



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

FY 08 Annual Report to the Governor

September 30, 2008

Illinois Children's Mental Health Partnership Members

Partnership Chair

Barbara Shaw

Illinois Violence Prevention Authority

Executive Committee Members

Tanya R. Anderson

Illinois Department of Human Services, Division of
Mental Health

Ray Connor

Individual Care Grant Parents Association

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

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 Committee Co-Chairs

Karen Freel

Ounce of Prevention Fund

Gaylord Gieseke

Voices for Illinois Children

Family Advocacy, Communication, and Education Chair (formerly Family Involvement)

Suzanne Cahalan

NAMI Illinois

Public Awareness Committee Co-Chairs

Florence Townsend

Association of Black Psychologists

Paula Wolff

Chicago Metropolis 2020

School Age Committee Co-Chairs

Maria McCabe

Illinois School Counselors Association

Peter Tracy

Association of Community Mental Health Authorities of
Illinois

Residential Treatment Workgroup Co-Chairs

Ray Connor

Individual Care Grant Parents Association

Barbara Shaw

Illinois Violence Prevention Authority

School Policies and Standards Committee Co-Chairs

Annette Johnson

Illinois Chapter, National Black Social Workers
Association

Mary Tavegia

Cossitt Elementary School

Partnership Members

Scott G. Allen
Superintendent Gene Amberg
Tanya R. Anderson

Representative Patricia R. Bellock
Wendy Blank
Debbie Bretag
Terry Carmichael
Mary Ellen Caron
Betsy Clarke
Ray Connor
Representative Elizabeth Coulson
Representative Will Davis
Karen Freel
Kurt Friedenauer
Gaylord Gieseke
Stephanie Hanko
Annette Johnson

Christopher Koch
Susan Ayers-Krause
Senator Iris Y. Martinez
Maria McCabe
Denice Murray
Louanner Peters
Kelly Rauscher
Representative Kathleen A. Ryg
Tom Schafer
Senator Jeffrey M. Schoenberg
Barbara Shaw
Cara Smith
Senator Dave Syverson
Florence Townsend
Peter Tracy

Senator Kathleen L. "Kay" Wojcik
Juan Valbuena
Paula Wolff
Carol Wozniowski
Lisa York

Management Team

Barbara Shaw
Gaylord Gieseke
Colette Lueck
Karen VanLandeghem

ICMHP Staff:

Caryn Curry Ashleigh Kirk
Melissa Groves Colette Lueck

Illinois Chapter, American Academy of Pediatrics
Urbana School District #116
Illinois Department of Human Services, Division of
Mental Health
State Representative
Illinois Department of Corrections
Illinois Center for Violence Prevention
Community Behavioral Healthcare Association
Chicago Department of Children and Youth Services
Juvenile Justice Initiative
Individual Care Grants Parents Association
State Representative
State Representative
Ounce of Prevention
Illinois Department of Juvenile Justice
Voices for Illinois Children
Illinois Department of Healthcare and Family Services
Illinois Chapter, National Black Social Workers
Association
Illinois State Board of Education
Youth Service Bureau for McHenry County
State Senator
Illinois School Counselors Association
Illinois Department of Children & Family Services
Office of the Governor
Illinois State Board of Education
State Representative
Illinois Department of Public Health
State Senator
Illinois Violence Prevention Authority
Illinois Office of the Attorney General
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

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

Dawn Melchiorre Karen VanLandeghem
Kim Miller

Dear Governor Blagojevich:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am delighted to present the third Annual Report on implementation of the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*. This Report highlights our significant progress in creating a comprehensive system for promotion, prevention, early intervention, and treatment of children from birth to age eighteen, and for youth ages 19-21 who are transitioning out of key public systems.

Since the passage of the Children's Mental Health Act of 2003, Illinois has served more children at younger ages and earlier stages of need with more effective mental health supports, reduced fragmentation of services, enhanced interagency collaboration, and avoided approximately \$19 million per year in costs for unnecessary psychiatric inpatient hospitalization and related costs. What has this meant to our families and communities?

- Brianna, a three year old who was experiencing significant behavior problems, and other children like her are able to get the supports and services they need because community providers and agencies are better equipped to serve young children and their families.
- Schools from Rockford to Cairo are better able to respond to the mental health needs of students because of enhancements to teacher and staff training and supports.
- Anthony, a bi-polar 12 year old, and other children living in areas of the state without access to a child psychiatrist are now getting psychiatric services through telepsychiatry video conferencing.
- Women, like 26 year old Lisa and her new baby, have better access to early identification and services for perinatal depression.

The many achievements outlined in this report are testament to the immense commitment and dedication shown by public and private sector agencies, organizations, and individuals partnering to implement the ICMHP Strategic Plan. Local, state, federal and private investments have enabled child-serving systems to expand their reach by heightening awareness of children's mental health and serving greater numbers of children. In this past year alone, ICMHP and its member agencies committed over \$9.5 million to advance children's mental health programs and services.

In spite of the many achievements we have made in a relatively short time and with relatively small investments, there is much more to be done. Current reforms need to be taken to scale. The ICMHP and its member agencies call on Illinois leaders to renew their commitment to children's mental health by increasing investments in this important work.

