

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



**FY 2012 ANNUAL REPORT TO THE GOVERNOR**



**ILLINOIS  
CHILDREN'S  
MENTAL HEALTH**

**PARTNERSHIP**

**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 seventh Annual Report to the Governor. The Partnership, the result of the Children's Mental Health Act of 2003, is **nationally recognized as an innovative approach to providing leadership and integration across multiple systems to address mental health promotion, prevention, early intervention, and treatment resulting in an annual savings of well over \$19 million. In these challenging economic times, the Partnership is more necessary than ever.** The Partnership influences children's mental health by creating a coordinated comprehensive system of care to reach and better serve children who would otherwise fall through the cracks of various agencies, and by improving the quality of mental health services through training, professional development, and piloting innovative approaches to service delivery.

The achievements outlined in this report are a testament to the perseverance shown by public and private sector agencies, organizations, and individuals partnering to further the ICMHP Strategic Plan Recommendations, regardless of economic challenges and environmental stressors. **Over 350 members of the ICMHP and its 12 Committees and Work Groups continue to build alliances, foster cross sector collaborations, advocate for effective policy changes and create opportunities to support service providers.** They are to be commended for their commitment, and their unwavering belief that we can do better for the children of Illinois.

However, their achievements are at risk. **The amount of state funding for ICMHP was reduced from \$8.9 million in FY 09 to \$4.6 million in FY 12, a reduction of over fifty percent. In addition, the budget for FY 13 was further reduced to \$3.3 million.** Overall, the 30% reductions to mental health funding in Illinois in FY 12, including early intervention, prevention, and school based services has been catastrophic, creating challenges for the ICMHP members and provider organizations as they struggle to continue to advance a public health approach to children's mental health. At the same time, the demand for services has increased by 10%.<sup>1</sup> Reductions in funding do not save dollars. Consider the cost of residential treatment which averages over \$50,000 per year per youth as opposed to an early intervention program that costs less than \$5,000 per child, or prevention approaches which are even less expensive. Reductions or elimination of prevention and early intervention services shifts the focus exclusively to children with more intense needs. Higher end services are more costly and their availability has been reduced due to budget cuts. As a result, other systems bear the burden of serving children and youth with mental health needs, systems without the experience or resources to address those needs. **The children of Illinois deserve better.** We look forward to your continued support as we work in partnership to meet the social, emotional and mental health needs of Illinois children and fully realize the opportunities presented in a rapidly shifting climate.

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. The ICMHP works with its six Standing Committees (Early Childhood; School Age Policies and Practices; Public Awareness; Family Advocacy, Communication, and Education; Community

Collaboration; and Advocacy) and six Work Groups (Residential Treatment, Consultation, Evidence Informed Practices, Financing, Juvenile Justice, and Transitions) 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 summarizes 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 the 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 to the adult mental health system. The Partnership works across the systems that impact children and their families to achieve its vision.

The ICMHP and its member agencies and organizations are attempting to change the

mental health system landscape. Very significant opportunities have been created by the Affordable Care Act, inception of the Illinois Human Services Commission, increased public awareness of the emotional impacts of violence and trauma, greater attention to prevention within the Health and Human Services Substance Abuse and Mental Health Administration and proposed federal Social and Emotional Learning legislation. However, loss of funding threatens to diminish the Partnership's capacity to support projects and the small core staff that works to sustain the cross sector focus, impacting the potential to fully realize the opportunities presented in the current climate.



*The full potential of ICMHP cannot be realized without increased investment. Lessons learned from pilot projects cannot be taken to scale. These projects can potentially 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.*

## ICMHP in Action: Key Outcomes

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 promote 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 \$136 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, ICMHP has achieved the following during this past year:

- Almost 2,000 primary care providers have received consultation through the DocAssist Program regarding mental health issues, expanding their capacity to address children's mental health concerns.
- Over 250 families have received early intervention services through the Reaching Out to Help Program.
- Over 8,000 youth received education regarding the juvenile justice system and the importance of, and how to, access necessary mental health services.
- Over 1,200 parents in the correction system and their children have been offered support to maintain positive relationships with each other during a time of separation and stress.
- Over 11,000 students, educators and families were served by school mental health programs focused on early intervention and wellness promotion.
- Over 1,500 individuals received information through presentations on social and emotional learning (SEL); over 30,000 SEL brochures were distributed to families and community providers.
- Over 250 educators and family members were trained in school mental health best practices.
- Over 225 children without access to psychiatric services received those services via telepsychiatry, reducing the need for expensive hospitalizations.
- Over 400 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 4,000 individuals, primarily service providers and particularly those working in the juvenile justice system, have received training from the Illinois Childhood Trauma Coalition on the impacts of trauma exposure on children.
- Over 250 youth in detention facilities have been given the skills to manage the impacts of trauma and over 650 youth leaving detention facilities have been linked to community based services.
- Over 2,400 family members participated in Parent Cafes through Strengthening Families Illinois designed to increase protective factors and positive parenting practices.
- Over 583 parents and caregivers received peer support and psychoeducational services through the Family Leadership Support Initiative.

## **Increasing Cross System Collaboration and Coordination with the Goal of Enhanced Efficiencies and Improved Service Outcomes**

Too often children and their families find the current system fragmented, lacking coordination and flexibility, and difficult to access and navigate. Data supports that a comprehensive, flexible, coordinated community-based system of services is important to good treatment and good outcomes for children and their families. When community-based services are not adequate to maintain children in their home, they can cycle in and out of psychiatric hospitalizations or stay in long-term residential placements, or in a worst case scenario, become involved in the juvenile justice system. Any out of home care, although often necessary, is expensive. Efforts to treat children in their home and community can result in significant cost reductions as long as safety can be maintained. The Partnership provides a “neutral” space for the leadership of child serving agencies, providers, families and advocates to come together to address the multiple cross system barriers that make it difficult for children and their families to access services at earlier ages and earlier stages of need, as well as services that are the most effective and are available at the appropriate range and duration.

