

**BUILDING A COMPREHENSIVE  
CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS**



**FY 2011 ANNUAL REPORT TO THE GOVERNOR**





Dear Governor Quinn and Members of the General Assembly:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), I am pleased to present the sixth Annual Report to the Governor highlighting improvements to mental health services and support for children and their families resulting from implementation of the Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois. The many achievements outlined in this report are a testament to the immense commitment and dedication shown by public and private sector agencies, organizations, and individuals partnering to implement the ICMHP Strategic Plan. However, they are at risk. The already small amount of state funding for ICMHP has been reduced from \$9 million in FY 09 to \$4.6 million in FY 12, a drastic reduction. Programs have been scaled back or terminated due to lack of funding. Taking effective programs to scale, thereby increasing savings while improving outcomes for children and families, appears daunting in this current fiscal environment. Reductions in funding do not save dollars. In reducing and eliminating preventative services, costs are shifted to more intensive and expensive services. The Partnership and its member agencies call on Illinois leaders to renew their commitment to children's mental health by, first, restoring the cuts to funding and, second, increasing investments in this important work.

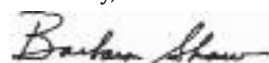
The vision and foresight of ICMHP, based on current research regarding prevention, is increasingly recognized at the federal level.<sup>1</sup> The Health and Human Services Substance Abuse and Mental Health Administration is including approaches to prevention in their strategic planning. The proposed Elementary and Secondary Education Act includes legislation to advance social and emotional learning (SEL). The Illinois Childhood Trauma Coalition is a model for other states, particularly those with large urban populations impacted by community violence. With the advent of the Affordable Care Act, it is even more important that mental health remain a priority in Illinois, and Illinois remain a model for other states.

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 \$130 million in avoided costs over the last seven years. What has this meant to our families, our communities, and our child-serving systems? By working to create a comprehensive, multi-faceted system that reaches children where they live, learn, and play, Illinois is:

- **Training primary care providers to screen young children for social/emotional developmental delays,** avoiding more costly services at later stages of development.
- **Helping schools promote social/emotional learning and intervene early.**
- **Increasing access to mental health services and supports for underserved children and youth** through projects such as the Telepsychiatry Project, DocAssist, Juvenile Justice Mental Health Re-Entry Program, Early Childhood Intact Family Services, and the Neighborhood Recovery Initiative.
- **Building a qualified workforce equipped to promote and address children's mental health** through early childhood mental health consultation projects.
- **Advancing an integrated and comprehensive mental health system.**

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

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# 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, and Juvenile Justice) 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](http://www.icmhp.org).

# BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS

*The purpose of the Partnership is to provide a forum and a process for significantly reforming how Illinois addresses development and mental health needs of children and youth. 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). The Partnership works across the systems that impact children and their families to achieve its vision. It has received the very small amount of \$6 million a year in General Revenue Funding (GRF), now significantly reduced, to achieve its mission. It has used both this small amount of funding and cross-system collaboration to design and implement significant improvements to the many systems that deliver mental health supports to children by:*

- Leveraging funds across multiple systems and funding streams
- Conducting innovative demonstration projects that are now ready to be taken to scale
- Building cross system infrastructure with a very small staff to support these efforts
- Focusing on cross systems outcomes and shared accountability
- Developing a well trained workforce
- Improving the quality of services delivered to children and their families
- Involving parents as full partners in program and system reform efforts

The ICMHP and its member agencies and organizations are changing the mental health system landscape. Loss of funding

threatens to eliminate the partnership's capacity to support any projects and support the small core staff that works so hard to provide for the cross system focus and outcomes. In a time of budgeting for outcomes and making wise investments, decreasing funding to the Partnership flies in the face of reason.

The numerous accomplishments of ICMHP and its member agencies and organizations were marked this past year by continued improvements in mental health services and supports for children and families as described below. However, implementation efforts were limited by decreases in GRF. The following list highlights some of the programs affected by the cuts:

- **A statewide organization for parents of children with a serious emotional disorder closed its doors**
- **A program to provide trauma services to youth was never initiated**
- **A statewide public awareness campaign designed to foster a positive attitude regarding mental health and mental health services ended**
- **Funding to provide mental health consultation to primary care providers was decreased**
- **Funding to provide telepsychiatry to state areas without accessible child psychiatric services was decreased**
- **Funding for transition services was decreased**

*The full potential of ICMHP cannot be realized without increased investment. Lessons learned from pilot projects cannot be taken to scale. These projects would save millions of dollars in expensive and intensive treatments at later developmental ages and at more serious stages of need. In a time of economic hardship and increased family stress, ICMHP should have the capacity to reach more, not fewer, children with effective, well integrated services and supports. Currently, too many children and their families are not being served—when we know how to prevent and treat mental health issues.*