Illinois is increasingly recognized as a national leader for its work in reforming the children's mental health system. With the continued support of you and other Illinois leaders, we can continue to play this leadership role. We look forward to our ongoing partnership 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 was 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*¹ (hereinafter referred to as 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, human services, 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, which is required by the CMH Act, reports on the progress of ICMHP and its member agencies and organizations in implementing the recommendations set forth in the ICMHP Strategic Plan. It provides a non-exhaustive overview of key activities, accomplishments and related outcomes by ICMHP and its member agencies and organizations to achieve Strategic Plan priorities. Finally, ICMHP makes recommendations for future directions to ensure a comprehensive system of prevention, early intervention, and treatment for Illinois children and their families.

¹ The *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois* can be accessed at: www.icmhp.org

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 four Workgroups (Residential Treatment, Consultation, Financing, and Benchmarks). These Committees and Workgroups actively engage over 250 groups and individuals in ICMHP work.

The numerous accomplishments of ICMHP and its member agencies and organizations were marked this past year by continued implementation of several Strategic Plan priorities. In fact, the ICMHP and its member agencies committed over \$9.5 million in FY 08 for the advancement of children's mental health programs and services recommended in the ICMHP Strategic Plan. (Please see the chart on page 13 for *Implementation of FY 08 Appropriation for ICMHP Strategic Plan Priorities* and page 15 for a state map of grantee sites.) The following report highlights key ICMHP accomplishments, outcomes and recommendations for continued reform of the children's mental health system in Illinois.

- **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 Learning Standards and as such, has become a model for other states².

Key Outcomes:

- Supported professional development and the creation of a three-year plan for implementation of the SEL Standards in 82 participating schools by providing small grants to 39 school districts in FY 08 across the state.
- Established an SEL Cadre of trainers and coaches to support the participating schools by providing grants to six Regional Offices of Education (ROEs), an Intermediate Service Center, and a Chicago technical assistance agency in FY 08.
- Trained 18 SEL Cadre members to provide training and ongoing coaching to the 82 participating schools across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL).
- Created a network of Parent Advocates to assist parents and school districts in their area to form partnerships for implementing the SEL Standards in school and reinforcing them at home.

² 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.

- **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 administered by ISBE in collaboration with ICMHP and the Illinois Department of Human Services, Division of Mental Health (DMH). In addition DMH funded six community mental health providers to develop partnerships with local schools to provide early intervention services for children and youth.

Key Outcome: Continuing to support school districts in 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 by providing grants to 15 school districts throughout the State. Participating school districts have established collaborative agreements with community mental health agencies and other child serving organizations to identify and meet the early intervention needs of students through protocol development, service delivery, and stigma reduction activities. Each grantee has received on-site technical assistance and training on key topics including: The Importance of Mental Health in Healthy Child Development, Mental Health Stigma Reduction, and Changing the Institutional Culture to Support School/Mental Health Efforts.
- **Supporting the IL Positive Behavior and Interventions and Supports (PBIS) Network, which works with more than 900 schools in Illinois** (an expansion of 220 schools in FY 08). PBIS³ is administered by ISBE and uses a three tier model to promote positive behavior and address student behavioral problems.
- **Enhancing the capacity of community mental health agencies and Healthy Families Illinois/Parents Too Soon programs to respond to the mental health needs of young children ages 0-7 and their families through early childhood children’s mental health consultation projects.**

Key Outcome: Twelve community mental health agencies and four Healthy Families/Parents Too Soon programs from across the state are receiving in-depth early childhood mental health consultation, training and technical assistance through a multi-pronged children’s mental health consultation model.
- **Providing services to children under the age of five and their families who are at risk for or experiencing mental health issues** through implementation of an Early Childhood Services Program, administered by DMH.

Key Outcome: Developed five new programs to provide mental health services to young children and their families in community mental health agencies through grants to agencies in each of the five DMH regions of the state (5 grants in total). FY 09 appropriations are being utilized to expand this program.

³ PBIS is a proactive systems approach for creating and maintaining safe and effective learning environments in schools and ensuring that all students have the behavioral supports needed to ensure their success at school and beyond.

- **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 mental health diagnosis (i.e., DSM-IV diagnosis) through implementation of an Early Intervention Services grants program, administered by 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 awarded to community mental health agencies in each of the five DMH regions of the state (10 grants in total).
- **Providing early intervention services (e.g., mental health services, supports, and referrals) to help children whose primary care giving parent has been incarcerated,** through a pilot project administered by DMH.

Key Outcome: Developed a pilot project in the North Lawndale community to develop a process for families to access mental health services that are sensitive to the unique needs and vulnerabilities of these children and their families.
- **Providing social/emotional support services for 16-18 year old youth transitioning from or between 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 new programs in FY 08 for youth transitioning from the Department of Juvenile Justice back into the community and youth transitioning out of the public child and adolescent mental health services system into the adult mental health services system through grants that were awarded by DMH to community mental health agencies in each of the five DMH regions of the state (10 grants in total).
- **Providing psychiatric services to children and youth in areas of the state where communities do not have access to a board certified child psychiatrist through the DMH Telepsychiatry Pilot Project.**

Key Outcome: This project provides twenty-two hours of telepsychiatry service per week to children in six community mental health agencies in DHS Regions 4 and 5.
- **Began development of a psychiatric phone consultation line to Medicaid primary care providers (e.g., pediatricians, family physicians) through a psychiatric phone consultation initiative** administered by the Department of Healthcare and Family Services in partnership with DMH and ICMHP.

