

BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS



FY 2010 ANNUAL REPORT TO THE GOVERNOR



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Dear Governor Quinn:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am delighted to present to you the fifth Annual Report to the Governor on implementation of the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*. Since the passage of the Children's Mental Health Act of 2003, Illinois has been creating a comprehensive system of programs, services and supports that promotes the importance of children's mental health; reaches more children at younger ages and earlier stages of need; reduces fragmentation of services; enhances interagency collaboration; and avoids approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs – a total of over \$100 million in avoided costs over the last six years. Despite the current challenging fiscal environment, the Partnership and its member agencies and organizations are demonstrating that innovative approaches to mental health are possible and essential to Illinois children and their families.

What have investments in children's mental health meant to our families, our communities and our child-serving systems? By creating a comprehensive, multi-faceted system that reaches children where they live, learn and play, Illinois is:

- **Reaching children and their families at younger ages and earlier stages of need** through projects such as the *Mental Health Early Intervention Services for Children and Youth Project* which served young children under the age of five who were at risk for or experiencing mental health issues.
- **Helping schools promote social/emotional learning and intervene early** through initiatives such as implementation of the Illinois Social and Emotional Learning Standards.
- **Increasing access to mental health services and supports for underserved children and youth** through projects such as the *Telepsychiatry Project* which provides psychiatric services to children and youth in areas of the state where communities do not have access to a board certified child and adolescent psychiatrist.
- **Training primary care providers (e.g., pediatricians, family physicians) on screening young children for social/emotional developmental delays**, referring to Early Intervention or other appropriate services, and accessing consultation from mental health providers.
- **Building a qualified workforce equipped to promote and address children's mental health** through early childhood mental health consultation projects to primary care providers, community mental health agencies, home visiting programs, child care providers, and preschool programs.

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

Thank you very much for ensuring that funds are available in FY 11 to implement the ICMHP Strategic Plan. We look forward to your continued support as we work in partnership to meet the social emotional development and mental health needs of Illinois children.

Sincerely, Barbara Shaw, ICMHP Chair

About the ICMHP Strategic Plan and 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 legislation 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 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 the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois* to Illinois leaders 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. ICMHP works 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) to implement the Strategic Plan priorities.

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

- 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 reports on the progress of ICMHP and its member agencies and organizations in implementing the recommendations set forth in the ICMHP Strategic Plan. A copy of the ICMHP Strategic Plan is available at: www.icmhp.org

Building a Comprehensive Children’s Mental Health System in Illinois

The Illinois Children’s Mental Health Partnership (ICMHP) envisions a comprehensive, coordinated children’s mental health system comprised of promotion, prevention, early intervention and treatment programs, services and supports for children ages 0-18 years, and for youth ages 19-21 who are transitioning out of key public programs (e.g., child welfare, school, mental health systems). These resources should be available and accessible to all Illinois children and their families – whether they are a new parent adjusting to the demands of parenthood, a toddler struggling to master basic developmental tasks, an adolescent who is experiencing feelings of depression, or a youth with some other mental health need.

Children and their families need to be reached in the places where they live, learn and play – places including child care centers, schools, pediatrician’s offices and community-based programs such as home visiting programs. Children and youth at-risk for mental health challenges also need to be reached in key child-serving settings including child welfare and juvenile justice agencies. As such, the ICMHP and its member agencies and organizations are changing the mental health system landscape through a broad range of initiatives and projects that are promoting children’s healthy development (both physically and emotionally), strengthening the quality of services, building the workforce, and maximizing scarce resources.

The numerous accomplishments of ICMHP and its member agencies and organizations were marked this past year by continued implementation of Strategic Plan priorities as highlighted below. Additional information about these and other related state agency and organization initiatives can be obtained by contacting the agency representatives listed on page 29.

“Children in Illinois are at increased risk during these difficult economic times resulting from the national recession and state fiscal crisis. Even as hopeful signs of the end of the recession appear, poverty rates for children continue to rise and will lag with the economic recovery for years. We must pay special attention as children are at risk of a lifetime of struggles because of the economic crisis and the resulting stress so many families face due to unemployment, foreclosure and economic insecurity. Now, more than ever, the social and emotional well-being and healthy development of all children must be a priority and the Illinois Children’s Mental Health Partnership is leading the way. We must continue to support these proven and cost effective efforts.”

Kathy Ryg, President, Voices for Illinois Children

Reaching Children and Their Families at Younger Ages and Earlier Stages of Need

Childhood is the best time to promote optimal social and emotional development and to prevent or minimize mental health disorders before they become severe. Many mental health challenges have their origins in childhood¹, some of which can be prevented or diminished by promotion and early intervention efforts. Even in the case of mental illnesses that are not fully preventable, evidence suggests that early intervention and quality mental health services that are provided in a timely fashion can help minimize the impact of mental illness. Prevention of mental health challenges has evolved to the point that reduction of risk, prevention of onset, and early intervention are realistic possibilities.²

- **Promoting the wellness of young children ages birth to 8 years of age by addressing the physical, emotional, social, and behavioral aspects of their development through *Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)*.** Project LAUNCH is administered through a partnership between the Division of Community Health and Prevention, and the Division of Mental Health with funding from the federal Substance Abuse and Mental Health Services Agency (SAMHSA). The Greater Westside of Chicago (encompassing the communities of North and South Lawndale and East/West Garfield) was awarded a Project Launch grant in September 2009. In the first year of Project Launch implementation, an environmental scan and strategic plan were developed to guide the enhancement of five areas of service need for the Greater Westside of Chicago. Plans for the delivery of evidence-based services in the areas of child developmental services, mental health consultation, behavioral health and primary care integration, home visiting, and parenting education are all underway. In addition, a local Project Launch Council was established in the community, as well as a State Council to oversee the Project's evaluation and statewide replication.
- **Providing services to children under the age of five and their families who are at risk for or are experiencing mental health issues through the *Early Childhood Mental Health Services Project*.** Continued to provide mental health services (e.g., developmental screening, mental health assessment, family counseling, case management, and referrals) to young children and their families in community mental health agencies through grants, administered by the Illinois Department of Human Services, Division of Mental Health to agencies in each of the five DMH regions of the state (five grants total). The Project began in January 2008. During FY 2010 providers served nearly 220 registered consumers and 150 unregistered consumers, and provided more than 3,200 direct service hours.
- **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 the *Mental Health Early Intervention Services for Children and Youth Project*.** Continued to build and enhance activities to intervene early with children who are at risk of developing significant mental health challenges through grants awarded to two community mental health agencies in each of the five DMH regions of the state (10 grants in total). This Project has broadened the State mental health system's capacity to serve populations such as pre-schoolers and infants, and to collaborate with community partners such as child care providers. In FY 09, nearly 1500 children and families were served and more than 6,000 hours of direct services were provided. During FY 2010 the number of awarded grants was reduced to five (5) due to

funding cuts. More than 450 children and their families were served, resulting in more than 2,700 direct service hours.