**Expanding a System of Care (SOC) through Illinois United for Youth (IUY) – SAMHSA System of Care Expansion Planning Grant.** A cross-system IUY Implementation Team will develop a strategic plan for expanding systems of care within Illinois. IUY partners are focused on increasing awareness around system of care principles, facilitating multiple discussions promoting the development of statewide family and youth organizations, and drafting initial goals and strategies to build an effective strategic plan. Through a cross-system SOC assessment, as well as regional focus groups, IUY partners outlined 12 key system of care readiness strategies that drive the IUY strategic plan. Eighteen thousand youth at risk of psychiatric hospitalization and/or out of home placement, due to mental health challenges, will eventually be served through the IUY system of care. Partners will draft a strategic plan focused on establishing a

cross-system SOC governance structure, building a comprehensive and broad array of services and supports, developing enhanced care coordination and financing strategies, strengthening the voice and role of families and youth within treatment and system development, and promoting workforce development initiatives based on system of care principles and values.

**Outcome:** *The development and adoption of an initial strategic plan for establishing and expanding systems of care within the state of Illinois for youth experiencing a significant mental health disorder (anticipated by December 2012).*

**Enhancing the capacity of the court system to address competency issues specific to youth.** The ICHMP Juvenile Justice Work Group is developing Competency to Stand Trial legislation for juveniles in Illinois. The state’s existing law, intended for adults with mental illness, currently is applied to children, who may not be fit for

trial because of mental illness, developmental disability, or because they are too young to understand the consequences of their actions. The law forces courts to send some youth with developmental disabilities or developmental immaturity to an in-patient psychiatric facility, even though they do not have a mental illness. The Work Group has reached consensus on key elements of a juvenile law, including providing for least-restrictive treatment or services, and has begun drafting statutory language.

**Outcomes:** *A proposed statute should be introduced for consideration by the General Assembly in 2013.*



**Mapping current funding for children’s mental health services across multiple state agencies.** Funding for youth with serious emotional disorders is distributed to multiple state agencies who then deliver services based on the needs of their priority populations. The result is a funding and service delivery structure that is complicated and difficult to navigate. The ICMHP Financing Work Group has undertaken the task of mapping current funding structures with the goal of increasing system wide efficiencies. In particular, the Work Group seeks to identify the source and amount of funding utilized for high end services such as residential treatment and hospitalization.



**Capturing the history and impact of ICMHP.** The ICMHP is unique and a national leader in development of the infrastructure and plan necessary to advance improvements to children’s mental health, utilizing a public health approach of prevention, early intervention and treatment. The Center of Prevention Research and Development is creating a report that will summarize the history, successes and key lessons learned over the past nine years. This report will be finalized in 2012 and will be a useful tool to inform future ICMHP efforts, as well as those of other states.





**Revising Medicaid Rule 132 in order to meet the need of underserved populations.** Two significant changes to Medicaid Rule 132 have occurred as a result of the cross system collaboration and advocacy work by ICMHP members. First, the Rule now allows providers to bill for services for children age birth to age three. Combined with the ICD:03/DSM IV crosswalk completed last year, the potential now exists to expand mental health services to very young children and their families. Second, the Rule was amended to allow billing of early intervention services. Guidelines around this change need to be developed. Once complete, service providers will have the knowledge necessary to begin to fully utilize this opportunity for service expansion.

**Collaborating with the Human Services Commission.** Governor Pat Quinn extended the Human Services Commission (HSC) in December 2011, asking the HSC to “address delivery system issues as state agency needs warrant.” To this end, the HSC created a workgroup to “rationalize the service delivery system.” This workgroup has worked as two separate sub-workgroups — one focusing on improving service delivery for children with severe behavioral problems. The

Children’s Behavioral Health Sub-Workgroup has spent the past several months focusing on the system of services for at-risk children and youth with significant behavioral health problems/challenges. There was general agreement among Sub-Workgroup participants that too often children and their families find the current system fragmented, lacking coordination and flexibility, and difficult to access and navigate. The Sub-Workgroup’s recommendations for needed improvements are based on full discussions of problems in the current system in Illinois and derived from national public policy. The Sub-Workgroup recommended that the system reform planning effort be delegated and transitioned to the ICMHP as a specific initiative with the necessary changes to the ICMHP membership and bylaws to support the work. It also recommended that that the Division of Mental Health Child and Adolescent Division be specifically charged with supporting system reform by providing leadership to a multi-system workgroup to continue the system reform planning being done by the Human Service Commission Sub-Workgroup on children’s behavioral health.

### ***Re-defining the ICMHP Key Priorities***

The Executive Committee of ICMHP spent almost a year assessing progress made in addressing the Key Priorities established as part of the initial Strategic Plan. The process included a review of past and current activities, a scan of potential opportunities and challenges, and identification of important mental health needs or strategies that were not previously highlighted. The result was a revised list of Key Priorities, reached through unanimous consensus. The Key Priorities are included on page 33. Revision of the Key Priorities led to the formation of two new committees—Advocacy and Community Collaboration—in order to advance the Priorities.

## 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, 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>2</sup>

**Providing Early intervention services through the Reaching Out To Help (ROTH) programs.** Early intervention strategies include individual and group counseling, and social skills building through activities aimed at enhancing the resilience and emotional coping skills of children and adolescents. At the end of FY 2012, there were seven communities in Illinois with agencies who participated in this early intervention program.