Key Outcome: This project is designed to improve early detection and prompt initiation of treatment for psychiatric and substance use disorders in children and adolescents within primary care settings; increase access to mental health and substance use care; integrate mental health and substance use care with other medical care; and improve the quality of psycho-pharmacotherapy for psychiatric disorders prescribed by primary care providers, including appropriate doses and duration of medication trials, avoidance of unnecessary polypharmacy, and minimizing risks of adverse reactions.

- **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 comprehensive, multi-faceted Public Awareness Campaign Plan (e.g., campaign videos, marketing materials, website).
Key Outcome: In collaboration with DMH, developed and implementing a Public Awareness Campaign, *Say It Out Loud!*. One primary dissemination strategy is an interactive website that provides information on mental health and well-being to policymakers, health and mental health providers, educators, family members, consumers, and the general public. Other strategies are focused on local community involvement with trained community-based spokespersons.

- **Promoting parent/caregiver leadership and support in the children’s mental health system through initiation of a Family Leadership Project.** FY 09 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.

- **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. This is achieved through evidence informed training strategies, education of stakeholders, partnerships with training universities, and implementation of outcomes analysis measures.
Key Outcome: Eighteen statewide DMH provider agencies have participated in trainings and ongoing technical assistance over the past year. All community mental health provider agencies were invited to participate in a series of lectures designed to bridge the gap from science to practice and provide information about effective treatments.

- **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.⁴
Key Outcomes: The SASS program, which serves approximately 18,000 - 20,000 children and youth annually, avoids approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs⁵. Parents and other system partners are generally satisfied with SASS; decision-making with regard to the use of intensive community services and psychiatric hospitalization is rational; intensive community interventions are effective at reducing symptoms and risk behaviors and improving functioning; outcomes are enhanced by appropriate dispositional

⁴ The SASS program provides pre-admission psychiatric hospitalization screenings to HFS-enrolled or un/under-funded children and youth who are at risk of inpatient psychiatric hospitalization. SASS also provides immediate crisis intervention and stabilization services, support to children and families when a child is hospitalized, post-hospitalization continuity of care, home-based family support, case management and care coordination, and needed psychiatric services.

⁵ This is an annualized estimate.

decisions; and inpatient psychiatric hospitalizations have decreased due to use of appropriate community settings for stabilization.

- **Submitted Medicaid claims for Individual Care Grants (ICG) as required by the CMH Act, via the Department of Healthcare and Family Services.**
Key Outcome: The ICG claiming during FY 08 was \$1.35 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 continued to receive seed grant support in FY 08.
Key Outcome: The coalition promotes an understanding of child trauma and prepared coalition members to assist at Northern Illinois University after the mass school shootings in 2008.
- **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 procedures for use with this population through the Models for Change Illinois Reform Initiative funded by the MacArthur Foundation.
Key Outcome: Participated in statewide juvenile justice personnel trainings to promote understanding of mental health in youth delinquency rehabilitation, reaching more than 300 court, probation, parole, law enforcement and residential facility personnel.
- **Assessing the quality of mental health treatment services provided in community mental health agencies through a new Outcomes Analysis System developed by DMH.** The database system allows tracking of treatment responses by individual client, as well as allows the provider agencies to track clinical outcomes per clinical provider, per clinical service, and the agency as a whole. The initial assessment provides data to the clinician and the client and client's parents or guardians regarding clinical functioning at treatment onset. Follow-up assessments using the same tools provide data regarding clinical improvements and help to identify other treatment targets. The assessment with the tools done at completion of or termination of treatment provides data regarding improvements made during the course of treatment.
Key Outcome: Currently, 133 community mental health agencies are participating in the initiative to monitor treatment progress and assess quality of care.
- **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.
- **Convened a Perinatal Depression Summit, in partnership with the Ounce of Prevention Fund and Voices for Illinois Children,** to discuss perinatal depression work in Illinois, the strengths of the state's system and challenges for the future, and to collaborate on key steps toward improving the perinatal experience for women, children, and families in Illinois.

- **Successfully advocated for a \$9 million appropriation to support key Strategic Plan priorities in FY 08.** DMH administered \$6 million of the total appropriation and ISBE administered \$3 million of the appropriation.
- **Secured over \$250,000 from Illinois state agencies, corporations and foundations, in addition to appropriated funds,** to support ICMHP activities in FY 08 (Illinois Violence Prevention Authority, Illinois Children’s Healthcare Foundation, Michael Reese Health Trust, and Blue Cross Blue Shield of Illinois) and leveraged significant in-kind support to support ICMHP and implementation of selected Strategic Plan priorities in FY 08.
- **Increased 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.
- **Supported implementation of the Perinatal Mental Health Disorders Prevention and Treatment Act** to help curb postpartum depression among new mothers and improve their children’s healthy development.
- **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. Promote and support children’s mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth.
2. 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 10 consistent with the goal to bring implementation strategies to scale statewide.
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.