## ICMHP in Action: Key Outcomes

- Over 350 children under the age of five and their families, who would not otherwise have been eligible, received mental health services.
- Primary care providers have received over 1,000 psychiatric consults, provided by the perinatal consultation service.
- Over 250 families have received peer support and psychoeducational services.
- Over 80,000 youth received education regarding the juvenile justice system and the importance of, and how to, access necessary mental health services.
- Over 46,000 students attend schools that have worked to implement the Illinois Social and Emotional Learning (SEL) Standards, which improve: school climate; relationships between students, families, and teachers; and academic outcomes.
- Over 200 inmates and their children have been offered support to maintain positive relationships with each other during a time of separation and stress.
- Over 60 community mental health agency staff were trained in evidence informed practices, resulting in improved outcomes for clients.
- Over 3,500 students have received school based early intervention services.
- Almost 7,000 students received universal mental health awareness, prevention, or stigma reduction information.
- Over 250 educators and family members were trained in school mental health best practices.
- Over 200 children without access to psychiatric services received those services via telepsychiatry, reducing the need for expensive hospitalizations.
- Over 600 families participating in Healthy Families Illinois/Parents Too Soon programs have received access to mental health information and assessments, facilitating links to services for the youngest and most vulnerable population.
- Over 350 primary care providers and almost 500 additional staff have been trained on core topics including autism detection, maternal depression screening, the effects of domestic violence on children, and obesity prevention, increasing their capacity to address these topics with patients.
- Over 500 mental health consultations have been provided to primary care providers and over 1,000 child care providers.
- Systems have become better integrated and there has been an unprecedented degree of collaboration.
- Important policies, such as House Bill 1129 which increases juveniles' protection from self incrimination and changes to the Medicaid rule that allows for certain early intervention services to be billed, were passed.

## **ICMHP in Action: Significant Limitations**

- For the 88,531 children under the age of five in Illinois<sup>2</sup> research tells us that supports to parents of young children are effective and cost efficient—yet we do not currently have the capacity in Illinois to reach every parent in need..
- There are over 5,400 primary care providers in Illinois.<sup>3</sup> The Docassist program was able to provide mental health consultation to only 1,353.
- With approximately 1.7 million children ages 10-18 residing in Illinois<sup>4</sup> ICMHP and its partners agencies have not been able to address their need for prevention and early intervention education, services and supports. Potentially 240,000 children in Illinois have a serious emotional disorder. Most do not receive any services and parents are not able to access necessary peer supports. The only statewide organization dedicated to providing support to parents of children with a serious emotional disorder closed its doors this year.
- There are over 2 million students in Illinois --and we know that mental health is a core component of overall health and school success. Yet programs to address mental health in school are seriously underfunded.
- Working with DMH, 60 mental health providers have been trained in evidence informed practices, out of the 500 providers who work in community based mental health centers.
- Only one third of the Healthy Families Illinois/Parents Too Soon participants have had access to mental health consultation.
- A website, designed to promote mental health awareness and increase access to services has not been updated for a full year.
- Mental health early intervention services have been decreased by 50%
- Transition services have been cut almost entirely.
- Early childhood mental health services have been cut by 50%
- As the state mental health system has moved to serving only those children who qualify for Medicaid funding, thousands of children are left without access to services.

***...We can do better!***



# 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 childhood,<sup>7</sup> 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.<sup>8</sup>

◆ **Promoting the wellness of young children ages birth to eight 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).** Illinois Project LAUNCH is a five year SAMHSA funded systems-building initiative, which seeks to promote the wellness of young children birth to age eight. Using a public health approach, Project LAUNCH focuses on improving the systems that serve young children and their families and address their physical, emotional, social, cognitive, and behavioral growth. The project, serving Chicago’s North and South Lawndale and East and West Garfield Park communities, has completed an Environmental Scan and Strategic Plan. A local council has met monthly to discuss issues impacting the community and to strategize ways to implement the project. The Project LAUNCH Council has hosted several community meetings to discuss the impacts of mental health services, immigration, and trauma on the community. Additionally, several provider and parent trainings were conducted to support families, including Mental Health First Aid, Children’s Exposure to Violence, Parent Leadership Trainings and Parent Engagement Trainings. Local primary care sites were trained on the Enhancing Developmentally Oriented Primary Care (EDOPC) model that integrates mental health screening and referral in primary care practices. Group leaders were

trained to conduct Parent Cafes and the Chicago Parent Program. Over 10 Parent Cafes were conducted in various natural settings (e.g., early education centers, churches) as well as at the local jail. Two Chicago Parent Program education series were completed in a child care center and alternative high school.

**Outcome:** Over 250 parents have participated in Parent Cafes, resulting in improved parenting practices.

◆ **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 (DMH) to agencies in each of the five DMH regions of the state (five grants total). The Project began in January 2008. This Project has broadened the State mental health system’s capacity to serve populations such as children in pre-school.

**Outcome:** More than 225 children and families were served, resulting in more than 1,400 direct service hours.

**Budget Impacts:** No GRF funding has been allocated for this program in FY12.



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

◆ **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 (DSM-IV diagnosis) through the Mental Health Early Intervention Services for Children and Youth Project Reaching Out to Help (ROTH).** These programs, funded from GRF dollars, continue to build and enhance activities to intervene early with children who are served within seven community mental health agencies throughout the DMH regions of the state (seven grants in total).

**Outcome:** Providers served approximately 200 registered consumers and 100 unregistered consumers providing more than 3,000 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 in Chicago and Chestnut Health Systems in southern Illinois, outside of East St. Louis, to help families access mental health services that are sensitive to the unique needs and vulnerabilities of these children and their families. A Family

Resource Developer was added to the intervention team at Chestnut to further meet the needs of the children and families. These projects have provided significant interventions to children and families who would not normally receive mental health care until the youth's problems were severe. Additionally, these projects have taught 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.

### **Outcomes:**

- 65 youth received intensive, home-based mental health care
- 135 youth received early intervention and preventive care
- 40 caregivers received support in the form of assistance with completing job applications, advocacy, and housing
- 50 families received referrals to other service providers and resources
- more than 750 inmate parents received parenting assistance and education
- more than 45 prison staff were educated on supporting the parent/child relationship
- more than 20 community organizations received education on the special needs of children of incarcerated parents.