- **Providing early intervention services (e.g., mental health services, supports, and referrals) to help children whose primary care-giving parent has been incarcerated through the *Early Intervention for Children of Incarcerated Parents*.** The Project, administered by DMH, is being implemented in the North Lawndale community to help families access mental health services that are sensitive to the unique needs and vulnerabilities of these children and their families. This project is providing significant interventions to children and families who would not normally receive mental health care, if ever, until the youth's problems were severe. Additionally, the project is teaching the system about the significant needs of these youth and families who have largely gone unserved, and of the difficulty in accessing and engaging these families. In FY 10:
 - 24 youth received intensive, home-based mental health care;
 - 39 youth received early intervention and preventive care;
 - 13 caregivers received support in the form of assistance with completing job applications, advocacy, and housing;
 - 49 families received referrals to other service providers and resources;
 - more than 90 inmate parents received parenting assistance and education;
 - more than 40 prison staff were educated on supporting the parent/child relationship; and
 - more than 12 community organizations received education on the special needs of children of incarcerated parents.

A family resource developer has been added to the intervention team to further meet the needs of the children and families. Due to the success of the pilot in Chicago, a second site has been established in Southern Illinois outside of East St Louis, and will begin providing services to families in FY11.

- **Continuing to implement a multi-pronged, public/private initiative to address postpartum depression among new mothers and improve their children's healthy development.** Currently, only reimbursement for the risk assessment and the brochure are funded outside the grant funding. All the other components are funded with the combination of grant/federal matching funds. The Perinatal Consultation Service includes: 1) reimbursement for perinatal depression risk assessment; 2) a free consultation service for providers on perinatal mental health disorders, operated by the University of Illinois at Chicago (UIC); 3) a perinatal antidepressant medications chart and review of claims data to enhance provider education processes; 4) free training on perinatal depression available from UIC and the Enhancing Developmentally Oriented Primary Care project; 5) a client focused brochure; 6) a 24-hour crisis hotline operated by NorthShore University Health System; 7) identification of referral and treatment resources; and 8) Public Act 95-0469, the Perinatal Mental Health Disorders Prevention and Treatment Act, which is intended to increase awareness and promote early detection and treatment of perinatal depression. This initiative has demonstrated the following successes:
 - The number of calls to the crisis hotline has increased tenfold and the number of women screened for perinatal depression has increased tenfold.
 - There have been over 1,000 psychiatric consults since inception of the consultation service.
 - Provider training is ongoing, although limited in scope due to funding.

- Evaluation of the consultation services revealed that providers found the information they received helpful, influenced their approach to a patient and/or their practice in general, and increased their comfort level in treating women with perinatal depression or anxiety disorders in their practices.
- Over 150 women have been referred for psychiatric emergency intervention, representing potential lives saved. (In terms of acuity, 9.5% of callers present with suicidal ideation, 1.4% report homicidal ideation, and 1.5% endorse symptoms of psychosis.) In addition, 74% of callers accept community mental health referrals, underscoring the need for a strong base of community mental health centers to serve the needs of this population.
- Over 250 mental health service sites have been surveyed statewide on capacity and interest in treating women experiencing perinatal depression. Through that process, training needs and barriers to treatment have been identified and are being addressed to the extent possible. Of the sites surveyed, 122 were determined to have appropriate resources to treat perinatal depression and those sites were provided to DCFS to add to the Statewide Provider Database (SPD). Of those, 95 have been added to the SPD, with 11 of the 122 not included because the site was not providing services to adults or the facility had closed down since initial contact was made. An additional 16 sites were not included due to the difficulty in establishing contact with a point person at the site.

In an effort to improve treatment options available to women with perinatal depression, UIC is testing a stepped-care disease management protocol to improve detection, diagnosis and treatment of perinatal depression in primary care settings and a self-care tool kit intervention.

*“The **Division of Mental Health’s** collaboration with the Illinois Children’s Mental Health Partnership provides ongoing, tangible support to the work that we do for children and families in Illinois. Despite the challenging fiscal times we are in, we’ve been able to sustain work in important areas that increase the awareness of mental health and serious emotional disturbances in children and adolescents while providing supportive interventions to help them.”*

Lorrie Rickman Jones, PhD, Director, Illinois Department of Human Services,
Division of Mental Health

How the ICMHP Helps Illinois Children and Their Families

Because of the Illinois Children's Mental Health Partnership and its member agencies and organizations, children and families from across Illinois are being reached at younger ages and earlier stages of need. Below are just a few highlights of the ICMHP's impact and reach:

- Charlie, a three year old who was experiencing significant behavior problems, and other children like him 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.
- Women, like 28 year old Jennie and her new baby, have better access to early identification and services for perinatal depression.
- 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.
- As a school principal and teacher, Mary and Vikki have incorporated social and emotional learning into the curriculum for their students, and have seen improvements in educational outcomes for students as a result. According to Vikki, a benefit to teaching social emotional learning in the classroom is that the children feel a responsibility for the things they are learning, they feel ownership for what's going on, and they are able to problem solve on their own. Social and emotional learning starts at home. A social emotional program that is being implemented correctly in schools is a perfect complement to that learning. In the classroom teachers are able to help children take those steps forward and continue on with what the parents have continued to practice at home.

Partnering with and Engaging Families in Addressing Children's Mental Health

Families and caregivers are the most important factor in the social and emotional development and well-being of children and adolescents. Research has shown that when families are involved, children achieve more and exhibit more positive behavior, regardless of socioeconomic status, ethnic/racial background, or family/caregiver education level.