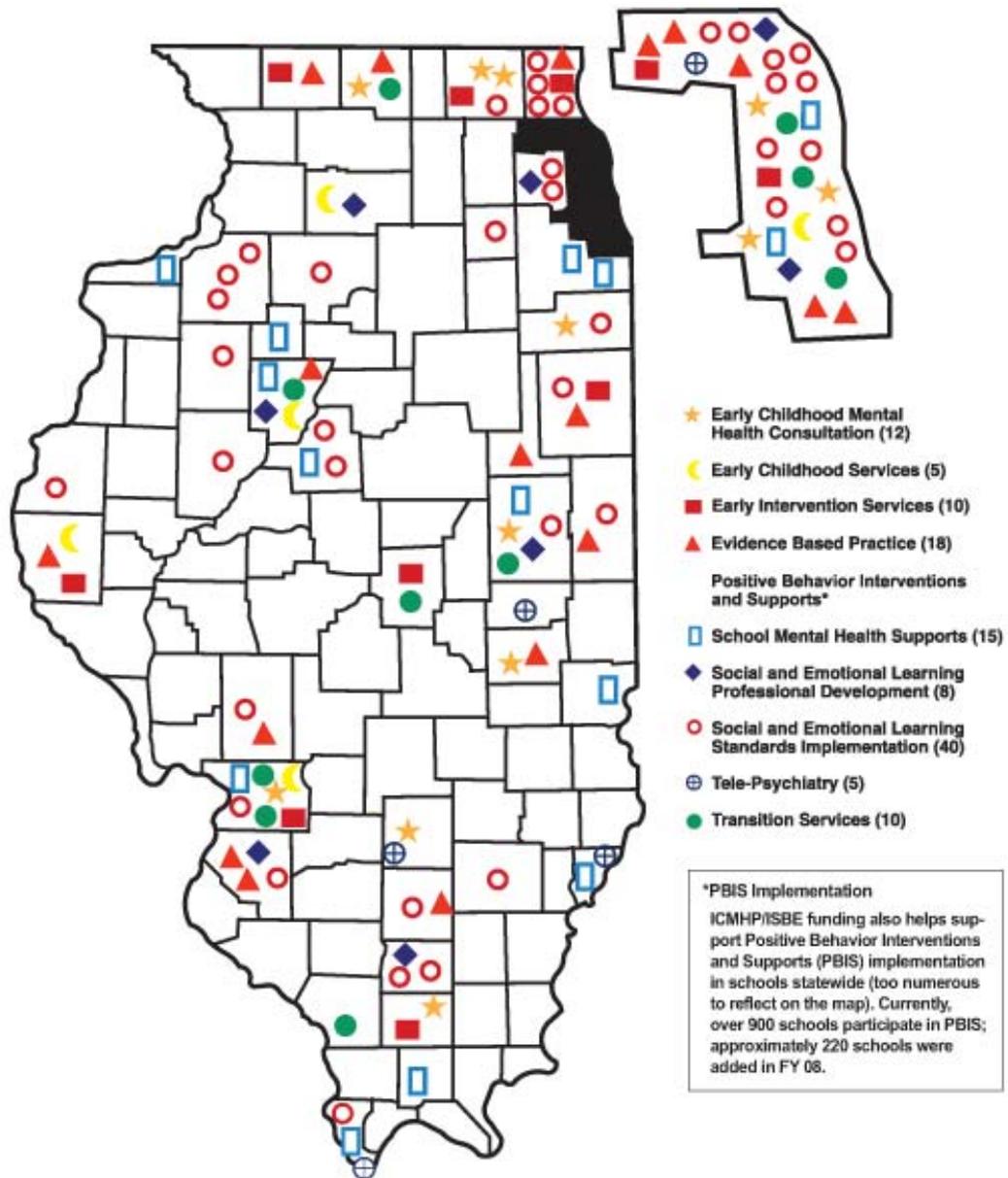
Source: Illinois Children's Mental Health Partnership, Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois. June 2005. Accessible at: www.icmhp.org

Implementation of FY 08 Appropriation for ICMHP Strategic Plan Priorities

Program	Funding	Purpose
Children's Mental Health Consultation Initiatives	\$ 650,000	To support the following consultation projects: <ol style="list-style-type: none"> 1) \$250,000 to develop and enhance the capacity of community mental health agencies to address the mental health needs of young children ages 0-7 years. 2) \$100,000 to provide mental health consultation to Healthy Families Programs. 3) \$300,000 to develop a Psychiatric Consultation Project for primary care providers (e.g., pediatricians, family physicians)
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.
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"> 1) \$1 million for professional development related to the Social/Emotional Learning Standards. 2) \$500,000 to expand the Positive Behavior Intervention and Supports (PBIS) Program to additional schools. 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. 4) \$150,000 for staff and infrastructure.
Children's Mental Health Early Intervention and Treatment Services	\$3,950,000	To provide the following specific services: <ol style="list-style-type: none"> 1) Transitional Services (\$1 million): social/emotional support services for 18-20 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice). 2) Trauma Services (\$450,000): services for children exposed to childhood trauma, and infrastructure development to support identification/service provision. 3) Juvenile Justice Aftercare Project (\$275,000): 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. 4) Early Intervention Services (\$1,475,000): services for children and adolescents (all ages and in collaboration with schools) that do not require DSM diagnosis, such as individual or group counseling or skills building services. 5) Early Intervention Pilot Project for Children of Incarcerated Parents (\$100,000): services for children whose parents are in prison or jail. 6) Early Childhood Services (\$350,000): services for children ages 0-5 and their families. 7) Telepsychiatry Project (\$300,000): services for children who live in areas of the state without access to a child psychiatrist.
Evidence-informed Practice Initiative	\$ 350,000	To support a multi-pronged initiative to further infuse research-based practices and evidence-informed care into the Illinois Child and

