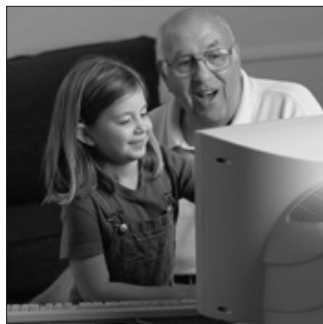
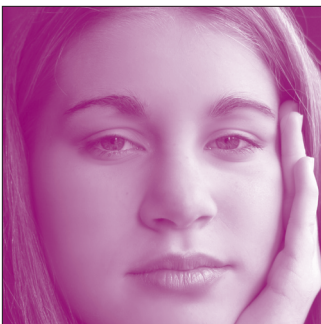




Illinois Children's Mental Health Partnership

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

2006 Annual Report to the Governor



Illinois Children's Mental Health Partnership

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Barbara Shaw

Illinois Violence Prevention Authority

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Association of Black Psychologists

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Juvenile Justice Initiative
Illinois Department of Human Services
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Association of Community Mental Health Authorities of Illinois
Illinois Coalition for School Health Centers
State Senator
Chicago Metropolis 2020
Mental Health Association in Illinois
Illinois School Psychologists Association
Office of the Attorney General

Letter from the Partnership Chair

Dear Governor Blagojevich:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am very pleased to present to you the first 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 was mandated to develop and monitor the implementation of the Strategic Plan by the Illinois Children's Mental Health Act of 2003, which you signed into law in September, 2003. The Strategic Plan, developed by over 250 individuals and groups from throughout the state, was presented to you on June 30, 2005, and funds were appropriated in FY 07 for implementation of a number of Strategic Plan priorities. This Report highlights the many accomplishments Illinois has made in implementing the Strategic Plan and makes recommendations for future implementation efforts.

Since passage of the CMH Act, and in accordance with the ICMHP Strategic Plan, Illinois has served greater numbers of children with more effective mental health services, reduced fragmentation and enhanced interagency collaboration, developed Social and Emotional Learning (SEL) Standards as part of the Illinois Learning Standards, and saved the State over \$44 million by deflecting children from costly hospitalizations to more appropriate community-based mental health services. 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. Thank you for encouraging the ICMHP member state agencies to be active partners in this critical work.

Illinois is 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. In fact, the Governor of the State of New York recently signed legislation patterned after the Illinois Children's Mental Health Act, including the creation of SEL Standards for schools. With your continued support, we can continue to play a leadership role in modeling policies and practices that advance children's mental health in Illinois and nationwide.

You have clearly demonstrated in numerous ways that you are invested in the health, academic success and well-being of Illinois children, so we are confident that we will continue to work together to promote children's social/emotional well-being and mental health. ICMHP is very appreciative of the support your administration has provided to the implementation of the Strategic Plan. We look forward to our continued partnership with you and your office in meeting the mental health needs of Illinois children.

Thank you for your ongoing commitment and support.

Sincerely,

Barbara Shaw

Chair, Illinois Children's Mental Health Partnership

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. The ICMHP submitted its *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*¹ (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.

¹ The *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois* can be accessed at: http://www.ivpa.org/childrensmhtf/pdf/ICMHP_Strategic.20050908.pdf

Overview of Key ICMHP Accomplishments, Related Outcomes, and Recommendations

In a little over one year, ICMHP has made significant progress in implementing several of the Strategic Plan Core Goals and Strategic Priorities. The ICMHP is working with its six Standing Committees—Early Childhood, School Age, School Policies and Standards, Public Awareness, Cultural Competence, and Family Advocacy, Communication, and Education—and a Residential Treatment Workgroup—to actively engage over 200 groups and individuals in the implementation of the ICMHP Strategic Plan. The following highlights key ICMHP accomplishments and where relevant, related outcomes, in implementing the Strategic Plan. Many of these accomplishments address the ten Strategic Priorities (see text box). In addition, recommendations for continued implementation and advancement of the Strategic Plan are noted.