**Outcome:** *Providers served approximately 250 registered consumers, and 125 unregistered consumers, providing over 3,300 direct service hours.*

**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 Cafés and the Chicago Parent Program.



## Partnering with and Engaging Families and Youth 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. 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.**

Through the Regional Family Leadership Initiative, three Regional Coordinators have provided support to 583 family members and caregivers through parent support groups. Training and education for parents, caregivers and professionals have included: Social Emotional Learning; Parent Café to determine mental health needs for children in central Illinois; How to Become a Child Advocate; Improving Behaviors of Difficult Children; Bipolar Disorder; Grandparents Raising Grandchildren; Youth Substance Abuse; Common Behavioral Problems in Children and Adolescents; Impact of Trauma in Early Childhood; Juvenile Justice; Importance of Social Interactions, Relationships and Connections; and, The Protective Factors. The Regional Coordinators have represented family leadership and advocacy at 25 conferences and workshops. In addition to providing education, resources and support, the Coordinators have been an integral part of the System of Care planning grant.

**Outcome:** *583 parents and caregivers receive peer support and psychoeducational services.*

**Family Consumer Specialists (FCS), employed within DMH, promote family engagement in the children's mental health system.** FCS staff is made up of 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.

### **Strengthening Families Illinois (SFI)**

Fiscal Year 2012 was the sixth year that the Strengthening Families through Early Care and Education Illinois (SFI) has been active. At its core, SFI is a primary child abuse prevention effort focusing on three key audiences/domains: early childhood, child welfare, and parents. Primary services provided to parents within these domains have been Parent Cafés and trainings. In FY 2012, 2422 individuals participated in 372 Parent Cafés offered throughout the year. Post event evaluations from Parent Cafés (N=1,920) indicate:

- 60% of participants report following through on a commitment from a previous Café (N=817).
- 99% report the Café was helpful (N=1,913).
- 98% report that they would recommend Parent Cafés to a friend and/or family member (N=1,909).
- 97% report planning to attend a future Café (N=1,155).
- More than 85% are reporting an increase in multiple Protective Factors overall as a result of their

participation in the Café (made up of multiple responses).

One of the benefits of the Parent Café process is that it can be replicated in a variety of communities and program settings. In FY 2012, 241 new individuals were trained to deliver Parent Cafés as a host or a facilitator. These individuals are made up of parents within communities served as well as family serving professionals from early childhood and child welfare domains. Other training provided to strengthen parent leadership in FY 2012 included a personal development offering developed by SFI called *Awaken to Your Potential: As a Person, As a Parent, As a Leader*. In FY 2012, 506 individuals completed the introductory unit, with a subset completing additional units on *Maximizing Positive Energy to Direct Your Life*, *Clarifying Your Vision and Setting Your Goals*, and *Motivating and Inspiring Others into Action*. SFI has also recruited parents statewide that have signed a commitment to keeping their families and communities strong. In FY 2012, 2440 parents were recruited through this effort and received ongoing communication from SFI on events and trainings made available. In addition to working directly with parents through the mechanisms above, part of the SFI Initiative included providing training and technical assistance/consultation to 13 Learning Networks across the state committed to advancing Strengthening Families practice in program settings. Participating in learning networks provided benefits to program staff which included access to Parent Cafés and parent leadership training offerings highlighted above as well as professional training topics that support the implementation of

Strengthening Families and the Protective Factors framework.

**Outcome:** *128 programs participated in these networks serving over 17,000 children and 14,000 families.*



**Developing Youth Leadership in the children’s mental health system.** 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.

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



## **Supporting the Capacity of Schools to Address the Social, Emotional and Mental Health Needs of Students**

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>3</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>4</sup>

Illinois is the first state to adopt developmental and sequential Social and Emotional Learning (SEL) Standards. Part 25, Section 25.115 (Certification) now requires educator preparation programs to incorporate into their programs the Illinois State Board of Education's Social and Emotional Learning Standards.



Most schools have attempted to address students' social, emotional, behavioral and physical needs. However, too often it is done in a piecemeal way which results in fragmented and marginalized social, emotional, and behavioral health programming. The Illinois State Board of Education (ISBE) is building the capacity of districts and schools to develop and implement a Comprehensive System of Learning Supports. This system is designed to unify all resources currently expended to promote necessary conditions for learning (i.e., a positive school climate and the development of academic, physical, social, emotional, and behavioral competencies) and address barriers to learning and teaching such as: bullying, disengagement, mental health issues, and behavioral concerns. In addition, this system would fully integrate with the Curriculum and Instruction and Governance/Management Systems currently operating in districts and schools.

**Enhancing children’s school readiness and ability to achieve academic success through a Comprehensive System of Learning Supports.**

Over the past year, the Illinois State Board of Education has continued to make a concerted effort to coordinate and, where possible, integrate all behavioral health programming that supports student learning under a Comprehensive System of Learning Supports. ISBE is committed to an aligned continuous improvement process inclusive of universal professional development.

Activities over the past year have included:

- Research-based indicators of effective practice that promote optimal conditions for learning were adopted. These indicators are integrated within the Illinois State Board of Education’s on-line assessment system for Continuous School Improvement, *Rising Star*. *Rising Star* is moving to the Illinois Interactive Report Card (IIRC) fall 2012 and will be the state’s official system of record for school and district level improvement planning. Within this online system, school/district leadership teams may fully assess development of these indicators utilizing the *Rising Star* research summaries (*Wise Ways*) and the indicator assessment process. School/district leadership teams are encouraged to plan for indicators related to conditions for learning as objectives in the Continuous Improvement Planning cycle.

- Comprehensive System of Learning Supports webpages ([www.isbe.net/learningsupports](http://www.isbe.net/learningsupports)) have been developed to bring awareness to Illinois educators about the system structures, best practices, and resources needed to develop and implement a Comprehensive System of Learning Supports. For example, if a teacher is interested in bullying prevention resources, they can access a number of resources through the Learning Support webpages.
- In order to align with the Statewide System of Support and educational reform efforts outlined by ISBE with statewide stakeholder input, six Learning Support Specialists have been hired through grants to Regional Offices of Education to develop and provide trainings related to learning support programming. Through these efforts, standardization and parity of professional development will be provided across the state with the outcome being increased capacity of regional coaching and district educational personnel.
- Six districts continued to receive School Mental Health Support Grants 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. These grants

ended June 30, 2012 with the intention that the participating districts would be able to sustain efforts without financial support in the future.

