217) 785-9656	<a href="mailto:Carolyn.Kopel@illinois.gov">Carolyn.Kopel@illinois.gov</a>
Division of Mental Health, Department of Human Services	Tanya R. Anderson	(312) 814-3784	<a href="mailto:Tanya.R.Anderson@illinois.gov">Tanya.R.Anderson@illinois.gov</a>
Department of Healthcare and Family Services	Stephanie Hanko	(217) 557-1031	<a href="mailto:Stephanie.A.Hanko@illinois.gov">Stephanie.A.Hanko@illinois.gov</a>
Illinois State Board of Education	Chris Koch	(217) 782-4870	<a href="mailto:chris.koch@isbe.net">chris.koch@isbe.net</a>
Illinois Violence Prevention Authority	Barbara Shaw	(312) 814-1514	<a href="mailto:Barbara.Shaw@illinois.gov">Barbara.Shaw@illinois.gov</a>