- **Monitored the expansion and enhancement of the Screening, Assessment and Support Services (SASS) system**—a collaborative effort among the Healthcare and Family Services (formerly Public Aid) and the Departments of Human Services (DHS) and Children and Family Services (DCFS). As required by the CMH Act, Illinois expanded the SASS program, extending it to all Medicaid-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. (See page 12 for more details on the SASS Program).
 - **Key Outcome:** Achieved \$44.1 million in cost-savings as a result of implementation of the SASS system in FY 05 and 06, while providing a wider array of mental health services for children and showing increased clinical outcomes.
- **Healthcare and Family Services submitted Medicaid claims for Individual Care Grants as required by the CMH Act.**
 - **Key Outcome:** Recouped \$4.5 million in additional Federal Financial Participation for FY 04, 05 and a portion of 06.
- **Developed Social and Emotional Learning (SEL) Standards, including age-appropriate goals, performance descriptors and benchmarks, as part of the Illinois Learning Standards, an Implementation Plan, and a Professional Development Plan for educators** in partnership with the Illinois State Board of Education (ISBE) 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 states². ISBE adopted the SEL Standards and an Implementation Plan and submitted them to the Governor, the General Assembly, and ICMHP on December 31, 2004.
 - **Key Outcome:** One hundred percent of Illinois school districts have developed a policy for incorporating social and emotional development into school educational programs and for responding to children with mental health needs.
- **Completed a comprehensive statewide research process to develop 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.
 - **Key Outcome:** The Public Awareness Campaign Plan serves as the basis of a Request for Proposal that is being initiated by the Division of Mental Health, DHS for implementation of a statewide public awareness campaign.
- **Created a Mental Health Screening Work Group** and engaged national leaders in children’s mental health to identify best practices in a variety of settings where voluntary mental health screening takes place.
 - **Key Outcome:** The deliberations of the Work Group were integrated into the Strategic Plan and form the basis of many of the recommendations on Early Intervention.

² The State of New York recently adopted SEL Standards as a result of state legislation that was modeled on the Illinois Children’s Mental Health Act of 2003.

- **Conducted two Children’s Mental Health Assemblies** that gathered over 200 participants for each event. The Assemblies featured national leaders and exemplary state systems in children’s mental health. The fall 2005 Assembly focused on family involvement and cultural competence in children’s mental health services and programs.
 - **Key Outcome:** The Assemblies heightened awareness about children’s mental health and the ICMHP Strategic Plan among child-serving state and community groups. The importance of family involvement in all stages of transforming children’s mental health in Illinois was underscored.
- **Initiated and implemented an Early Childhood Children’s Mental Health Consultation Project** to develop and pilot test a Children’s Mental Health Consultation model to help build the capacity of mental health provider agencies to respond to the mental health needs of young children ages 0-7.
 - **Key Outcome:** Beginning in October 2007, five community mental health agencies—three in the Chicago metropolitan area and two in other regions of Illinois—will work with the ICMHP to develop and pilot test the model, one of the first of its kind in the nation.
- **Formed a multi-agency and multidisciplinary Residential Treatment Workgroup** 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. The Workgroup is currently collecting data on the number of Illinois children in residential treatment, the percentage of children assigned to residential treatment, and the costs to agencies.
- **Successfully advocated for a \$5 million appropriation to support selected Strategic Plan priorities in FY 07.** Two million of the appropriation is being administered through the Division of Mental Health, DHS. Three million of the funds are being administered by the Illinois State Board of Education.
- **Secured over \$750,000 in public and private funds and in-kind services from Illinois state agencies, corporations and foundations** to support ICMHP and implementation of selected Strategic Plan priorities.
 - **Secured a federal grant from the U.S. Department of Education** for approximately \$300,000 to promote integration of state and local mental health and school systems to improve mental health supports for Illinois students.
 - **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, at the invitation of these groups.
 - **Key Outcome:** 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.

RECOMMENDATIONS FOR FURTHER PLAN IMPLEMENTATION

1. Continue to 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. 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 state savings 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.
6. Promote social and emotional development, and mental health supports for children within new agencies and programs such as Department of Juvenile Justice, Pre-School for All, and All-Kids, and within increased funding for schools.

Strategic Plan Priorities

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



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.