**Budget Impacts:** No GRF funding has been allocated for this program in FY 12.

## ***ICMHP helps Illinois children and their families***

A Family Support Worker (FSW) from Pontiac asked for information on spousal abuse. The Early Childhood Mental Health Consultant shared information regarding the negative impact of family violence on the brain development, social and emotional development, and motor skills of children. Armed with new information and a reflective approach that helps sort through issues, Cindy, a young mother, and the FSW looked at all of her options. Cindy decided to move in with a supportive relative, thus giving her baby a more stable environment without the trauma of witnessing family violence.



## Children’s Mental Health During an Economic Crisis

The Partnership was convened to develop a framework and Strategic Plan for children’s mental health that leverages a small amount of funding to achieve significant systems change. Over the past two years and moving into FY12, DHS, and DMH in particular, has sustained significant decreases in funding, creating an environment that makes innovation difficult. Even practices that are fiscally sound, in that they result in short and long term savings, struggle to flourish under the current economic conditions. Health-care, education, juvenile justice and abuse and neglect outcomes are all negatively impacted by loss of funding and services that promote mental wellness and healthy development. The current situation is urgent! General Revenue Funding (GRF) to support ICMHP efforts was reduced in FY 11 by \$500,000, following a reduction of over \$700,000 in FY 10. Decreases in GRF for

FY12 include: ICMHP (-100%); DMH Child and Adolescent Community services grants (-19.3%); and, Individual Care Grants (-15.3%). This has resulted in elimination of all support for early intervention services, a statewide family support organization, and trauma services, as well as decreased funding for transition services, public awareness, and telepsychiatry. In FY 12, based on current allocations, funding will be further decreased for the consultation initiatives, the primary care psych consult line, trauma services, telepsychiatry, and the Illinois Childhood Trauma Coalition. There will be no dollars to support early intervention services, family leadership, workforce development, public awareness, and early childhood services—all imperative to advancing the vision called for in the Strategic Plan for Building a Comprehensive Children’s Mental Health System in Illinois.

# 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.

- The **Regional Family Leadership Initiative** is active in 100 counties throughout the State. The Regional Coordinators, parents who have navigated the mental health system on behalf of their children, have developed monthly R.E.S.T. (Resource, Empowerment, Support & Training) meetings. Currently, there are 14 R.E.S.T. sites in four regions of the state, averaging 20 attendees each. Participants are offered trainings, educational opportunities, and peer-to-peer support. Additionally, this project, through outreach and engagement, has successfully created a multi-system collaboration of regional and community organizations and family/parent initiatives that join together to impact the wellbeing of families and children across all child serving systems in Illinois.

**Outcome:** *Over 280 parents receive peer support and psychoeducational services.*

**Budget Impacts:** *No GRF funding has been allocated for this program in FY 12.*

- **Family Consumer Specialists (FCS)**, employed within DMH, 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 their children. The staff has provided support to parental and consumer advocacy groups and agencies serving families with children receiving mental

health treatment, and has provided a consumer voice to DMH child and adolescent services policy and program planning.

**Budget Impacts:** *No GRF funding has been allocated for this program in FY 12.*

- **Strengthening Families Illinois (SFI)** has recruited 4,197 parents who have committed to keeping their families strong and becoming part of the SFI network. Over 6,000 people attended Love Is Not Enough Cafes. Of those who participated: 99.4% reported the Cafe was helpful; 98.2% would recommend it to others; 97.8% plan to attend a future cafe; 82% followed through on commitments made at a previous cafe; and, approximately 80% reported an increase in protective factors in their families as a result of participating in cafes.

**Outcome:** *250 parents have participated in parent cafes and over 500 parents have been trained to lead cafes.*

- Integrated efforts between the **Strengthening Families Illinois initiative, the Illinois Department of Human Services All Our Kids Network, and ICMHP** have better promoted family involvement and engagement as a critical piece of early childhood mental health and has created more opportunities for parent/caregiver leadership.

**Outcome:** *All the child serving systems in Illinois provide opportunities for family voice and leadership.*

- A network of **Parent Advocates** has been created 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.

**Outcomes:** *Parents at over 80 schools have assumed a leadership role in their schools and have supported SEL education for parents.*

**Budget Impacts:** *No GRF funding has been allocated for this program in FY 12.*



● The **Mental Health/Juvenile Justice Action Network Family Engagement Project**, funded by the John D. and Catherine T. MacArthur Foundation, has educated and empowered Illinois families to be effective advocates for youth in the juvenile justice system. Outcomes from this project 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 was designed in a way that is accessible and appealing, and was distributed through trusted networks. Input from youth, families, and stakeholders throughout the state was gathered and is reflected in the content, tone, and format of these materials. The goal of this MacArthur Foundation project was 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.

**Outcomes:** *Over 80,000 youth have been educated regarding the juvenile justice system and how to access mental health support.*

◆ **Youth MOVE Illinois (YMI)** is the Illinois Chapter of a national organization devoted to improving services and systems for youth and families that may be struggling with emotional and/or behavioral issues. It aims to unite the voices of youth and families who have experience in various systems including mental health, juvenile justice, education and child welfare. The youth are given a platform to share their perspectives on mental health and the services they receive, the additional services they feel are needed, and their school, community and home life. The goal is to empower the youth and shape the service delivery system.

**Budget Impacts:** *No GRF funding has been allocated for this program in FY 12.*



*“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*

# Helping Schools Promote Social and 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.<sup>9</sup> 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.<sup>10</sup> Illinois is the first state to adopt developmental and sequential Social and Emotional Learning (SEL) Standards.