- Positive Behavior Interventions and Supports, a decision making framework that guides selection, integration, and implementation of the best evidence-based academic and behavioral practices, was maintained. With ISBE funding, professional development and direct coaching to districts for intensive individualized supports of students was provided.
- Under the leadership of IDHS/DMH, six Community Mental Health Providers partnered with 22 schools to implement School Community Partnerships that focused on implementing the Illinois Interconnected Systems Model of School Based Mental Health.

**Outcomes:** *During the 2011/2012 School Year, a total of 9,860 students and 1,370 adults were served through the Initiative and participated in at least three mental health awareness activities. Students, teachers, parents and community members also received the following prevention, promotion and early interventions that would not have been available without the collaborative partnership agreements:*

- *4,981 students and 142 adults participated in classroom level skill building activities, including Social Emotional Learning Evidence Based Programs.*

- *777 students participated in small group/skill building interventions*
- *433 students and 441 adults received family support, including linking family members to needed mental health services.*
- *481 adults received consultation and education to support 1,303 students in the classroom.*

IDHS/DMH will be working with six new providers in FY 13 to implement School Community Partnerships with 16 schools for the 2012/2013 school year.



**School Mental Health Conference:** Approximately 250 school administrators, counselors, social workers, psychologists, nurses, parents, and other interested parties attended the ICMHP sponsored conference, *Families, Schools, and Communities: Working Together to Improve Student Mental Health*, increasing their understanding of the importance of school based prevention and early intervention best practices and strategies for their implementation.

**Promoting and raising awareness about social and emotional learning with families and communities across the state.** As schools are working to implement the SEL Standards, it is important for parents, families and communities to understand what SEL is; why it is important to mental wellness, school and life success; and what roles individuals and communities can play in building children’s SEL competencies. The awareness work in FY 2012 was multifaceted, including:

- Presentations to educators and parents at regional Parent Involvement Summits; attendees of local and state conferences; parent and community groups across the state; early childhood community providers and students in educator pre-service training classes;
- A quarterly e-newsletter entitled *SEL Community Connection*, that was disseminated directly to 377 providers and friends of family and children’s services;

- A video contest for middle and high school students, in which entrants had to demonstrate the use of SEL skills to resolve a conflict;
- The launch of a new SEL website, *Raising Caring, Confident, Capable Kids* - [www.rccck.net](http://www.rccck.net) – and accompanying Facebook page, [selforall.net](http://selforall.net);
- The development of three webinars about SEL that are available for use at [www.rccck.net](http://www.rccck.net); and,
- The dissemination of the SEL brochure for parents, *Raising Caring, Confident, Capable Children*.

**Outcomes:** *Over 30,000 brochures were distributed to individuals via schools and school districts, local PTAs, after-school programs, community organizations, the All Our Kids Statewide Network, and individuals. Over 50 youth participated in the inaugural video contest. Over 1,500 people were directly reached through SEL presentations.*

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

Social and Emotional Learning presentations and cafés have been held around the state with parents, community groups, early childhood community providers, and students. After the cafés, parents and agency workers left feeling energized and enlightened.

*“The staff and I left feeling like we really wanted to get some of this started next fall in our school districts.” –Mark, Early Childhood Program Worker*

*“This [SEL Parent Café] was great. It helped me think about what I’m doing and how I can work with my granddaughter.” –Peggy, Foster Parent*

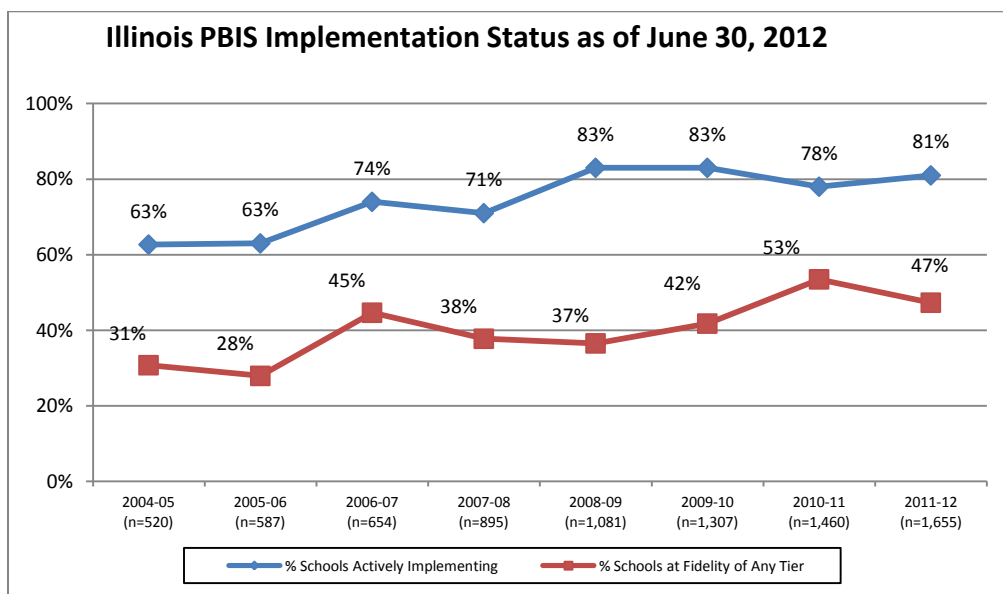
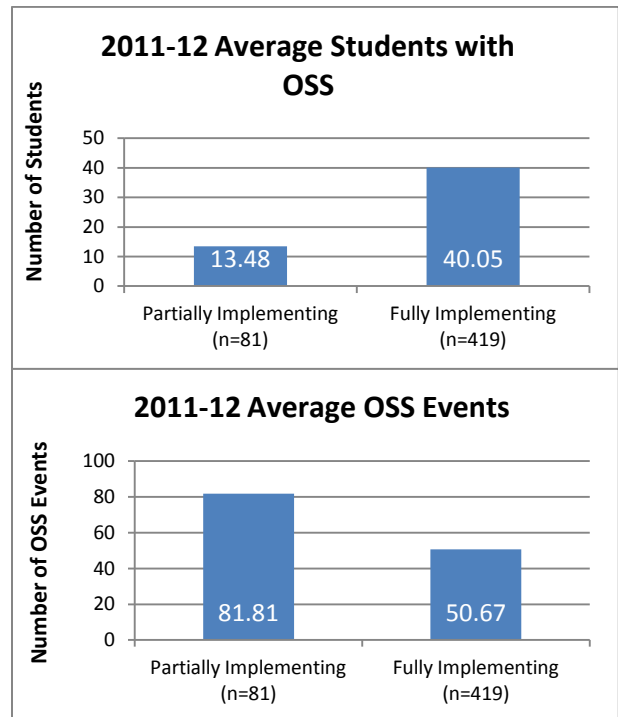
*All names have been changed.*