		Adolescent Mental Health and other child-serving systems.
Family Involvement Initiatives	\$400,000	<ol style="list-style-type: none"> 1) Family Leadership Project (\$100,000): To provide support to communities for the development of regional family networks in Illinois. 2) Family Consumer Specialist Positions (\$300,000): To provide support to family groups and families with children receiving mental health treatment.
Outcomes Information System	\$150,000	To support development of a comprehensive data analysis system.
ICMHP Training, Assemblies and Infrastructure	\$ 200,000	To support ICMHP general assemblies, trainings, staffing and operations.
TOTAL FY 08 APPROPRIATION*	\$9 million	

Implementation of ICMHP Strategic Priorities: FY 2007-2008 Grantee Sites



Progress in Addressing the Six Core Goals of the Strategic Plan

The Illinois Children's Mental Health Partnership (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. Finally, a copy of the ICMHP Strategic Plan and previous ICMHP Annual Reports can be found on the ICMHP website at www.icmhp.org.

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 hired a Statewide Family Leadership and Support Coordinator who will assure the active involvement of families at every level of ICMHP, including program development, policy and advocacy efforts, research and evaluation.
- ICMHP developed a plan for creating a regional Family Leadership Project that will be initiated in FY 09 with funds appropriated to DMH for ICMHP priorities.
- DMH created Family Consumer Specialist positions within the agency to promote family engagement in the children's mental health system. Family Consumer Specialists are employed in four out of the five state mental health regions. A fifth position is currently being filled. Family Consumer Specialists provide support to parental and consumer advocacy groups and agencies serving families with children receiving mental health treatment, and provide a consumer voice in DMH child and adolescent services policy and program planning.

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 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, the Part C Early Intervention system, Healthy Families Illinois/Parents Too Soon, 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 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. Twelve community mental health agencies are working with the ICMHP to develop the model. Appropriations in FY 09 are being used to expand the number of project sites.
- ICMHP convened a Consultation Work Group to develop a plan for strengthening and integrating 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 and educators 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-kindergarten programs are supported and well qualified.
- ISBE, in partnership with the Erikson Institute, is administering a multi-year effort to build and sustain a statewide network of qualified consultants to strengthen the capacity of Prevention Initiative (PI) programs⁶ to address the mental health needs of high-risk families
- ICMHP, in partnership with DMH is implementing an Early Childhood Children's Mental Health Consultation Project to enhance the capacity of Healthy Families Illinois/Parents Too Soon programs across the state to respond to the mental health needs of young children ages 0-7. Four agencies have received funding to hire an early childhood mental health consultant.

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.

A comprehensive perinatal depression initiative has been implemented in Illinois involving many public/private partners including state agencies (e.g., Department of Healthcare and Family Services), academia, health care providers (e.g., Illinois Chapter of the American Academy of Pediatrics, Illinois Academy of Family Physicians), health care organizations (e.g., Advocate Health Care), private funders (e.g., Michael Reese Health Trust, Illinois Children's Healthcare Foundation), advocacy organizations (e.g., Voices for Illinois Children, Ounce of Prevention Fund), and the Illinois Children's Mental Health Partnership.

- ICMHP in partnership with the Ounce of Prevention Fund and Voices for Illinois Children convened a Perinatal Depression Summit. The Summit gathered professionals in the mental

⁶ 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.

health, health care, and social service fields to discuss perinatal depression work in Illinois, and the strengths of the state's system and challenges for the future, and to collaborate on key steps toward improving the perinatal experience for women, children, and families in Illinois.

- HFS reimburses primary care providers and community mental health centers for perinatal depression screening of HFS-enrolled women, using an HFS-approved screening instrument. Screening is reimbursed both prenatally and up to one year after delivery.
- The University of Illinois at Chicago (UIC) continues to operate a statewide Perinatal Mental Health Consultation Service for providers who wish to consult with a psychiatrist on perinatal depression and medications. The consultation service is free.
- UIC continues to provide training and technical assistance to providers on screening, assessment, treatment, and referral for perinatal depression.
- Evanston Northwestern Healthcare (ENH) continues to operate the 1-866-ENH-MOMS 24-hour crisis hotline for women experiencing perinatal depression. The hotline operates statewide and provides crisis intervention, immediate support and mental health referrals to new and expectant mothers.
- ENH is working to develop statewide perinatal depression referral and treatment resources. In partnership with DHS and UIC, perinatal depression training was provided to interested mental health service sites in each region of the state.
- HFS claims federal match under Medicaid for allowable expenditures related to the perinatal depression initiative.
- A letter from Governor Blagojevich was sent to all affected providers informing them of the requirements of PA 95-0469, the Perinatal Mental Health Disorders Prevention and Treatment Act. HFS, DMH, and the Department of Public Health jointly sent a provider notice to all HFS-enrolled providers to inform them of the Act's requirements and the resources available to providers in addressing perinatal depression in their practices.
- In accordance with PA 95-0469, DHS, HFS, DPH and the Department of Financial and Professional Regulation are working together to develop treatment protocols for providers on perinatal depression.