◆ **Enhancing children’s school readiness and ability to achieve academic success through implementation of the Illinois Social and Emotional Learning (SEL) Standards.** Over the past year, a Cadre of trainers/coaches and Family Advocates have worked with schools and school districts to support their efforts to implement the Illinois Social and Emotional Learning Standards. In addition, the Cadre and Family Advocates, along with the ICMHP School Policies and Standards Committee, worked to advance awareness of SEL throughout the state by providing schools, families, and community organizations information about the important link between SEL and school success, including academic success. In the process, important tools and materials were developed. Based on lessons learned, Illinois State Board of Education (ISBE) is making a concerted effort to coordinate and, where possible, integrate all behavioral health programming that supports student learning under a comprehensive system of learning supports. This multi-faceted system will provide a continuum of supports that promote the necessary conditions for learning (e.g., positive school climate, social and emotional competencies) and address any barriers to teaching or learning (e.g., bullying, substance use/abuse, trauma, disengagement). As a result, ISBE will efficiently and effectively

build the capacity of districts and schools so they can better address the needs of students and families. During the development of this system of Learning Supports, the SEL Cadre concluded their work on the SEL Professional Development Pilot Project.

**Outcome:** *Over 80 schools have implemented an SEL plan in their school, impacting over 46,000 students.*

- ◆ **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.
  - Continuation grants were available to 13 school districts throughout the state through the **School Mental Health Support Grants program**, administered by ISBE. However only six districts responded to the request for application due to Illinois’ fiscal crisis. The seven remaining districts were not able to provide funding for programming prior to reimbursement of state funds. The six participating school districts 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. The ISBE and DMH grantee sites participated in a cross-system training focused on defining an ecological approach, data-based problem solving, and sustainability issues. Customized reports were developed as part of an on-line data collection system for the School Mental Health Support project.



- Under the leadership of DHS/DMH, **six Community Mental Health Providers offer services in 21 schools.**

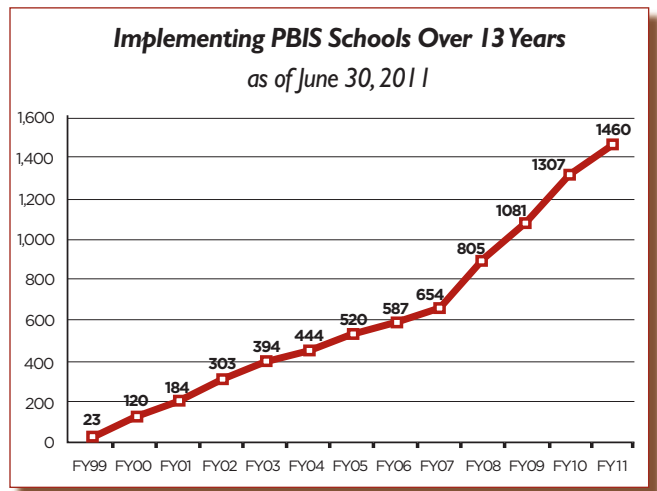
**Outcomes:** During the 2010/2011 School Year, a total of 7,294 students and 800 adults were served through the Initiative

- 3,292 students participated in classroom level skill building activities
- 422 students participated in small group interventions
- 224 students and 145 adults received family support, including linking family members to needed mental health services
- 372 adults received consultation and education to support 893 students in the classroom

**Budget Impacts:** No GRF funding has been allocated for this program in FY 12.

- Approximately 250 school administrators, counselors, social workers, psychologists, nurses, parents, and other interested parties attended the ICMHP sponsored conference, **School Mental Health: Strengthening Schools, Supporting Students**, increasing their understanding of the importance of school based prevention and early intervention best practices and strategies for their implementation.
- Four federal **Safe Schools Healthy Students Grants** were awarded in Illinois: Chicago Public School-South

Shores Community, East St. Louis District #189, Alton School District Community Unit School District #11, and Wabash Community Unit School District #348. Two additional school districts, Joliet Township High School District 204 and West Chicago Elementary School District #33, are sustaining efforts previously funded by Safe Schools Health Students grants. The goals of the grants are to: prevent alcohol, tobacco, and other drug use; increase social emotional and behavioral skills; develop linkages to mental health services; and increase early childhood social and emotional learning skill sets.



- No incremental state funding has occurred for the **Illinois Positive Behavior and Interventions and Supports (PBIS) Network** which works with more than 1,400 schools and over 300 Local Education Agencies (LEAs).
- PBIS, administered by ISBE, is a proactive systems approach to establishing the behavioral supports and social culture needed for all students 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.



# 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, 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 Illinois.

◆ **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.** The most common diagnoses of the children served through the Telepsychiatry Project were Bipolar Disorders, Mood Disorders, Posttraumatic Stress Disorder, and Attention Deficit Hyperactivity Disorder (ADHD). This year the provider agency billed Medicaid for reimbursement when the children were eligible and the service provided was consistent with the rule. To date, no funds have been received by the provider agency.

**Outcome:** *The Telepsychiatry Project provided 1,527 sessions of telepsychiatry service to 229 children in six community mental health agencies in DMH Regions 4 and 5.*

**Budget Impacts:** *Due to reductions in GRF, support for this program was reduced in FY11. No GRF funding has been allocated for this program in FY12.*

◆ **Providing services in support of youth involved with the Illinois Department of Juvenile Justice (IDJJ).**

- Established a comprehensive aftercare pilot system to link youth released from IDJJ, to community-based services and supports in Cook County. This aftercare process begins at the point of admission to IDJJ, engaging the youth, family and providers in the discharge planning process.