**Statewide Implementation of PBIS:**

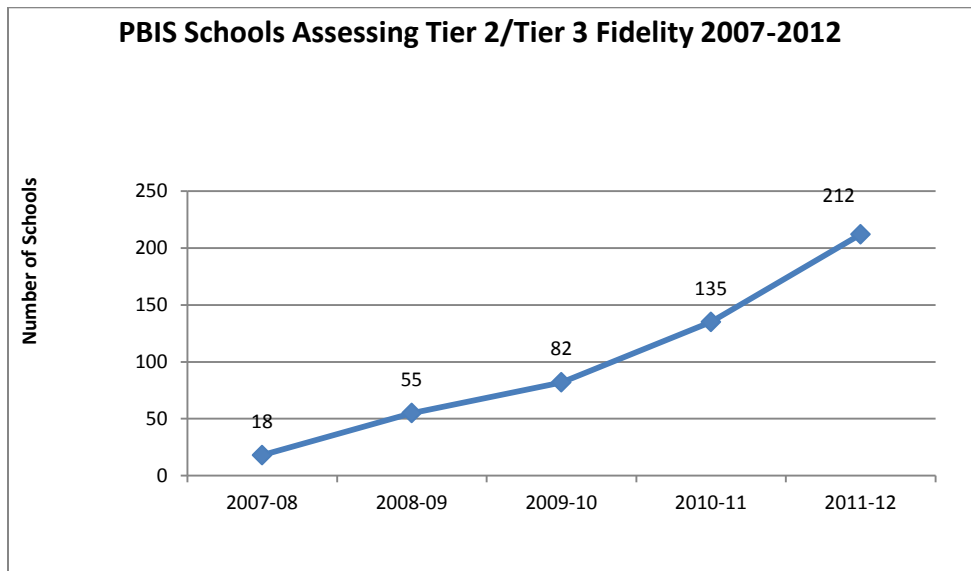
Since 2006-07 the Illinois PBIS Network has been supported by ICMHP funds. During this time, Illinois has experienced a 200% growth in the number of schools implementing PBIS, from 587 to 1,655 schools in 368 Local Education Agencies. On-going training complements district- and school-based data-based decision-making and progress-monitoring, core components of effective PBIS implementation. During 2011-12, 1,343 of 1,655 (81%) Illinois PBIS schools were engaging in active self-assessment and progress monitoring with 47% percent of schools implementing PBIS documenting fidelity on at least one tier of PBIS during 2011-12. This represents an 18% increase of Illinois schools engaged in active use of data around social/emotional systems and outcomes compared to 2010-11, a critical feature for improving student outcomes. As more Illinois schools have developed competency with school-wide systems of behavioral support, more students with or at-risk of mental health challenges are also being supported with small group and individualized interventions through the multi-tiered systems of PBIS.

Reaching and maintaining fidelity is important because it leads to improvement in student academic and behavioral outcomes. When PBIS is implemented with fidelity, there are fewer Office Discipline Referrals (ODRs), and students spend more time in the educational environment.



Seven-hundred and sixty-nine schools met Tier I fidelity in 2011-12, as measured on the Benchmarks of Quality, Team Implementation Checklist, and Schoolwide Evaluation Tool. This represents 46% of all PBIS implementing schools in the state, and is a 9.5% increase in schools at Tier I fidelity compared to the previous school year. In the past four years, districts and

schools implementing advanced tier interventions and measuring their fidelity with these interventions have also increased as shown in the graph below. As districts invest in higher tier interventions, more students with disabilities and mental health needs are experiencing success in general education settings.



During the past six years, schools implementing PBIS have increased their active partnership with community and mental health agencies through a multi-tiered system of support. The Illinois PBIS Network is partnering with the National Center for School Mental Health to develop an interconnected systems framework, based on the model developed by ICMHP, to seamlessly blend mental health and other community providers in planning, service delivery, and progress monitoring of mental health interventions in schools. During the past three years, the Illinois PBIS Network, in partnership with the Illinois Department of Human Services Division of Mental

Health, has provided technical assistance support to approximately 20 districts that have been blending community mental health providers through their school wide multi-tiered systems of support. At the end of FY 2012, 13 PBIS schools had Tier 2/Tier 3 interventions being actively led by Mental Health or community providers. Four PBIS implementing districts had begun blended professional development opportunities with school and metal health staff being trained together on multi-tiered systems of support and evidence-based practices, including the use of data to improve access to and effect of interventions for students. Funds received from ICMHP have expanded

the impact of the PBIS Network on an increasing number of districts and schools, educational environment data, and fidelity of higher tiered interventions which impact students with mental health needs.