- **Promoting parent/caregiver leadership and support in the children's mental health system.**
 - Established the **Family Leadership Project** which promotes parent/caregiver leadership and support in the children's mental health system. The Project is implementing 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.
 - Employed **Family Consumer Specialists (FCS)** within the Division of Mental Health (DMH) in all five DMH regions to promote family engagement in the children's mental health system. FCS staff are parents who have personal experience raising children with mental health challenges and navigating the child serving systems in Illinois on behalf of these children. These staff 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.
- Supporting families of children with mental health challenges to better understand their child's mental health needs and navigate the mental health system through efforts of the Individual Care Grants Parents Association, Mental Health America of Illinois, Illinois Federation of Families, and NAMI Illinois.
 - Integrating family involvement and engagement efforts between the Strengthening Families Illinois initiative, the Illinois Department of Human Services *All Our Kids Network*, and ICMHP activities to better promote family involvement and engagement as a critical piece of early childhood mental health and create more opportunities for parent/caregiver leadership.
 - Advancing family voice and leadership, moving child servicing systems to a family driven approach, and offering peer support and mentoring for families and caregivers who assume leadership roles through the ICMHP Family Advocacy, Communication and Education Committee, whose membership comprises statewide family support and advocacy organizations.
 - Created a network of Parent Advocates to assist parents and school districts in their area to form partnerships for implementing the Social and Emotional Learning Standards in school and reinforcing them at home.
 - Educating and empowering Illinois families to be effective advocates for youth in the juvenile justice system through the **Mental Health/Juvenile Justice Action Network Family Engagement Project**, funded by the John D. and Catherine T. MacArthur Foundation. Outcomes from this project will include the creation of a variety of user friendly materials about legal rights, court processes, family resources, mental health services and community and peer networks. This information will be designed in a way that is accessible and appealing, and will be distributed through trusted networks. Input from youth, families and stakeholders throughout the state has been gathered and is reflected in the content, tone and format of these materials. The goal of this MacArthur Foundation project is to create and distribute effective educational materials in Illinois, and to document a process that can be replicated and adapted to other states, in order to benefit the largest possible number of youth and families.

Helping Schools Promote Social/Emotional Learning and Intervene Early

The social and emotional health of children and adolescents – how they experience and express feelings, interact with others, build and sustain positive relationships, and manage challenging situations – is an intrinsic part of their overall health and well-being. Children who are emotionally healthy are more likely to enter school ready to learn, succeed in school, be physically healthy, and lead productive lives.³ In contrast, children with mental health challenges have lower educational achievement, greater involvement with the criminal justice system, and poor health and social outcomes overall.⁴

Schools play a central role in promoting children's social and emotional development. Most children ages 3-18 attend pre-school or school. Social and emotional well-being is integral to children's ability to learn and succeed in school. By integrating social-emotional learning in schools, students are better able to resolve interpersonal problems and prevent antisocial behavior, as well as achieve positive academic outcomes.

- **Enhancing children’s school readiness and ability to achieve academic success through implementation of the Illinois Social and Emotional Learning (SEL) Standards.** Illinois was the first state to develop and adopt SEL Standards and has become a model for other states.⁵ Four of the eight state regions that provide training and coaching are at capacity, reflecting the increasing interest in, and need for, support for SEL implementation.

 - Continued to provide professional development and implementation of the SEL Standards in over 75 participating schools by providing ongoing training and coaching to implement a three year plan embedding SEL in the school climate and classroom instruction and reaching over 46,000 students. This three-year pilot concluded at the end of this fiscal year.
 - Maintained 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.
 - Trained 18 SEL Cadre members to provide training and ongoing coaching to the 75 participating schools across Illinois, in partnership with ISBE and the Collaborative for Academic, Social and Emotional Learning (CASEL). As part of this work, developed a new training manual to support schools and districts in the state’s implementation process. Differentiated training and support is now available to better meet schools at their need, as determined through an assessment process.
 - 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.
 - Conducted SEL awareness trainings across the state and developed SEL training materials for use by school personnel, families, mental health providers, and community agencies.

- **Strengthening the capacity of school districts to identify and meet the mental health needs of students through grants, trainings and technical assistance to professionals and staff in school districts, community mental health agencies and other community-based organizations.** School districts are supported in the development of a coordinated, collaborative mental health support system for students that intervenes early and is integrated with community mental health agencies and organizations and other child-serving agencies and systems.

 - Provided grants to 15 school districts throughout the state through the School Mental Health Support Grants program, administered by ISBE in collaboration with the ICMHP and DMH. 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.
 - Provided grants to six community mental health providers to develop partnerships with 17 local schools to provide a three-tiered model of School Based Mental Health Services for students through the Mental Health and School Collaboration Project, administered by DMH. During Year Three, the following impacts of this project included:
 - 3945 students received early intervention services through the implementation of school-based peer mentoring, adult mentoring, crisis intervention, skill building activities, and small group counseling services.

- 6746 students and 1255 adults in the school settings received universal mental health awareness, prevention, or stigma reduction information. There were over 32 different events held across the schools.
- 884 adults in the school system and family members of students received consultation and support in implementing mental health interventions to support students.
- Provided trainings and developed regional learning collaboratives through a collaborative effort between ISBE, DMH and the ICMHP to enhance school staff and mental health providers in the skills essential to the provision of effective early intervention services and supports.
- Expanding the Illinois *Positive Behavior and Interventions and Supports* (PBIS) Network, which works with more than 1,100 schools in the State.
 - PBIS, administered by ISBE, is a proactive systems approach to establishing the behavioral supports and social culture and needed for all students in a school to achieve social, emotional, and academic success. As a Response to Intervention model, PBIS applies a three-tiered system of support, and a problem-solving process to enhance the capacity of schools to effectively educate all students.
- Produced *School Based Mental Health in Illinois: Assessing the Past and Looking Toward the Future*, through a collaborative effort between Michael S. Kelly at Loyola University Chicago School of Social Work and the ICMHP School Age Committee. The report summarizes current student support practices and programs in Illinois, and examines how practitioner characteristics, practice context, and practice choices have evolved. It provides recommendations for building and strengthening policies and practices to advance comprehensive school based mental health services and supports.
- Trained over 700 Illinois school counselors in ways to assist Illinois children through two statewide conferences sponsored by the Illinois School Counselor Association in Springfield and Chicago. The topics of over 50 workshops included working with homeless children, suicide prevention, and social emotional learning.