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 Illinois Family Partnership Network, Illinois Federation of Families, Illinois Parent and Teachers Association, Mental Health Association in Illinois, and National Alliance on Mental Illness (Illinois Chapter) to reconstitute and strengthen the ICMHP Family Involvement Committee and enhance family involvement in implementation of the Strategic Plan.
- ICMHP makes stipends available to families to encourage family involvement in CMH planning activities related to implementation of the Strategic Plan.
- ICMHP devoted a statewide meeting to learning more about effective family engagement and leadership building.

Recommendation: Develop a mental health system accessible to children ages 0-18 that respects, supports, and treats families/caregivers as key partners.

- ICMHP is initiating development of a survey of community mental health agencies to collect information on agency strategies and efforts for improving family involvement in CMH.

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

- ICMHP is developing a draft survey to determine how community mental health agencies incorporate cultural competence strategies and activities in programs and services for children to foster collaboration and technical assistance between organizations that excel in cultural competence with those that may be struggling.

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 young 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.

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.

- Healthcare and Family Services (DHFS) provides Medicaid reimbursement to primary care providers for perinatal depression screening, using a DHFS-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 and the Illinois Academy of Family Physicians are training primary care providers on maternal depression screening and social/emotional development screening of children under age three.
- DHFS has implemented a statewide Perinatal Mental Health Consultation Service for providers, should a screening indicate that a pregnant or postpartum woman is suffering from depression. Through a project supported by the federal Health Resources and Services Administration, providers can receive free consultation by a team of experts in perinatal depression and information about referral sources by calling a statewide toll-free hotline. Additionally, web materials have been developed for providers and patients. The information includes a client brochure and referral resources.

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.

- ICMHP conducted a general survey assessment of mental health screening processes that are currently used in the juvenile justice system. The results of this analysis are informing development of a statewide summit on mental health screening for youth with juvenile justice involvement.
- 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.

Recommendation: Work with the Illinois State Board of Education (ISBE) to ensure that all Illinois school districts develop a policy for incorporating social and emotional development into the district's education program. The policy shall address social and emotional learning, and protocols (i.e., guidelines) for responding to children with social, emotional, or mental health needs.

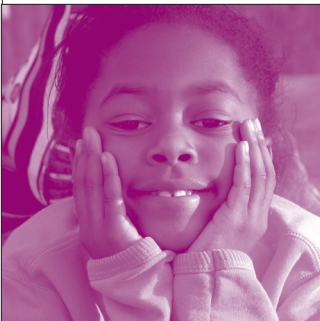
- ISBE, in partnership with ICMHP, disseminated sample policies and administrative procedures to all Illinois school districts to guide development of policies for incorporating social and emotional development into educational programs as well as protocols (i.e., guidelines) for responding to children with social, emotional, and mental health problems.
- ICMHP worked with ISBE to ensure that one hundred percent of Illinois school districts developed a policy for incorporating social and emotional development into school educational programs and for responding to children with mental health needs.
- ICMHP and ISBE, with technical assistance and support from the Collaborative for Academic, Social, and Emotional Learning (CASEL), administered a questionnaire to local school districts to determine the current status in Illinois schools with regard to social and emotional development practices and related professional development needs. Overall, the results of the survey indicate that school systems needed ongoing and in-depth technical assistance to implement the Social and Emotional Learning (SEL) standards.
- ISBE will be awarding mini-grants of up to \$10,000 to school districts for professional development supports targeted at advancement of the SEL standards in schools.
- ICMHP and ISBE, with technical assistance and support from CASEL, developed a web-based resource document, *Frequently Asked Questions about Social and Emotional Learning*, to provide information to Illinois educators about SEL.
- ICMHP and ISBE, with technical assistance and support from CASEL, developed a web-based resource list of SEL and mental health resources for schools entitled, *Other Websites That Focus on SEL, Mental Health, and Related Areas*.