In summary, ICMHP support has been a critical factor in the advancements with PBIS in Illinois since 2006-07. Due to cuts

in ICMHP funding, no funds from ICMHP have been allocated to support PBIS activities in Illinois schools and districts for FY 2013. This represents a significant decrease in resources to continue supporting schools in building multi-tiered systems of support to support students with or at risk of mental health challenges.

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

Family guides to the juvenile justice system, created by the Juvenile Justice Work Group of ICMHP, have been valuable tools for parents who are trying to keep their children out of the court system, said Deborah, a School Mental Case Manager and Parent Liaison for an Illinois Regional Office of Education. Many youths enter juvenile justice because of truancy, she said.

*“We have a lot of young parents who don’t understand that they can make a difference when their child has behavior problems in school or is truant,” Deborah said. “The book explains their rights and their child’s rights in the juvenile process, and it has a lot of information on mental health. Often the parents think the problem is behavior, when it could be a mental health issue. Parents are glad to get this book because when they have better information, they are better able to help their child.”*

*All names have been changed.*

## 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 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.*

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

The IDJJ continued to work with juvenile justice re-entry liaisons. Liaisons assist IDJJ with finding placement and community services for youth with high end needs. Since this collaboration began in 2007, the liaisons have assisted with 659 youth to date. Also, IDJJ continued providing SPARCS, an evidence based group intervention designed to meet the mental health needs of youth experiencing toxic stress, to populations at

St. Charles, Chicago, and Warrenville. In the 3.5 years since the beginning of the groups, the SPARCS therapists have provided services to 255 youth.

***Outcomes:** Over 650 youth have been linked to community resource. Over 250 youth have been given the skills to successfully manage the symptoms and impacts of trauma exposure and decrease reactive and aggressive behaviors.*

### **Providing early intervention services for Children of Incarcerated Parents.**

This program, which is administered by DMH, is being implemented in the North Lawndale community in Chicago at Habilitative Systems Incorporated, and in southern Illinois, at Chestnut Health Systems. Participants in these programs are families who need to access mental health services while also coping with the challenge of having a primary care taker incarcerated. The staffs of these programs are sensitive to the needs of this population and their families. These programs have provided significant interventions to children and their families who would not normally receive mental health care until severe behaviors causing serious problems have occurred. Through these programs, the system is learning more about the significant needs of youth and families who have largely gone un-served. The system is becoming more astute in accessing and engaging families.



**Outcomes:**

- 85 youth received intensive, home-based mental health care
  - 150 youth received early intervention and preventive care
  - 55 caregivers received support in the form of assistance with completing job applications, advocacy, and housing
  - 125 families received referrals to other service providers and resources
- More than 750 inmate parents received parenting assistance
  - More than 30 prison staff were educated on supporting the parent/child relationship
  - More than 25 community based organizations received education on the special needs of children of incarcerated parents



*“The Division of Mental Health envisions a well resourced and transformed mental health system that promotes equal access for children and adolescents who have been identified with or are at risk of serious emotional disturbances to a continuum of consistent, integrated, flexible, effective, family-driven, youth-guided, culturally inclusive array of services and programs including prevention, early intervention, and treatment. These evidence informed services are fully integrated with other health and human service systems to ensure seamless access to meet the unique social, emotional, behavioral, physical, and health needs of our children and adolescents through the promotion of healthy lifelong development that supports recovery and resilience. It is through our ongoing collaboration with the Illinois Children’s Mental Health Partnership that we are able to sustain and enhance the work towards a System of Care for all Illinois Children and Adolescents.”*

**Lorrie Rickman Jones, PhD**

Director, Illinois Department of Human Services,  
Division of Mental Health

## 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. 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.

Screening and identification in a 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.

### **Increasing the capacity of providers to address the mental health concerns of families with young children through the Healthy Families Illinois/Parents Too Soon (HFI/PTS) Consultation Project.**

The HFI/PTS Consultation Project has developed and enhanced the capacity of 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 utilizing state dollars which created the capacity to leverage federal support, provides early childhood mental health consultation, training, and technical assistance to 15 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.*

**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 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.

**Increasing the capacity of child care providers to addressing challenging behaviors in 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 12, over 950 child care providers serving over 48,000 children received services (e.g., programmatic consultation, technical assistance and training) from a mental health consultant through this Project.

***Outcome:** Over 85% of participating child care providers responding to a follow-up survey reported an increase in their understanding of children's challenging or concerning behaviors, and that they are better able to care for children displaying such behaviors.*

**Supporting the ongoing skill development of cross system early childhood consultants.** Reflective Learning Groups (RLG), a project of the ICMHP Early Childhood Committee in collaboration with The Irving 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. 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 ICMHP Children's Mental Health Consultation Project, the ICMHP Healthy Families Illinois Mental Health Consultation Project, the Maternal, Infant and Early Childhood Home Visiting Program, 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 provides phone consultations to support the mental health work of primary care physicians. 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 with 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. DMH and HFS share funding for this program. There are plans to increase the scope of the program during FY 2013.

***Outcome:** Since 2008, DocAssist has provided 2,978 consultations, 100 workshops, responded to over 100 inquiries a month and trained 1,950 primary care providers.*

**Increasing the Capacity of Mental Health Providers to address the mental health needs of young children and their families.**

The ECMH Consultation Project is enhancing the capacity of community mental health providers to address the mental health needs of young children ages 0-7 and their families. A part-time Project Coordinator is working with three regional consultants to implement three tiers of consultation activities throughout their regions. Tier One services include periodic staff training, multiple site training, support to supervisory staff, region wide training, development of a list serve, and webinars. Tier Two provides case consultation, participation by the consultant at staff meetings, and a series of multi-agency trainings. At Tier Three consultants will offer ongoing support to agencies to develop an early childhood mental health plan, complete a needs assessment, develop a community of practice and provide reflective supervision to staff and supervisors/managers. Funded at 40 hours

per month per consultant, requests for services are outstripping available hours.