“The Illinois State Board of Education is committed to addressing the mental health needs of students to improve academic outcomes and prepare youth for the workforce and citizenship. Through cross-system collaboration promoted by the Illinois Children’s Mental Health Partnership, we have made significant progress with enhancing the capacity of schools to address the Social and Emotional Learning needs of students.”

Christopher A. Koch, State Superintendent of Education

Increasing Access to Mental Health Services and Supports for Underserved Children and Youth

Many rural and other geographic areas of the state lack access to mental health providers with expertise in serving children and their families, particularly child and adolescent psychiatrists. Furthermore, many groups of youth, particularly those at greatest risk for mental health challenges, lack access to important mental health services and supports.

These challenges to accessing mental health programs, services and supports have been compounded by declining budgets and the state fiscal crisis which has reduced the availability of mental health care for children in our state.

- **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 Project.** In FY10, the Telepsychiatry Project provided 653 hours of telepsychiatry service to 121 children in seven community mental health agencies in DMH Regions 4 and 5. Of those children who received these services, the most common diagnoses were for Bipolar Disorders, Mood Disorders, Posttraumatic Stress Disorder and Attention Deficit Hyperactivity Disorder (ADHD).
- **Providing social/emotional support services for 16-18 year old youth transitioning from the children's mental health system to adulthood and/or the adult mental health system, and any age youth transitioning back to the community from a Department of Juvenile Justice facility through the *Mental Health Transition Services for Youth Project*.** This DMH administered Project provides grants to community mental health agencies in each of the five DMH regions of the state (5 grants in total for FY10). During FY 10, more than 150 youth and their families were served and approximately 2,000 direct service hours were provided. Due to FY 10 budget constraints this project was reduced from ten grants in FY09 to five grants in FY10. The projects whose funding was continued were able to build upon previous years successes to further serve youth. Consistent with the literature on transition services for young adults, this Project demonstrates that significant improvement in functioning occurs when young adult receive social/emotional supports geared to their developmental level and specific needs.
- **Providing services in support of an aftercare program Department of Juvenile Justice Division through the *Juvenile Justice Mental Health Re-entry (JJMH-R) Program*.** This Program consists of two specially-trained liaisons that assess any youth referred to the Program while incarcerated, link the youth to appropriate services, and provide post release case management for all clients. Without the project, youth are at risk without any formal aftercare plan in place, forcing them to navigate unfamiliar community mental health services in their area without assistance. The JJMH-R program has received 222 referrals to date; 162 of these youth have been released from the juvenile justice system and linked to aftercare mental health services.
- **Providing trauma-specific services to youth involved in the juvenile justice system and supporting the development of a trauma-sensitive climate within juvenile facilities through the *Juvenile Justice Trauma Project*.** Given the high incidence of trauma exposure (e.g., violence) in justice-involved youth, trauma services are essential to adequately meet the clinical and rehabilitative needs of these youth. DMH Juvenile Trauma therapists provide these services to the youth and train facility staff in the areas of adolescent development, trauma, and adolescent brain development in two Illinois Youth

Centers (Warrenville and Chicago). In addition, they provide training and consultation to juvenile justice staff on the nature of trauma and its impact on adolescents in particular.

- **Enhancing access to Telehealth Services as of January 2010 through an HFS expansion of covered services and locations for telehealth, including telemedicine, as well as telepsychiatry.** The expansion was designed to improve participant access to specialists, while supporting the quality of care they receive. Now, physicians, advanced practice nurses, podiatrists, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs) and Encounter Rate Clinics (ERCs) are allowed to render telehealth services. Prior to the expansion, telehealth services were limited to medical evaluations between hospitals only. In addition, telepsychiatry is covered, when the physician rendering the service has completed either a general psychiatric residency program or a child/adolescent psychiatric residency program.
- **Implementing an aftercare program within the Department of Juvenile Justice for the first time as a result of federal ARRA funds allocated to DJJ for that purpose.**

Increasing the Capacity of Child-Serving Systems to Address Children’s Mental Health

Children and their families come into contact with multiple systems – primary care, child care, education, child welfare, mental health and home visiting, to name a few – that are critical access points for promoting mental health, intervening early before problems become severe, and treating mental health issues. Yet, many systems (e.g., child care, mental health, primary care) are under-resourced and ill-equipped to proactively address children’s social and emotional development and mental health needs. In Illinois, like many other parts of the country, there are insufficient numbers of adequately trained providers available to meet the myriad mental health needs of children, especially young children ages 0-7.

Screening and identification in the primary care medical home (e.g., pediatrician’s office) is often a necessary precursor to services, yet many primary care providers (e.g., pediatricians, family physicians) lack the necessary skills and training. Moreover, many mental health providers lack specialized training to appropriately and effectively address the social/emotional development and mental health needs of children. Mental health consultation is a key strategy for supporting and building the capacity of a variety of providers to respond to the social/emotional and mental health needs of children.

- **Enhancing the capacity of primary care providers, community mental health agencies, home visiting programs, child care providers, and preschool 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.**
 - The *Children’s Mental Health Consultation Project* develops and enhances the capacity of community mental health agencies to address the mental health needs of young children ages 0-7 and their families. The Project, implemented by ICMHP, has provided early childhood mental health consultation, training and technical assistance to 12 community mental health agencies in each of the five DMH regions of the state.

- The ***Healthy Families/Parents Too Soon Consultation Project*** develops and enhances the capacity of Healthy Families/Parents Too Soon programs (home visiting programs) from across the state to address the mental health needs of young children and their families. The Project, implemented by the ICMHP, is currently providing early childhood mental health consultation, training and technical assistance to nine of these programs across the state.
- The ***Enhancing Developmentally Oriented Primary Care (EDOPC) Project***, administered by the Department of Healthcare and Family Services (HFS), is working with its partners, including the provider associations and the health care delivery system (medical home) to ensure that children are screened for developmental problems and that those with developmental problems, or at risk, are referred for services. An objective developmental screening using a recognized instrument to screen for a child's physical, language, intellectual, social-emotional development is to be performed by the primary care provider (PCP) or other trained providers.