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 developed Social and Emotional Learning Standards as part of the Illinois Learning Standards and an Implementation Plan to enhance children's school readiness and ability to achieve academic success.
- ICMHP and ISBE developed performance descriptors for the SEL Standards, which build upon standards and benchmarks, to enable teachers to establish appropriate grade-specific measurable performance expectations.
- ICMHP and ISBE developed a Professional Development Plan that outlines implementation of a comprehensive effort to raise educator, family and community awareness about the SEL standards and policies, to educate and assist school systems and educators with implementation of these standards, and to promote effective implementation of social and emotional development policies and practices.
- A portion of the FY 07 funds appropriated to ISBE for ICMHP priorities is allocated for implementation of the SEL Standards Professional Development Plan, including grants to Regional Offices of Education for provision of training and technical assistance to school districts on the SEL Standards.

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, including non-traditional organizations, to ensure a comprehensive, coordinated approach to addressing children's mental health, and social and emotional development.
- ISBE is expanding the Positive Behavior Interventions and Supports (PBIS) program in approximately 90 schools, 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.
- ISBE is awarding grants to approximately 45 school districts, beginning December 1, 2006, to build and strengthen mental health supports and services in schools.
- ICMHP is working with the DCFS Strengthening Families Initiative to support 50 early childhood centers building protective factors in young children and their families in order to prevent child abuse and neglect.



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 the DHS Division of Mental Health (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 help build the capacity of mental health provider agencies to respond to the mental health needs of young children ages 0-7. Beginning in October 2007, five community mental health agencies—three in the Chicago metropolitan area and two in other regions of Illinois—will be working with ICMHP to develop and pilot test the model, one of the first of its kind in the nation.
- DMH will be awarding grants of up to \$100,000 to community mental health agencies in five regions of the state to build and enhance activities to intervene early with children who are at risk of developing more significant mental health problems.

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.
- ICMHP conducted a general survey assessment of mental health screening processes that are currently used in the juvenile justice system. The results of this analysis are informing development of a statewide summit on mental health screening for youth with juvenile justice involvement.

- DMH is awarding transitions grants with FY 07 funds appropriated for ICMHP priorities to enable juveniles returning to the community from juvenile corrections facilities to receive an array of transitional services. Funds have also been allocated to assist the new Juvenile Justice Department to develop improved aftercare planning for youth in corrections facilities.

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

- ICMHP is a lead entity in a collaborative effort to create an Illinois Childhood Trauma Coalition which works to educate about the impact of childhood trauma on children’s health and development, and will promote trauma-informed services within Illinois child serving systems.

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 Medicaid-eligible children. In order to avoid further fragmentation of the children’s mental health system, Healthcare and Family Services 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/ adolescents to agencies that provide comprehensive mental health services. The Screening, Assessment & Support Services (SASS) program’s integrated effort has expanded service delivery to include Medicaid recipients, shifting costs between departments, and allowing DHS to provide a wider array of services for their core population. In addition to expanding the service population, the SASS program has been able to show increased clinical outcomes while delivering a net savings across the board. The evaluation data provided by Northwestern University suggests that the implementation of the expanded SASS program

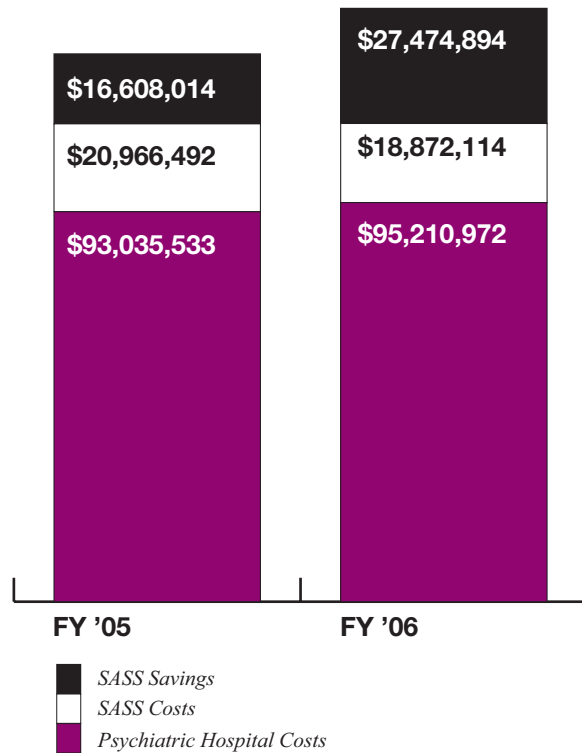
for all publicly funded children and adolescents has been a success. This accomplishment is based upon the following statistics:

- In Fiscal Year 2005, SASS performed 15,226 initial mental health crisis screenings.
- Of these 15,226 children receiving a mental health crisis screening, 35% (5,342) were able to be stabilized and served in their community.
- Outcomes analysis has determined that intensive community stabilization resulted in statistically better outcomes than hospitalization for certain types of youth (i.e., those identified as “low risk” via a decision support tool).
- Parents/caregivers are satisfied with SASS services with 87% of them rating SASS services as ‘good’ or ‘excellent’.
- SASS workers were overwhelmingly seen as culturally sensitive, respectful, and strength based.

In addition to providing a clinically sound program to a larger population of recipients, the SASS program has also shown to be cost effective. This cost-effectiveness is based upon the 35% of recipients that benefit clinically from intensive community-based services as opposed to unnecessary hospitalization. This difference in service delivery accounts for just over \$16.6 million in the first year of implementation with projected savings increasing during fiscal year 2006 to nearly \$27.5 million. These cost savings are being realized while improving the clinical outcomes of children and adolescents without compromising the access to clinical treatment or quality of services.

- ICMHP formed a multi-agency and multi-disciplinary Residential Treatment Workgroup 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. The Workgroup is currently collecting data on the number of children in residential treatment, the percentage of children assigned to residential treatment, and the costs to agencies.
- DMH will be awarding grants of up to \$100,000 to community mental health agencies in all five DMH regions of the state 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 into the adult mental health services system.

SASS Cost Savings



- The Evidence Based Practice Committee of the Division of Mental Health, IDHS, and ICMHP are developing and implementing 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 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.
- DMH secured an additional System of Care grant from the federal Substance Abuse and Mental Health Services Administration. The grant provides support to the McHenry County Mental Health Board.

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 and DMH will be implementing a comprehensive public awareness campaign with FY 07 funds appropriated for ICMHP priorities.
- ICMHP completed a comprehensive research process to develop 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, the efficacy of mental health services, and to reduce the stigma of childhood mental illness. The Public Awareness Campaign Plan serves as the basis of a Request for Proposal that is being initiated by the Division of Mental Health for implementation of a statewide public awareness campaign.
- ICMHP conducted two Children's Mental Health Assemblies that gathered over 200 participants for each event. The Assemblies featured national leaders and exemplary state systems in children's mental health. The fall 2005 Assembly focused on family involvement and cultural competence in children's mental health services and programs. The Assemblies heightened awareness about children's mental health and the ICMHP Strategic Plan among child-serving state and community groups.
- ICMHP has 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, at the invitation of these groups. 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 a \$5 million appropriation in FY 07 to support selected Strategic Plan priorities. Two million of the appropriation is being administered through the Division of Mental Health in DHS. Three million is being administered by the Illinois State Board of Education.
- ICMHP secured over \$750,000 in public and private funds and in-kind services from Illinois state agencies, corporations and foundations (DCFS, DHS/DMH, ISBE, IVPA, Illinois Children's Healthcare Foundation, Michael Reese Health Trust, Spencer Foundation, Association of Community Mental Health Authorities of Illinois, Voices for Illinois Children and Blue Cross Blue Shield of Illinois) to support the ICMHP and implementation of selected Strategic Plan priorities.
- DMH secured an additional System of Care grant from the federal Substance Abuse and Mental Health Services Administration. The grant provides support to the McHenry County Mental Health Board.
- ISBE and ICMHP secured 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. 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.

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

- Healthcare and Family Services (DHFS) provides Medicaid reimbursement to primary care providers for perinatal depression screening, using a DHFS-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.
- As a result of SASS implementation, Illinois saved over \$44.1 in hospitalization costs in FY 05 and 06 by serving children with acute mental health needs in the community.
- Illinois recouped \$5.4 million in Federal Financial Participation by submitting claims for the Individual Care Grant Program as required by the CMH Act.