- Identified/selected four evidenced based screening/assessment instruments (MAYSI-2, VDISC/MISA, YASI, and CANS-JJ) that will be implemented in IDJJ. Working together these tools will allow IDJJ to assist with IV-E claiming, identify low risk youth who can be safely treated in the community, generate security levels, assess dynamic factors that inform therapeutic interventions, develop individualized case plans, measure clinical change over time and guide programming.
- Collaborated with Models for Change to provide professional development from an approved curriculum on mental health and trauma issues pertaining to the population that IDJJ serves. These development sessions have been occurring for over a year with new Juvenile Justice Specialists at the training academy. In the past year IDJJ has also provided these sessions to 87 supervisors, all Pere-Marquette staff, and new aftercare specialists. In the coming year, IDJJ will have trainers in facilities to help make this professional development available to all staff.
- DHS was awarded a \$750,000 Second Chance Grant to implement an intervention to provide evidence-based, family-focused aftercare to dually diagnosed youth in Cook County. This pilot program begins working with youth prior to and after release from IDJJ facilities to meet their needs in the community. IDJJ hopes to enhance their chances of success and reduce recidivism by targeting these needs prior to release, with continued work once the youth are released into the community.
  - Generated more than \$230,000 in federal claiming in 2010 for services to youth in residential programs.
  - Working in shared services collaboration with IDCFS to utilize community-based Family Advocacy Centers (FAC) as a resource to sustain IDJJ involved youth/families in the community.





● **The Governor's Neighborhood Recovery Initiative** is being implemented through the Illinois Violence Prevention Authority (IVPA) in 20 communities in the Chicago area, two western suburbs and three regions in the South Suburbs. The goal of the Initiative is to reduce risk and promote protective factors associated with violence through the creation of jobs for community youth, adults and professionals that promote community wellness and healthy behaviors. They also promote youth and parent leadership, and healthy, caring community environments by providing a wide range of community-based services for youth and young adults. These services include social, emotional, and job skill development, case management, trauma-informed counseling for students in need of early intervention, mentoring and tutoring, and other school supports that enhance young people's ability to succeed. Five program components are being implemented in each community under the oversight of a lead agency. They include: Mentoring Plus Jobs [Motivational Edu-

cational Entertainment (MEE) model] provides mentoring and social/emotional skill development to youth trained as Peer Leaders; parent leadership (MEE model) provides parents with leadership, empowerment, and self-care skills; re-entry provides services for youth and young adults returning to the community from correctional facilities; and safety networks, a youth violence prevention approach. School based mental health services, the fifth component, trains mental health providers to deliver three evidence based early intervention group based services (Cognitive Behavioral Interventions for Trauma in Schools, Anger Coping, and Think First) as well as brief supportive interventions for students responding to stress.

**Outcome:** *Over 130 mental health providers have been trained to deliver evidence based services in schools increasing community capacity to respond to trauma and community violence.*

## **ICMHP helps Illinois children and their families**

Mike, a high school gym teacher and football coach was known for being pretty tough on the kids and maybe not so kind with his words at times. He became a member of the school's SEL team and attended the 2-day training. After the training, he called his football team together after practice, and apologized to them for the way that he treated them. The training made Mike realize how his words and actions were affecting these kids, and he decided it was going to stop. What an impact the training had on this teacher!

*All names have been changed to protect the identity of children and their parents.*



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

Children and their families come into contact with multiple systems (e.g., primary care, child care, education, child welfare, mental health, and home visiting) that are critical access points for promoting mental health, intervening early before problems become severe, and treating mental health issues. Yet, many systems 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 of 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 and emotional development and mental health needs of young children. Mental health consultation is a key strategy for supporting and building the capacity of a variety of providers to respond to the social and 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 mental health consultation projects.***

- The **Healthy Families/Parents Too Soon Consultation Project** has developed and enhanced 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 through leveraging federal support, is currently providing early childhood mental health consultation, training, and technical assistance to 13 of these programs across the state.

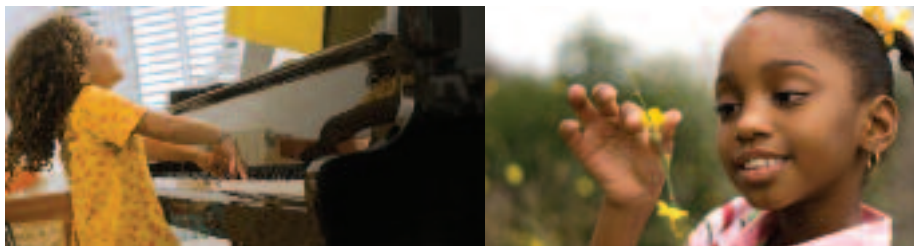
**Outcomes:** *An evaluation of the consultation project demonstrates that improved linkages with mental health services were established, and the effectiveness of the program staff was improved as a result of the project.*

**Budget Impacts:** *No GRF funding has been allocated for this program in FY12.*

- The **Enhancing Developmentally Oriented Primary Care (EDOPC) Project**, administered by the Department of Health-care 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 concerns and that those with or at risk of developmental delay are appropriately 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 Health Care Healthy Steps Program, has provided training to enrolled providers serving eligible children on topics including perinatal depression, autism, developmental and social-emotional screening, and other topics of interest to improve provider screening, referral, and care coordination. Training and follow-up technical assistance is based on the successful Healthy Steps model. Both web-based training and on-site training in medical offices, clinics, and hospitals has been geared toward the entire staff, which facilitates a comprehensive team approach to patient care.

**Outcomes:** *Training developed by EDOPC was integrated into the Bureau of Early Intervention’s (EI) formal trainings for EI staff. This improves communication and care coordination between pediatric providers and EI, making sure families get services sooner and have better outcomes, thus spending state dollars more efficiently.*

- 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 FY11, over 900 child care centers received services (e.g., programmatic consultation, technical assistance and training) from a mental health consultant through this Project.



**Outcomes:** As a result, 95% of participating child care providers reported an increase in their understanding of children’s challenging or concerning behaviors, and 87% reported that they are better able to care for children displaying such behaviors.

- 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, has 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 have helped 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.