The EDOPC initiative, led by the Illinois Chapter of the American Academy of Pediatrics and Advocate Healthcare, provides training to enrolled providers serving eligible pregnant women and children on topics, including perinatal depression, autism, developmental and social-emotional screening, and other topics of interest to improve provider screening, assessment or treatment. Training and follow-up technical assistance is based on the successful Healthy Steps model. On-site training in medical offices, clinics, and hospitals is geared toward the entire staff in order to facilitate a comprehensive team approach to patient care.

During 2009, EDOPC conducted 135 trainings at 99 sites throughout Illinois on the core topics of Developmental, Social/Emotional, and Maternal Depression Screening and Referral, Early Autism Detection and Referral, Domestic Violence Effects on Children and Obesity Prevention in the Early Years. Three hundred fifty-four (354) primary care providers participated in at least one EDOPC training and 472 primary care practice staff including nurses, nurse assistants, social workers and office staff attended EDOPC trainings, bringing the total number of unduplicated participants to 826 for 2009. EDOPC continues to be a private/public quality improvement initiative designed to improve the content of pediatric care and the health outcomes of young children.

- The ***Caregiver Connections Project***, administered by the Illinois Department of Human Services, provides early childhood mental health consultation to Illinois childcare providers who care for children ages birth to five years. In FY 10, over 1100 child care centers received services (e.g., programmatic consultation, technical assistance and training) from a mental health consultant through this Project. As a result, over 85 percent of participating child care centers reported an increase in positive behavior for children in their programs and nearly 90 percent of centers reported that they are better able to work with children with challenging behavior.
- The ***Infant and Early Childhood Mental Health Consultation Project***, an initiative of the Illinois State Board of Education (ISBE) in partnership with the Erikson Institute, provided consultation to staff of state-funded preschools in Chicago and across the state, and Prevention Initiative (PI) programs (community initiatives designed to reduce school failure by coordinating and expanding services to family and children less than three years of age living in high risk areas). Consultants help staff examine their understanding of the behaviors and challenges they observe in

- the children they work with, so they can better support children's social/emotional development. The project provides consultation to about 50 PI sites and 50 preschools across Illinois.
- The **Reflective Learning Group (RLG)**, a project of the Early Childhood Committee of the ICMHP, through the work of the Early Childhood Consultation Network, provides Early Childhood Mental Health (IECMH) Consultants from across Illinois with reflective learning opportunities that are designed to create, support and sustain a qualified workforce of effective and reflective IECMH Consultants in the state. These reflective learning groups offer one of the most significant and cost effective learning and development tools to support consultants in their work with early childcare providers, teachers, early intervention staff, families and young children. Currently, there are seven state level IECMH Consultation Initiatives participating in the RLGs: Caregiver Connections, Early Intervention Social Emotional Consultants, Enhancing Developmentally Oriented Primary Care, the former Erikson Early Childhood Mental Health Consultation Project, the ICMHP Children's Mental Health Consultation Project, the ICMHP Healthy Families Illinois Mental Health Consultation Project, and Illinois Project LAUNCH.
 - **Providing psychiatric phone consultation to primary care providers (e.g., pediatricians, family physicians) who serve children enrolled in Medicaid through Illinois DocAssist, a psychiatric phone consultation initiative.** *Illinois DocAssist*, administered by the Department of Healthcare and Family Services in partnership with DMH and ICMHP, 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. Since its inception in September 2008, the program has provided over 464 consultations to primary care providers and is working to increase contacts with primary care providers through direct consultations and provision of Continuing Medical Education activities. *Illinois DocAssist* has provided medical education training on children's mental health to over 626 healthcare professionals in Illinois. In follow-up studies, healthcare providers report that they continue to utilize what they have learned from both the consultations and the medical education activities in their work.

Illinois DocAssist has found that frequent callers to the consultation line also include school-based nurses. Many times, especially in an urban setting, the school nurse is the first and only contact available. *Illinois DocAssist* provides these first line care givers support and direction with referrals and education, including referrals to SASS when the child appears in crisis. In addition to the phone consultation service, *Illinois DocAssist* also provides educational workshops for healthcare professionals. Since November 2008, 626 healthcare professionals have participated in 33 educational workshops. Most child mental health providers are centered in the Chicago metro area. *Illinois DocAssist* provides a valuable link to care in the other areas of the state, where resources are limited or non-existent by making meaningful use of the State Database, a geo-accessed referral resource tool developed by DCFS.

Raising Awareness about the Importance of Children's Mental Health

Mental health is critical to children's overall health, well-being and learning. Yet, stigma and general misinformation about mental health issues are some of the most significant barriers to ensuring that children and their families have access to a quality, comprehensive children's mental health system. Promoting social and emotional development as an essential part of child health is critical to addressing stigma, and educating diverse families and the general public about the importance of mental health, early identification, and treatment.

- **Educating the public and other key target audiences about the importance of children's mental health and reducing the stigma of mental illness through implementation of a comprehensive, multi-faceted Public Awareness Campaign Plan (e.g., campaign videos, marketing materials, website).** In collaboration with DMH, developed and implemented a Public Awareness Campaign, *Say It Out Loud!*. Grants were awarded to 10 community groups (e.g., schools, non-profit organizations) for the development of locally-targeted *Say It Out Loud* campaign efforts for a total of 25 community-based grants over two years.
- **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 support to the Illinois Childhood Trauma Coalition.** This statewide coalition is comprised of over 50 public and private agencies and organizations that address, through policy changes, research and professional development work, the impact of trauma on children. Key activities in FY 2010 included: training of over 800 professionals and other individuals (e.g., teachers; lawyers, judges, law students and other court officials; and youth); assistance with revisions to the mental health/juvenile justice curriculum of the MacArthur Foundation Models for Change Project; and continued work on the "Stories for Children that Grown-Ups Can Watch" video series.
- **Implementing "Understanding Trauma and Children Exposed to Violence"**, a training to help early childhood, child welfare staff and others who work with young children and their families recognize when trauma and exposure to violence are affecting children's development and behavior and know how to respond – a partnership of several groups including Chicago Safe Start, the Illinois Department of Children and Family Services, the Midwest Center for Family Support, the Illinois Department of Human Services, Strengthening Families Illinois Building Resiliency Workgroup, and the ICMHP.
- **Conducting a symposium "From Surviving to Thriving" promoting positive mental health approaches for young African American youth focused on resilience, mentoring and job skill development.**

Improving the Quality of Mental Health Services

At least seven state entities (i.e., state agencies, divisions, and departmental units) in Illinois have some type of responsibility for addressing the social and emotional development and mental health of children. However, the degree to which these entities address children's mental health varies. Among many other identified barriers, these entities have little ability to assess overall system needs and to determine whether programs and services are meeting the needs of children and their families. Illinois needs a quality-driven children's mental health system with shared accountability among key state agencies and programs that conducts ongoing needs assessments, uses outcome indicators to measure progress, and implements quality data and reporting systems to capture summary information that can be used to make program improvements.