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 Project⁷ to promote developmental and social emotional screening of children using validated screening and evaluation tools with pediatric primary care providers. The EDOPC project is a partnership of Advocate Health Care's Healthy Steps Program, the Illinois Chapter of the American Academy of Pediatrics,

⁷ The Enhancing Developmentally Oriented Primary Care (EDOPC) Project is a comprehensive effort to institutionalize a focus on healthy development, including social emotional development of young children, into primary care. EDOPC represents a continuation of the commitment of multiple partners in Illinois to make system, policy and practice changes to increase screening and referral for developmental concerns. This commitment began in 2003 with Illinois' participation in a national project, Assuring Better Child Health and Development (ABCD) II. Concurrently with development of the EDOPC project, ABCD II resulted in policy changes and development of best practices to promote the healthy mental development of young children. As the ABCD II project ended in December 2006, HFS and the provider associations have continued to partner.

and the Illinois Academy of Family Physicians. The EDOPC project provides training to HFS' pediatric providers on developmental and social emotional screening as well as screening for domestic violence and maternal depression. The EDOPC project has trained over 2,500 primary care providers and their staff at nearly 300 clinical sites on these early child development topics. HFS claims federal Medicaid 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 program.
- HFS provides reimbursement to pediatric providers for developmental and social emotional screening using a validated screening instrument.
- 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.
- Mental Health America of Illinois (MHAI) and two of its Illinois affiliates, Mental Health Association of Illinois Valley and Mental Health Association of Macon County, have been implementing an early identification program in their local school communities.

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 states⁸. The SEL Standards Professional Development Plan calls for development of a cadre of trainers across the state in Regional Offices of Education (ROEs) and other technical assistance entities to support school districts as they infuse the SEL Standards into school climates, classrooms, and teaching strategies.
 - Supporting professional development and the development of a three-year plan for implementation of the SEL Standards in 82 participating schools by providing small grants in FY 08 to 39 school districts across the state.
 - Established an SEL Cadre of trainers and coaches to support the participating schools by providing grants in FY 08 to six ROEs, an Intermediate Service Center, and a Chicago technical assistance agency.
 - Creating a network of Parent Advocates to assist parents and school districts in their area to form partnerships for the development and implementation of a plan that integrates the SEL Standards into schools' curricula and programs.
 - Trained 18 SEL Cadre members to provide training and ongoing coaching to the 82 participating schools across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL).

⁸ 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.

- Developed an SEL Assessment Workgroup comprised of representatives from ISBE, the Chicago Public Schools, CASEL, mental health organizations, and other groups to identify key objectives and steps in assessing the implementation of the SEL standards, developing a plan to carry out such an assessment, and recommending appropriate tools to assess school climate and student SEL skills and competencies.
- Convened an SEL assessment team that developed and began to implement an SEL assessment plan.
- Developed an SEL awareness plan and awareness materials, including a power point presentation for use in promoting the importance of SEL across a wide variety of stakeholders including educators, community members and parents.

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.

- ISBE is supporting the Illinois Positive Behavior and Interventions and Supports (PBIS) Network, which works with more than 900 schools in Illinois (an expansion of 220 schools in FY 08). PBIS is a proactive systems approach for creating and maintaining safe and effective learning environments in schools, and ensuring that all students have the behavioral supports needed to ensure their success at school and beyond. PBIS is administered by ISBE and uses a three tier model to promote positive behavior and address student behavioral problems.
- ISBE, in collaboration with ICMHP and DMH, awarded grants to 15 school districts in FY 08 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.
- DMH is working with PBIS and Student Assistant Program, two statewide programs operating in schools, to help identify students in need of mental health services, and then provide interventions in the learning environment and linkage to community mental health providers when needed.
- DMH is working in collaboration with the Chicago Public Schools, Chicago Police Department, Chicago Health Department, and the Juvenile Court system on the implementation of a Federal Safe Schools Healthy Students Grant. This grant allows these agencies to coordinate and strengthen existing effective programs, policies, and strategies and to institute new programs, policies, and strategies that reduce and prevent violence and promote healthy childhood development. The vision of this grant is to promote the mental health of students, to enhance academic achievement, to prevent violence and substance use, and to create safe and respectful climates through sustainable school-family-community partnerships and the use of research-based prevention and early intervention programs, policies, and procedures.
- DMH provided grants to six community mental health agencies to develop partnerships and protocols with local school districts to deliver early intervention services to identified students.
- 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 Connections⁹ project, supported mental health consultant positions in all 16 Child Care Resource and Referral service delivery areas statewide as well as six community partner agencies in Cook County. Over 4,000 individual consultations were conducted with child care providers delivering services for almost 900 children/families. Nearly 100 referrals for additional services were made. Over 4,000 participants attended training sessions.
- 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 procedures for use with this population through the Models for Change Illinois Reform Initiative funded by the MacArthur Foundation. Participated in statewide juvenile justice personnel trainings to promote understanding of mental health in youth delinquency rehabilitation, reaching more than 300 court, probation, parole, law enforcement and residential facility personnel.
- DHS is developing and implementing Redeploy Illinois which has resulted in a reduction in the four initial pilot sites of youth sent to IDOC/DJJ for “court evaluations” and mental health treatment. Instead, those youth are served in the community using evidence based practices. There has been a 45 percent reduction in the number of youth sent to DJJ from the four sites with potential savings of \$11 million over two years.

⁹ Caregiver Connections 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 linkages. 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.

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. Twelve community mental health agencies from across the state are currently participating in the project.
- DMH expanded grants to community mental health agencies in each of the five DMH regions of the state (10 grants in total) to build and enhance activities to intervene early with children who are at risk of developing more significant mental health problems.
- DMH is providing early intervention services (e.g., mental health services, supports, and referrals) to help children whose primary care giving parent has been incarcerated, through a pilot project in the North Lawndale community. The project is designed to develop a process for families to access mental health services that are sensitive to the unique needs and vulnerabilities of these children and their families.
- 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.
- 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 to community mental health agencies in each of the five DMH regions of the state (10 grants in total) to develop pilot programs for youth transitioning from the Department of Juvenile Justice back into the community, and youth transitioning from the public child and adolescent mental health services system into the adult mental health services system.