**Outcome:** Services were provided to 22 PI programs and 12 PreK programs. Approximately 396 staff and 2,618 infants and toddlers received mental health services.

- **Reflective Learning Groups (RLG)**, a project of the Early Childhood Committee in collaboration with the Harris Foundation and through the work of the Early Childhood Consultation Network, has provided Infant and 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. The RLGs have supported 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.

**Budget Impacts:** Due to decreases in GRF, funding for this program will be reduced in FY12.

- The Department of Children and Family Services expanded the **Early Childhood Project to create the Early Childhood Intact Family Services** Program to serve children birth to age three with open Intact Family Service cases. In keeping with the philosophy of the Early Childhood Project, the Early Childhood Intact Family Services Program looks to understand and address the social and emotional development and the impact of trauma on children birth to age three by providing valuable developmental and social/emotional screenings for children, as well as to provide consultation on early childhood issues to birth parents and providers across the state.

◆ **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 provides phone consultations to support the mental health work of primary care clinicians and other healthcare providers caring for children across Illinois. The DocAssist Consultants are child and adolescent psychiatrists who provide clinical information tailored to the practice needs of a busy primary care clinician. DocAssist has made a special effort to visit and consult providers in central and southern Illinois due to the particularly gaping hole in mental health providers in those regions. Collaboration with organizations such as Enhancing Developmentally Oriented Primary Care, Illinois Health Connect, the Illinois Primary Healthcare Association, the Illinois Chapter of the American Academy of Pediatrics, and the Illinois Academy of Family Physicians, has aided DocAssist’s efforts to reach primary care clinicians across Illinois.

**Outcome:** Since 2008, DocAssist has provided 1,083 consultations, responded to 212 inquiries, and trained 1,353 primary care providers.

**Budget Impacts:** Due to decreases in GRF, support for this program was decreased in FY11 and no funding has been allocated for this program in FY12.

# 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 children's 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, a Public Awareness Campaign, Say It Out Loud, was developed and implemented. 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 35 community-based grants over three years.

**Budget Impacts:** Due to decreases in GRF, support for this program was decreased in FY11 and no funding has been allocated for this program in FY12.

◆ **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 (ICTC).** This state-wide 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 2011 included: training of over 1,400 professionals and other individuals (e.g., line staff in detention and at DJJ, the Prisoner Review Board, lawyers, judges, court officials, youth workers, staff at Neighborhood Recovery Initiative sites); assistance with finalizing the mental health/juvenile justice curriculum of the MacArthur Foundation Models for Change Project; and release of the second story, "Clingy Thing" in the "Stories for Children that Grown-Ups Can Watch" video series. In addition, ICTC was invited by the Reese Health Trust to work on two projects in support of military families.

**Budget Impacts:** Due to decreases in GRF, support for this program will be reduced by 50% in FY12.

## ICMHP helps Illinois children and their families

The Parents Guide to the Juvenile Justice System helped a Calumet City mother, Josephine, recognize that her son, who has severe behavioral problems and has been questioned by police, actually had undiagnosed mental illness. "It's really helpful to tie juvenile justice with mental health," Josephine said. "The checklist of things that could mean your child has mental illness is really good. A lot of things on the list, my son has. I was always afraid my son would get arrested, and now I realize he needed mental health help all along."

# 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:

- 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 two Illinois universities (Jane Addams College of Social Work and University of Illinois at Urbana-Champaign);
- A virtual classroom for providers and families that provides access to state-of-the-art information on children's mental health.

**Outcomes:** *University led evaluations have shown youth treated with evidence informed models of care have superior outcomes*



**Budget Impacts:** *No GRF funding has been allocated for this program in FY12.*

◆ **Assessing the quality of mental health treatment services provided in community mental health agencies.**

Through an Outcomes Analysis System developed by DMH, 151 community mental health agencies and 2,225 individual child clinicians have been 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 2011, 26,790 youth had their treatment outcomes assessed through the Outcomes Analysis System.

**Outcome:** *Twenty percent reduction in symptoms was reported by clinicians and a 10% reduction of symptoms was 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.*

◆ **Developing an infant early childhood mental health credential for professionals working across early childhood sectors and settings, 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. A pilot group of seasoned practitioners was selected this past year and they are ready to go through the credential process in FY12. The pilot group will provide comments and insight that will help finalize both the competencies and the process for the credential.

## Improving the Quality of Mental Health Services *continued*



◆ **Certified Family Partnership Professional (CFPP) project** is to assure that services in the State of Illinois are both family-driven and youth-guided and protect Illinois children and families accessing services through the provision of competency-based credentialing. The establishment of standards, procedures and assessments for the voluntary and professional credentialing of individuals employed in the fields of mental health, rehabilitation, substance abuse, education, child welfare, and juvenile justice, assures that services to children and families are provided by competent, credentialed individuals. The provision of a respected and recognized credential of professional competency in CFPP and, the provision of a structure and protocol for maintaining and updating appropriate professional credentialing standards improves the quality of services for children. The model has been completed and beta testing was conducted in two sites (Chicago, Springfield) with 36 participants. The Certification is now available to the public.

◆ **Implementing recommendations for improving residential treatment services in Illinois.** The recommendations were developed by an interagency and stakeholder Residential Treatment Work Group 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. The Work Group is also in the process of creating a handbook, Residential Treatment for Youths with Mental Health Needs: A Guide for Parents and Guardians, for families considering residential treatment.

### **ICMHP helps Illinois children and their families**

Kimberly, a parent who attended one of the R.E.S.T. groups, is working to get her children returned to her. Living in a homeless shelter, having experienced domestic violence, and with mental health issues, she shared at her court date some of the things she had been learning in her support group. The judge was impressed and she is on her way to getting her children returned.