- **Strengthening the capacity of community mental health agencies to utilize evidence informed practices in their children's mental health service system through the *Evidence Informed Practice Initiative*.** This DMH administered Initiative is a collaborative effort by children, families, and practitioners to identify and implement practices that are appropriate to the needs of the child and family, reflective of available research, and measured to ensure the selected practices lead to improved meaningful outcomes. It includes:
 - two learning collaboratives of 12 community mental health agencies focused on engaging families in evidence based care;
 - a 12 month training experience for community mental health agencies on evidence-based skills;
 - Masters Level Child and Adolescent Evidence Based Practice Certification Programs in three Illinois universities; and
 - a virtual classroom for providers and families that provides access to state-of-the-art information on children's mental health.

- **Assessing the quality of mental health treatment services provided in community mental health agencies.** Through an *Outcomes Analysis System* developed by DMH, 149 community mental health agencies and 2,048 individual child clinicians are monitoring treatment progress and assessing the quality of care for mental health services provided to children and youth. This database system allows tracking of treatment responses by individual client and allows provider agencies to track clinical outcomes per clinical provider, per clinical service, and the agency as a whole. In FY 2010, 20,624 youth had their treatment outcomes assessed through the Outcomes Analysis System. Statewide, the outcomes of care look very positive, with a 15 percent reduction in symptoms reported by clinicians and a 10 percent reduction reported by parents and youth after 90 days of care. This represents children moving from scores indicating a clinical need to a score that is within the expected range for youth without serious emotional or behavioral problems. To date, nearly 37,000 Illinois children have used the system to guide their care.

- **Developing a core set of cross-system indicators on children's social and emotional development and mental health, through the *Children's Mental Health Indicators Initiative*,** that will be measured, tracked and reported on over time by key programs in multiple child-serving systems including education, child care, mental health, primary care, juvenile justice, child welfare, and Early Intervention.

- **Developing an infant early childhood mental health credential in collaboration with the Illinois Association for Infant Mental Health.** The credential process will provide practitioners an opportunity to document their knowledge and understanding of mental health promotion, prevention and intervention for the youngest children and their families. The credential will be an indicator of competence in infant early childhood mental health.
- **Supported a research study conducted in Chicago on the impact of stressors on the health and mental health of urban African Americans.** The study, conducted by Motivational Educational Entertainment, was conducted in four urban centers: Washington, DC, Chicago, Oakland and Philadelphia. The research included expert interviews and focus groups with urban African American Youth and parents, resulting in a model of mental health supports and public awareness that is culturally relevant and effective in addressing stigma and engaging African American youth. The model focuses on moving beyond survival mode to promote mental wellness and resiliency, addressing the stress of daily life, using oral communications to address stigma and mobilizing communities to support skill development and mentoring for youth. An introduction to *Moving Beyond Survival Mode: Promoting Mental Wellness and Resiliency as a Way to Cope with Urban Trauma* was offered at a symposium, addressing a broad range of community stakeholders including mental health providers, staff from prevention agencies, faith based organizations and families. An interagency cross system work group is currently planning to pilot the MEE model in one urban neighborhood.
- **Implementing recommendations for improving residential treatment services in Illinois.** The recommendations were developed by an interagency and stakeholder (e.g., families) Residential Treatment Workgroup that examined how children’s residential mental health treatment services are funded and accessed in Illinois and across the country. The work group is partnering with the DCFS Provider Database to improve the quality of information about residential treatment options available to families, community providers, school systems, courts, and others involved in placement decisions. The data base will include information about the range of services offered, target populations, use of evidence informed practices, location, policies on family involvement and funding.
- **Conducted an assembly featuring the national author of the newly-released Institute of Medicine Report, *Preventing Mental, Emotional and Behavioral Disorder Among Young People: Progress and Possibilities*,** in partnership with the ICMHP, the Department of Human Services, Division of Mental Health and Mental Health America in Illinois. This report calls on state policymakers and leaders in mental health, schools, primary care, community-based organizations and others to make prevention of mental, emotional and behavioral disorders a priority – a recommendation in alignment with the groundbreaking efforts of the Partnership. Participants explored implications of the report findings, recommendations for Illinois and the potential impacts on the Partnership’s efforts.
- **Provided training on the appropriate diagnosis of infants and young children in collaboration with the Illinois Association of Infant Mental health.** Two trainings on the Diagnostic Classification of Mental Health and Development Disorders in Infancy and Early Childhood - Revised (*DC: 0-3R*) were held in O’Fallon and Bloomington, IL. Each of the two day trainings to various providers of services to infants and young children oriented participants to the appropriate process and purpose in diagnosing infants and young children and provided practice opportunities to use the diagnostic system with videotaped vignettes. The training also included a crosswalk for translating the appropriate DC: 0-3 R

diagnostic codes used for treatment planning to appropriate DSM IV and ICD 9 codes for billing public and private health insurance.