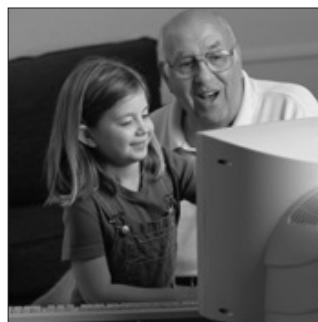
Recommendation: Initiate the development of state funding sources and mechanisms, including incentive-based funding structures and community-based pilot projects and models, to promote best practices in prevention, early intervention, and treatment.

- ICMHP formed a multi-agency and multi-disciplinary Residential Treatment Workgroup 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. The Workgroup is currently collecting data on the number of children in residential treatment, the percentage of children assigned to residential treatment, and the costs to agencies.
- Successfully advocated for a \$5 million appropriation to support selected Strategic Plan priorities in FY 07. Two million of the appropriation is being administered through the Division of Mental Health in DHS. Three million is being administered by the Illinois State Board of Education.

Goal IV: BUILD A QUALIFIED AND ADEQUATELY TRAINED WORKFORCE WITH A SUFFICIENT NUMBER OF PROFESSIONALS TO SERVE CHILDREN AND THEIR FAMILIES THROUGHOUT ILLINOIS.

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 have 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.



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.

- 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.

Goal VI: INVEST IN RESEARCH.

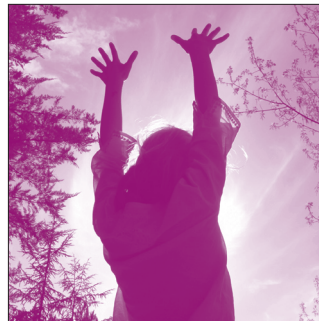
Recommendation: Initiate a Children's Mental Health Resource Center(s) to collect and facilitate research on best practices and model programs; share information with Illinois policymakers, practitioners and the general public; develop culturally and linguistically competent training and educational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

- The Evidence Based Practice Committee of the Division of Mental Health, IDHS, and ICMHP are developing and implementing 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 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.

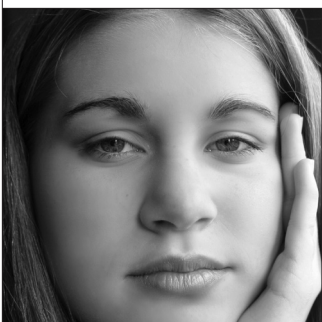
Recommendation: Develop and conduct process and outcome evaluations that measure changes to the children's mental health system and in child outcomes as a result of implementation of the Illinois Children's Mental Health Plan.

- ICMHP engaged Northwestern University to initiate a multi-pronged evaluation to study the effectiveness of the Partnership and the impact of the ICMHP Strategic Plan on building and enhancing a comprehensive children's mental health system in Illinois over time.
- The Evidence Based Practice initiative includes evaluation of system change as a result of the initiative and comparative pre- and post-tests evaluating the effectiveness of the interventions. Also, the Professional Development Plan for Social and Emotional Learning calls for the development of assessment measures of student and school outcomes as a result of implementation of the SEL Standards.
- A portion of the FY 07 funds appropriated to ISBE for ICMHP priorities will be utilized to support evaluation activities associated with ICMHP/ISBE schools and mental health activities.



Recommendations for Further Plan Implementation

1. Continue to 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. 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 state savings 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.
6. Promote social and emotional development, and mental health supports for children within new agencies and programs such as Department of Juvenile Justice, Pre-School for All, and All-Kids, and within increased funding for schools.



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	Barbara Shaw	(312) 814-1514	Barbara.Shaw@illinois.gov
Department of Children and Family Services	Gene Griffin	(312) 814-2074	Gene.Griffin@illinois.gov
Department of Corrections	Wendy Blank Navarro	(815) 727-3607 Ext. 6220 or 6240	wnavarro@idoc.state.il.us
Department of Human Services	Carolyn Cochran-Kopel	(217) 785-9657	dhshed051@dhs.state.il.us
Division of Mental Health, Department of Human Services	Tanya R. Anderson	(312) 814-3784	Tanya.R.Anderson@illinois.gov
Department of Healthcare and Family Services	Stephanie Hanko	(217) 557-1071	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