**Increasing the Capacity of Afterschool Providers to recognize and respond to the mental health needs of children.**

Children spend significant time in after school programming. After school providers range from home based informal arrangements to credentialed programs that carefully train staff. Most, however, do not receive training on how to address behavioral concerns or embed teaching social and emotional skills within their programming. The Consultation Workgroup held a forum with afterschool providers to explore development of a consultation model to increase the capacity of providers to promote the social and emotional skill development of children enrolled in their programs. A subgroup of the Workgroup, working with the After School Network, is currently utilizing information gained from the forum to design a consultation model for after school providers.

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

Home visitors work closely with families of young children, and this frequently brings with it emotional situations, times where stress is extreme, and situations where the home visitor might feel uncomfortable. One supervisor recently recounted the story of a young mom who was dealing with the emotionally charged situation of a very sick child. The home visitor knew her well, and was close to the mom and the child. The home visitor had to look at her own emotions regarding the sick child, and needed to address those before continuing her contact with the mom. The supervisor and home visitor reached out to their infant/early childhood mental health consultant who spent time helping the home visitor look at her response and reactions, and to use the real feelings she was experiencing to connect to that mom. The supervisor was present during this interaction and watched the consultant's approach, and stated that she will use the same types of conversations again when similar situations arise with any home visitor. In addition, the consultant gave the supervisor and home visitor some questions to use to help the mom deal with the situation and be open to seeking support.

*“Those words gave us what we needed to take the first step in supporting mom during this tough time.”*

## 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 through development of locally-targeted Say It Out Loud campaigns.** Over the course of the past four years, 58 grants have been awarded to support community-based efforts to increase mental health awareness. Communities have hosted community forums, organized faith based providers to coordinate sermons about mental well being, participated on radio shows, conducted or hosted plays or movies for targeted audiences, and shared mental health information at health fairs. Most communities have continued mental health awareness activities beyond the grant period.



**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. The highlight in 2012 for the Illinois Childhood Trauma Coalition was the first Symposium on Child Trauma in the Public Sector, held on May 31<sup>st</sup> and June 1<sup>st</sup> at the Northwestern University Law School. Attendance exceeded 675 people including clinicians, lawyers, and policy makers. The first day featured an all-day plenary session featured presentations on brain imaging, the impact of trauma on the brain, work with children in the child welfare and juvenile justice systems in Missouri and national policy on childhood trauma. The second day offered three tracks of workshops - legal, clinical and policy. In addition to the presentations, all those in attendance received a thumb drive containing 44 articles including training products of the ICTC In-Service and Pre-Service Committees.

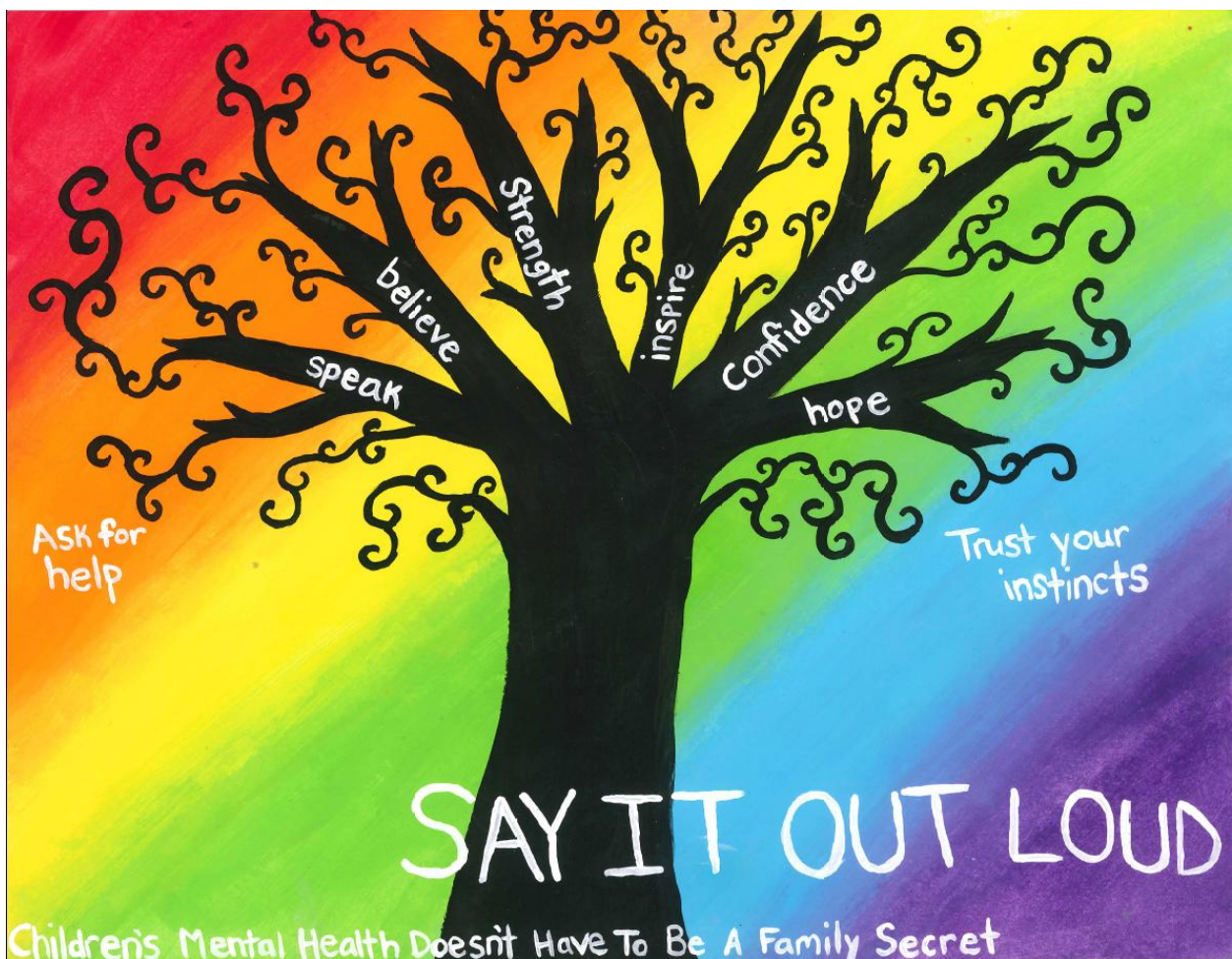
**Outcome:** *In FY 2012, ICTC reached 4,244 people at 43 events, including the symposium.*