Maximizing Investments in Children's Mental Health

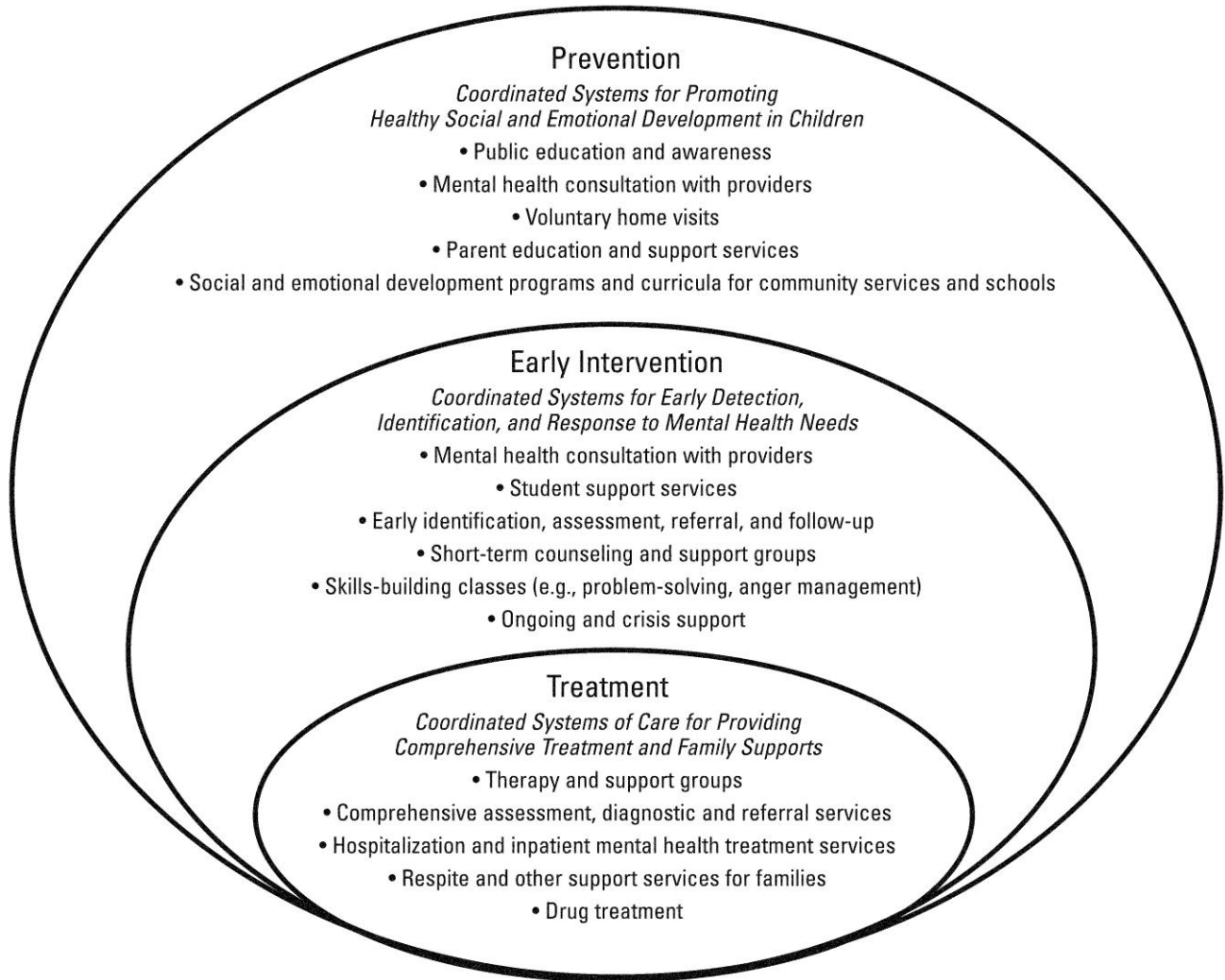
Numerous federal programs provide Illinois with funds that are either directly targeted to children's mental health or could be used to support an array of services in some capacity. Many of these federal resources offer flexibility in the use of funds and program design, within federal parameters. Efforts that coordinate and maximize federal program funds (e.g., Medicaid), state general revenue funds, and local and private funds can result in better ways of using scarce resources and create new investments for children's mental health. This includes billing Medicaid for services, wherever allowable, in order to claim Federal Medicaid matching funds.

- **Developing a public/private financing plan with key recommendations for taking to scale and sustaining those initiatives, services, and programs initiated as part of the ICMHP Strategic Plan.** The financing plan is considering: how to maximize key public (e.g., Medicaid, state appropriations) and private funding streams, how to take initiatives and projects to scale, and how projects and initiatives will be sustained.
- **Monitored the Screening, Assessment and Support Services (SASS) system, which serves approximately 20,000 to 23,000 children and youth annually.**⁶ The SASS program, a collaborative effort between the Illinois Departments of Children and Family Services (DCFS), Healthcare and Family Services (HFS), and Human Services (DHS), is estimated to avoid approximately \$19 million per year⁷ in costs to the State for unnecessary psychiatric inpatient hospitalizations and related costs – a total of **over \$100 million** in avoided costs since its inception. It provides pre-admission psychiatric hospitalization screenings to HFS enrolled, unfunded, and under-funded children and youth who are at risk of inpatient psychiatric hospitalization. SASS 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.
- **Processed and adjudicated an estimate of approximately \$2.3 million⁸ in Medicaid-based Individual Care Grant (ICG) services in FY 2010 resulting in an estimated \$1.4 million⁹ in Federal Financial Participation as required by the Children's Mental Health Act, via the Department of Healthcare and Family Services.**

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. Maintain funding for ICMHP Strategic Plan priorities in FY 11 and FY 12 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.