*All names have been changed to protect the identity of children and their parents.*



# 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.

◆ **Reporting on the Screening, Assessment and Support Services system.** The Screening, Assessment and Support Services (SASS) program continues to serve increasing numbers of Illinois children. In fiscal year 2011, more than 20,000 individuals experienced over 23,000 episodes of crisis. 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

year in costs to the State for unnecessary psychiatric inpatient hospitalizations and related costs. 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.

◆ **Update regarding the Adjudication of Medicaid-funded ICG Services.** In fiscal year 2011, the Illinois Department of Human Services – Division of Mental Health (DHS-DMH) continued to fund Medicaid-reimbursed services to individuals enrolled in the Individual Care Grant (ICG) program. However, an accurate estimate of FFP could not be established. Healthcare and Family Services (HFS) and DHS-DMH are anticipating more accurate details following the transition of billing of ICG services to HFS in fiscal year 2012.



## Recommendations for Further Implementation of the ICMHP Strategic Plan

- 1. Promote and support children's social and emotional development and mental health as a top priority for addressing the health, academic success, and well-being of Illinois children and youth.**
- 2. In order to improve mental health services for children and their families, 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. Restore and Increase funding for ICMHP Strategic Plan priorities in FY 12 and FY 13 consistent with the goal to bring implementation strategies to scale statewide**
- 4. Allocate resources across specified state agencies to promote multi-agency engagement in the Illinois children's mental health system, and address collaboration of the system leadership and the workforce, as well as integration across multiple initiatives.**





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

## Tier 1 Prevention

*Coordinated Systems for Promoting Healthy Social and Emotional Development in Children*

- Public education and awareness
- Mental health consultation with providers
  - Voluntary home visits
- Parent education and support services
- Social and emotional development programs/curricula for community services and schools

## Tier 2 Early Intervention

*Coordinated Systems for Early Detection, Identification, and Response to Mental Health Needs*

- Mental health consultation with providers
  - Student support services
- Early identification, assessment, referral, and follow-up
  - Short-term counseling and support groups
- Skills-building classes (e.g., problem-solving, anger management)
  - Ongoing and crisis support

## Tier 3 Treatment

*Coordinated Systems of Care for Providing Comprehensive Treatment and Family Supports*

- Therapy and support groups
- Comprehensive assessment, diagnostic and referral services
- Hospitalization and inpatient mental health treatment services
  - Respite and other support services for families
  - Drug treatment