- DMH allocated funds to assist the new Juvenile Justice Department to improve aftercare planning for youth discharged from corrections facilities. Youth with mental health needs are identified prior to discharge and linked to necessary services and supports, including educational and vocational services to reduce recidivism.
- DMH offered several programs for youth in the juvenile justice system that divert youth with mental illnesses from the juvenile justice system and, equally important, to ensure that their secure confinement does not become a barrier to accessing typically critical mental health services. The Mental Health Juvenile Justice program identifies youth with serious mental illnesses involved in the juvenile justice system, and then links them to the appropriate community-based clinical services. Any youth having law enforcement contact within the past six months of being identified as having a serious mental illness may be screened for enrollment. Similarly, the Juvenile Justice Mental Health Re-Entry screens youth with serious mental illnesses when exiting Illinois Youth Centers to link them with suitable community-based clinical services.
- ICMHP conducted statewide and regional colloquia on the importance of mental health screening and assessment in order to appropriately meet the mental health needs of youth involved with the juvenile justice system.

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 08 funds were granted to ICTC to conduct coalition activities.
- Mental Health America of Illinois’ School and Community Assistance Teams (SCAT) continued to provide crisis intervention and supportive counseling services to children and adults across Illinois during and after traumatic incidences. With over 2000 SCAT volunteers across the state trained to respond to school and other community crises, volunteers helped to meet the mental and emotional needs of individuals in response to over 30 school and community crises.

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.

- Monitored the Screening, Assessment and Support Services (SASS) system, a collaborative effort among HFS, DHS, and DCFS. (As required by the CMH Act, Illinois expanded the SASS program in 2003, extending it to all HFS-eligible children.¹⁰) The SASS program,

¹⁰ The SASS program provides pre-admission psychiatric hospitalization screenings to HFS-enrolled or un/underfunded children and youth who are at risk of inpatient psychiatric hospitalization. SASS also provides immediate crisis intervention and stabilization services, support to children and families when a child is hospitalized, post-hospitalization continuity of care, home-based family support, case management and care coordination, and needed psychiatric services.

which serves approximately 18,000 - 20,000 children and youth annually, avoids approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs¹¹. Parents and other system partners are generally satisfied with SASS; decision-making with regard to the use of intensive community services and psychiatric hospitalization is rational; intensive community interventions are effective at reducing symptoms and risk behaviors and improving functioning; outcomes are enhanced by appropriate dispositional decisions; and inpatient psychiatric hospitalizations have decreased due to use of appropriate community settings for stabilization.

- ICMHP, through its Residential Treatment Workgroup, 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.
- DMH expanded grants to community mental health agencies in each of the five DMH regions of the state (10 grants in total) to develop pilot programs for youth transitioning from the Department of Corrections back into the community, and for youth transitioning from the public child and adolescent mental health services system into the adult mental health services system.
- DMH expanded grants 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-informed care into the Illinois Child and Adolescent Mental Health System and other child-serving systems. This initiative increased linkages between universities and community mental health providers focused on evidence-informed practices (EIP) in children's mental health, increased provider and consumer knowledge regarding EIP, 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 initially awarded to ten community mental health agencies throughout the state to pilot test the model. Eight new agencies were added in FY 08.
- 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 to fully infuse evidence informed practices within the community mental health service system.
- Designed a billing code crosswalk between a diagnostic system appropriate for very young children, the DC: 0-3 R, and the widely used and accepted DSM-IV diagnostic system enabling providers to diagnose and correctly treat very young children and bill appropriately.
- The Illinois Association of Infant Mental Health conducted awareness and in-depth trainings on the DC: 0-3 R, reaching more than 300 mental health providers and practitioners in the state.
- 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 agencies contracted to provide

¹¹ This is an annualized estimate.

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 to 16-year-olds to determine current service needs and deter potential disruption. Provider agencies conduct assessments of living arrangements, child 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 or incapacitated caregivers, aging out older youth, and family crisis. The goals are to stabilize placement where necessary and preserve the adoption and 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.

- DMH in partnership with ICMHP engaged a media firm to develop a public awareness campaign entitled, *Say It Out Loud!*. The campaign continues to target the Illinois general public, including adults and adult caregivers of children and adolescents. The second year of the campaign will target specific groups of caregivers and individuals who come into contact with children and adolescents and their caregivers, such as educators, religious leaders, and pediatricians. The *Say It Out Loud!* campaign is also being expanded to promote mental health and wellness during the perinatal period for moms and children ages 0-5.
- ICMHP developed a logo, website and brochure to increase awareness, support and participation in the efforts of ICMHP on behalf of Illinois children and their families.
- ICMHP conducted an Assembly in 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, and showcase new programs and initiatives supported by ICMHP and its member agencies.
- The Illinois School Psychologists Association introduced a public awareness campaign program called *Take a School Mental Health Day*. 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.