Framework for a Comprehensive Children's Mental Health System in Illinois

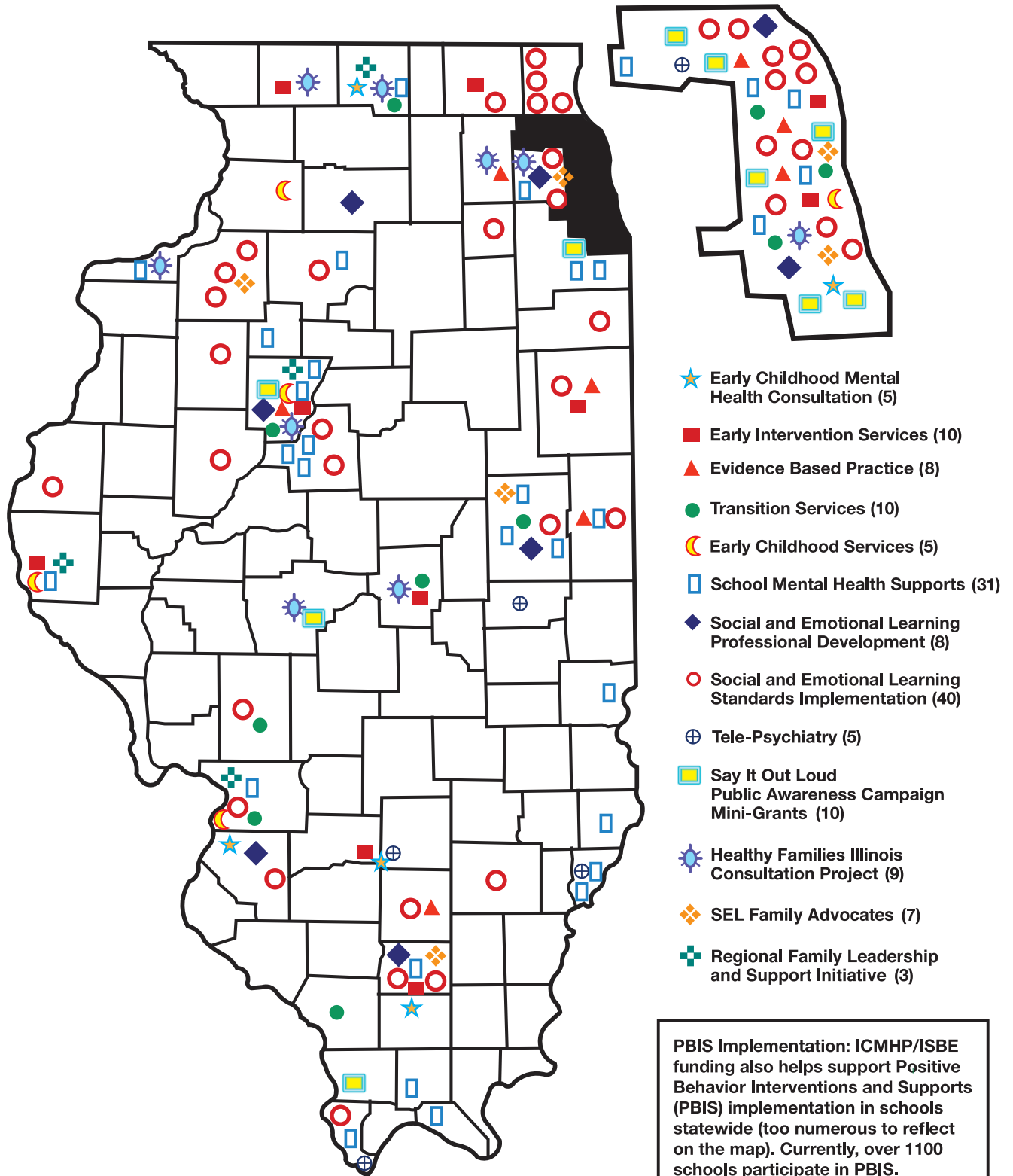


Appropriation Budget for FY 10 ICMHP Strategic Plan Priorities

Program	Funding	Purpose
Children's Mental Health Consultation Initiatives	\$ 650,000	To support the following consultation projects: 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, DocAssist, for primary care providers.
Children's Mental Health (CMH) Public Awareness Campaign	\$ 315,000	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 CMH Act of 2003.
School-Based Activities Focused on Social and Emotional Educational and Student Support Services	\$2,700,000	To support the following school-based activities: 1) \$1,295,000 for professional development related to the Social/Emotional Learning Standards. 2) \$450,000 to expand the Positive Behavior Intervention and Supports (PBIS) Program to additional schools. 3) \$723,000 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) \$232,000 for administration and evaluation.
Children's Mental Health Early Intervention and Treatment Services	\$2,925,000	To provide the following specific services: 1) Transitional Services (500,000): social/emotional support services for 18-20 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice). 2) Trauma Services (\$500,000): services for children exposed to childhood trauma, and infrastructure development to support identification/service provision. 3) Early Intervention Services (\$950,000): 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. 4) Early Intervention Pilot Project for Children of Incarcerated Parents (\$175,000): services for children whose parents are in prison or jail. 5) Early Childhood Services (\$500,000): services for children ages 0-5 and their families. 6) 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	\$850,000	<ol style="list-style-type: none"> 1) Family Leadership Project (\$500,000): To provide support to communities for the development of regional family networks in Illinois. 2) Family Consumer Specialist Positions (\$350,000): To provide support to family groups and families with children receiving mental health treatment.
Outcomes Information System	\$70,000	To support development of a comprehensive data analysis system.
ICMHP Training, Assemblies and Infrastructure	\$ 220,000	To support ICMHP general assemblies, trainings, staffing and operations.
TOTAL FY 10 APPROPRIATION	\$8,080,000	

Implementation of ICMHP Strategic Priorities: FY 2010 Grantee Sites



ICMHP Strategic Plan Priorities

The ICMHP is addressing the majority of the following priorities as outlined in the Strategic Plan.

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 challenges 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.

Resources for Further Information

This Annual Report to the Governor highlights some of the key accomplishments of the Illinois Children’s Mental Health Partnership (ICMHP) and its member agencies and organizations. However, many more activities related to children’s mental health too numerous to list are occurring within Illinois. For more information, please contact the representatives from the agencies listed below. Additional information about the ICMHP, including key ICMHP documents and ICMHP Committee activities, is available at: www.icmhp.org.

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Department of Healthcare and Family Services	Frank Kopel	(217) 558-2703	Frank.Kopel@illinois.gov
Illinois State Board of Education	Elizabeth Hanselman	(217) 782-4870	ehanselm@isbe.net
Illinois Violence Prevention Authority	Barbara Shaw	(312) 814-1514	Barbara.Shaw@illinois.gov

Endnotes

¹ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. 1999.

² Ibid

³ Raver C. Emotions matter: making the case for the role of young children's emotional development for early school readiness. Social Policy Report of the Society for Research in Child Development 16, No. 1 (2002): 3-23.

⁴ U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. 1999.

⁵ 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.

⁶ 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. As required by the CMH Act, Illinois expanded the SASS program, extending it to all HFS-eligible children.

⁷ The \$19 million per year reference is an annualized estimate based upon prior services patterns and projections.

⁸ Changes to the billing methodology utilized in the ICG program has required a change in the reporting methodology utilized by HFS to isolate the FFP associated with the program. Reported figure represents 95% (the estimated Medicaid population as reported by DHS) of the total ICG (residential and community-based) services.

⁹ Federal Financial Participation is estimated at 61.88% of estimated Medicaid eligible expenditures and enhanced FMAP and ARRA percentages.