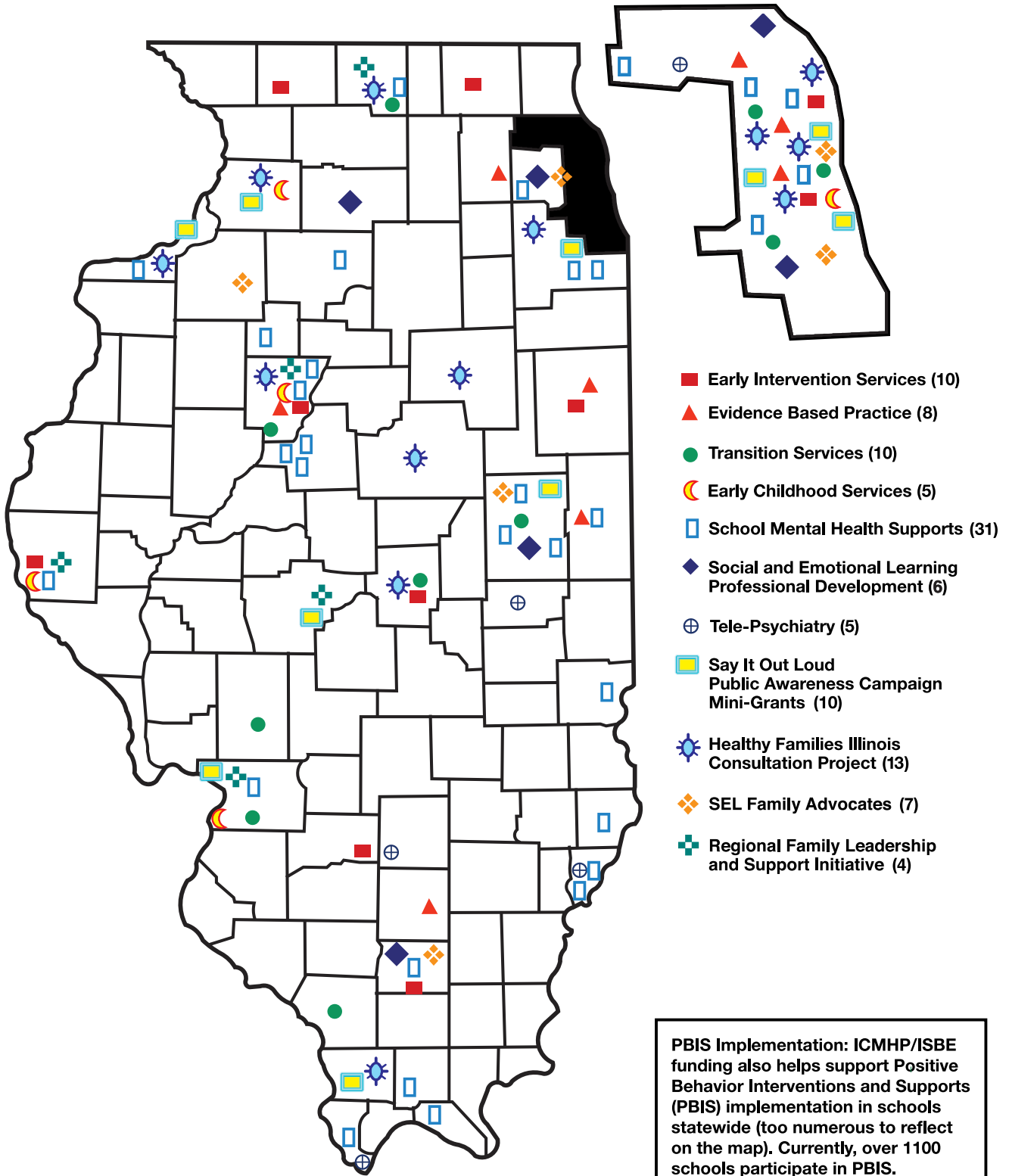


# Appropriation Budget for FY 11

## 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 (e.g., pediatricians, family physicians)
Children's Mental Health (CMH) Public Awareness Campaign	\$ 200,000	To develop and implement a statewide public awareness campaign to reduce the stigma of mental illness and raise awareness of the importance of children's social/emotional development, in accordance with the Children's Mental Health Act of 2003.
School-Based Activities Focused on Student Social and Emotional and Behavioral Support Services	\$1,620,000	To support the following school based activities: 1) \$82,535 for professional development related to the Social/Emotional Learning Standards. 2) \$450,000 to maintain the Positive Behavior Intervention and Supports (PBIS) to schools. 3) \$331,513 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) \$156,000 for Loyola for evaluation 5) \$ 20,000 for prompt payment liability
Children's Mental Health Early Intervention and Treatment Services	\$2,510,000	To provide the following specific services: 1) Transitional Services (\$250,000): social/emotional support services for 18-20 year old youths transitioning out of public systems (i.e., child welfare, mental health, juvenile justice). 2) Juvenile Justice Aftercare Project (\$400,000): services for support of an after-care program within DOC/JJD to assess the mental health needs of youth who are returning to the community from juvenile correction facilities, and link them to transition services. 3) Early Intervention Services (\$450,000): 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 (\$200,000): 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. 7) Motivational Educational Entertainment Project (\$410,000)
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	\$ 800,000	1) Family Leadership Project (\$400,000): To develop regional family networks. 2) Family Consumer Specialist Positions (\$350,000): To provide support to family groups and families with children receiving mental health treatment. 3) Youth Move (\$500,000)
Outcomes Information System	\$ 70,000	To support development of a comprehensive data analysis system.
ICMHP Training, Assemblies and Infrastructure	\$ 200,000	To support ICMHP general assemblies, trainings, staffing and operations.
ICMHP ICTC	\$ 100,000	To support Illinois Childhood Trauma Coalition
<b>TOTAL FY 11 APPROPRIATION</b>	<b>\$6,500,000</b>	

# Implementation of ICMHP Strategic Priorities: FY 2011 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](http://www.icmhp.org).

Agency/Department	Contact	Phone	E-mail
Illinois Children’s Mental Health Partnership (ICMHP)	Barbara Shaw, <i>Chair</i> Colette Lueck, <i>Managing Director</i>	(312) 814-1514 (312) 516-5569	Barbara.Shaw@illinois.gov clueck@voices4kids.org
Department of Children and Family Services	Denice Murray	(312) 814-4589	Denice.Murray2@illinois.gov
Department of Juvenile Justice	Jennifer Jaworski	(217) 557-1030	Jennifer.jaworski@illinois.gov
Department of Human Services, Division of Mental Health	Tanya R.Anderson	(312) 814-3784	Tanya.R.Anderson@illinois.gov
Department of Health-care 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

<sup>1</sup>National Research Council and Institute of Medicine, Preventing Mental, Emotional, and Behavioral Disorders Among Young People. 2009.

<sup>2</sup>U.S. Census Bureau. 2010.

<sup>3</sup>Physician Supply Data. 2000.

<sup>4</sup>U.S. Census Bureau. 2010.

<sup>5</sup>U.S. Census 2000 & U.S. Center for Mental Health Services as cited in NAMI Matters of Fact—Illinois. 2005.

<sup>6</sup>ISBE 2010-2011 District Summary.

<sup>7</sup>U.S. Department of Health and Human Services. Mental Health:A Report of the Surgeon General. 1999.

<sup>8</sup>Ibid

<sup>9</sup>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.

<sup>10</sup>U.S. Department of Health and Human Services. Mental Health:A Report of the Surgeon General. 1999.



*“As policymakers focus on investing scarce resources for maximum results, it is critical that the data and outcomes of the services and programs of the Illinois Children’s Mental Health Partnership be supported. As a public private partnership, ICMHP has demonstrated how coordination and collaboration increase access to children and families needing mental health supports. The Partnership model is offering an innovative way to approach challenging times for state and community based services. Working together – keeping children’s needs first and foremost – has proven to not only increase access with improved outcomes but actually produces cost savings. Those savings must be reinvested in these highly effective services to continue to meet children’s mental health needs through evidence based practices and reduce future costs when kids’ needs go unmet.”*

***Kathy Ryg, President***

*Voices for Illinois Children*





*“The Illinois State Board of Education recognizes the importance of children having healthy social, emotional, behavioral, and physical development for school readiness, academic success, health and overall well-being. Partnering with families, community providers, businesses, and other state agencies in prevention and intervention efforts improves not only these developmental areas but can also reduce the need or intensity of more costly intervention programs and/or services. Having a comprehensive, coordinated children and adolescent behavioral health system provides an organizational structure that allows for these partnerships to collaborate so that the necessary programs and services for the youth of Illinois are provided.”*

**Christopher A. Koch,**  
State Superintendent of Education



For more information, contact

**Illinois Children's Mental Health Partnership**

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