- Mental Health America of Illinois (MHAI) and its five local affiliates across the state have worked to reduce the stigma associated with mental illnesses by empowering everyone to engage in dialogue about mental health and mental illnesses, and helping people understand how to prevent and treat mental illnesses through a number of school and community programs and initiatives. MHAI alone reached over 1500 children and adults through a partnership with a variety of school communities in Illinois, educating them on depression, anxiety, self-injury, eating disorders, suicide prevention, bi-polar disorder, and more.
- 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.
- Voices for Illinois Children, in partnership with many other groups, has led the advocacy campaign to educate policy leaders about the importance of children's mental health and the need for increased services and supports and related investments.

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 was administered through the Division of Mental Health in DHS and three million was administered by ISBE.
- Secured over \$250,000 from Illinois state agencies, corporations and foundations, in addition to appropriated funds, to support ICMHP activities in FY 08 (Illinois Violence Prevention Authority, Illinois Children's Healthcare Foundation, Michael Reese Health Trust, and Blue Cross Blue Shield of Illinois) and leveraged significant in-kind support to support ICMHP and implementation of selected Strategic Plan priorities in FY 08.
- In collaboration with ICMHP, DHS, DOC/DJJ, and ISBE implemented a federal grant from the U.S. Department of Education for nearly \$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-informed, 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 Finance Work Group to address how to sustain and expand children's mental health programs and services advanced as part of the ICMHP Strategic Plan.

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.
- DHS identified children and adolescents who are referred to their community mental health providers as a result of a Medicaid Early and Periodic Screening, Diagnosis and Treatment (EPSDT) physician visits as a priority population.
- Monitored the Screening, Assessment and Support Services (SASS) system, a collaborative effort among HFS, DHS, and DCFS.
- HFS submitted Medicaid claims for Individual Care Grants (ICG) as required by the CMH Act. The ICG claiming during FY 08 was \$1.35 million.
- The Ounce of Prevention Fund hosted the Illinois EPSDT Summit for Young Children giving key child health leaders an opportunity to discuss important and emerging topics related to Medicaid EPSDT and develop an action agenda that will take Illinois forward in improving access, utilization and outcomes of publicly financed services for young children, especially services such as mental health and dental health care.

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 was administered by DMH/DHS and three million was administered by ISBE.

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.

- DMH is improving the child and adolescent mental health practitioner workforce in Illinois through a collaboration with Illinois academic centers to implement evidence-informed mental health practitioner degree programs, to address the need for a current and future Illinois mental health practitioner workforce well-educated in evidence-informed treatments. The three university master's level child and adolescent mental health practitioner evidence-informed practice certification programs admitted and graduated their first cohort of students in FY08, and all are expanding capacity this year to add more students.
- The Illinois Association for Infant Mental Health advanced efforts to develop an infant mental health credential/endorsement.
- ISBE and DMH, in coordination with ICMHP, conducted eight days of training and on-going technical assistance for mental health providers and educators on various topics related to the mental well being of students and the importance of school-community agency collaboration.
- The early childhood consultation project provided training to mental health providers to enhance their agency and staff capacity to meet the needs of young children and their families.
- Strengthening Families Illinois, Chicago Safe Start, ICMHP, and the Midwest Learning Center in partnership with other groups are working to develop a trauma-informed practice training approach for early childhood providers and educators.

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 and 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, 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 to educate providers and other groups about the impact of childhood trauma on children's health and development. DCFS and national trauma experts developed the first formal trauma curriculum for its staff and foster parents.
- ICMHP convened a Consultation Work Group to develop a plan for strengthening and integrating 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 mental health needs of children, and building and enhancing the children's mental health workforce.
- HFS, with funding from the Michael Reese Health Trust and the Illinois Children's Healthcare Foundation, is working with the EDOPC Project to promote developmental and

social emotional screening of children using validated screening and evaluation tools with pediatric primary care providers.

- HFS claims federal Medicaid 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 program, including performance payments for developmental screening. 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 is developing 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 data that is readily available and 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.
- DMH is assessing the quality of mental health treatment services provided in community mental health agencies through a new Outcomes Analysis System. The database system allows tracking of treatment responses by individual client, as well as allows the provider agencies to track clinical outcomes per clinical provider, per clinical service, and the agency as a whole. The initial assessment provides data to the clinician and the client and client's parents or guardians regarding clinical functioning at treatment onset. Follow-up assessments using the same tools provide data regarding clinical improvements, as well as help to identify other treatment targets. The assessment with the tools done at completion of or termination of treatment provides data regarding improvements made during the course of treatment. Currently, 133 community mental health agencies are participating in the initiative to monitor treatment progress and assess quality of care.
- Initiated the SEL assessment process to collect project outcome measures for each of the participating school districts.

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 Informed Practice Committee of DMH, together with ICMHP are developing and implementing a plan for further infusing research-based practices and evidence-informed 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-informed practices (EIP) in children’s mental health, increase provider and consumer knowledge regarding EIP, 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 were awarded to community mental health agencies in all five DMH regions of the State to pilot 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.

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 hired independent university-based contractors to evaluate the schools and mental health-related activities.
- ICMHP hired the University of Illinois, Center for Prevention Research and Development to evaluate the Early Childhood Children’s Mental Health Consultation Project.
- ICMHP hired the University of Illinois, Center for Prevention Research and Development to conduct case studies of selected schools participating in the SEL Project.

Recommendations for Further Implementation of the ICMHP Strategic Plan

1. Promote and support children's mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth.
2. 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 10 consistent with the goal to bring implementation strategies to scale statewide.
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

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