**Conducting Poster and Video contest to promote mental health awareness and social and emotional development.**

The FACE Committee conducted the second annual poster contest designed to promote mental health awareness. Over 40 middle and high school students from across the state submitted posters that addressed mental health stigma and over 350 people participated in online voting. The winning poster was printed and distributed at

various mental health awareness events. The Committee has developed a dissemination plan for the winning poster that will serve as a social marketing tool for next year's poster contest. In addition, the SEL think tank conducted a statewide video contest, inviting groups of students to submit a brief video to illustrate positive approaches to conflict resolution. The winning video is posted on the SEL website, [www.rccck.net](http://www.rccck.net).



*The 2012 winning poster for the Children's Mental Health Awareness Contest created by Kristyn G., age 15, of Schaumburg.*

## 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.** Over the past five years, DMH has worked in collaboration with other state systems to build the capacity of community mental health agencies to utilize evidence informed practices in their children's mental health services system through the Evidence Informed Practice Initiative. By engaging a collaborative workgroup including families, community level practitioners, and secondary education professionals from across the state, evidence informed practices have been identified and implemented that are culturally and linguistically appropriate to the needs of Illinois children and families, reflective of available research, and measured to ensure the selected practices lead to improved functioning at home, in school, in the community and throughout life. Over the past six months five community mental health agencies have worked to integrate the common elements of Cognitive Behavioral Therapy into practice utilizing the *Practicewise* online resources to facilitate the work.

Moving forward, to ensure the stability and permanency of the clinicians working in Child and Adolescent mental health agencies the workgroup will be looking at defining a set of core competencies for a strong Children's Mental Health System throughout the state of Illinois. For this work to be successful and sustain the individual learning that occurs, key infrastructure development within agencies must also occur. System priorities need to be redirected to fund training, coaching and clinical consultation. DMH will continue to utilize many of the current mechanisms that they have in place for learning and outcome measurement. One of these tools is Project Educare, a state-of-the art web-based learning system and resource information site with virtual classrooms for family and providers that has been accessed by more than 150 providers. This innovative resource provides family members with access to mental health resources, family specific learning modules, and links to family support and educational websites. Providers have access to education modules and links to professional journals and Evidence Informed Practices (EIP). This system allows professionals to receive Continuing Education Units (CEU's), and family members to earn

certificates of training participation to support licensing and certification.

**Assessing the quality of mental health treatment services provided in community mental health agencies through an outcomes analysis system developed by DMH.** DMH continues to utilize the online data based system to monitor treatment progress and individual child and adolescent outcomes. During FY 2012, 154 community mental health agencies consisting of 2,297 clinicians utilized the system to monitor the clinical outcomes of 27,646 children and adolescents. During FY 2013 there will be a few changes to the system to provide demographic information and inform the workgroup attempting to define a core set of competencies.

**Establishing an Early Childhood Mental Health Credential.** This Project submitted proposed credential competencies to two national experts in the field for review and comment. Work has also been done on finalizing the credential process including development of

a point system for assessing an applicant's final portfolio. The pilot cohort of first applicants for the credential spent 10 months reflecting on the competencies, providing comments on both the competencies and the process. All of the comments for the competencies have been incorporated. The pilot cohort is taking the final steps for the credential process and we anticipate that Illinois will have 13 newly credentialed early childhood mental health providers by the end of October.

**Developing a Family Credential.** DMH is committed to assuring that mental health services for the children in Illinois are family driven, youth guided, and culturally sensitive, and has developed a competency-based credential. The credential establishes standards, procedures, and assessments for the voluntary and professional credentialing of individuals employed in the CFPP fields of mental health, rehabilitation, substance abuse, education, child welfare, and juvenile justice. During FY 2012, training and testing resulted in 14 individuals receiving this certification.

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

Sandy, a young widow and mother of seven boys who have experienced trauma, attends one of the ICMHP Family Leadership groups. She homeschools her sons with emotional and behavioral issues due to trauma. Recently, she expressed that the group has helped her access resources, provided education and a support system. Sandy continues to attend the group and is grateful for the support as they continue in their recovery process. As a result, she has enrolled one of the boys in public school; he has improved and is playing football. Sandy is optimistic about the future for all of them.

*All names have been changed.*



**Developing a trauma-informed credentialing program for all Department of Child and Family Services (DCFS) treatment providers.**

At least fifty percent of children and youth coming into the care of the Illinois Department of Children and Family Services require trauma-focused mental health services. Unfortunately the vast majority of current treatment providers do not have specific training in trauma-informed mental health treatment. Consequently, the Department has been making efforts to implement a credentialing program for all of its treatment providers. The Department contracts with about 100 certified Medicaid mental health providers, offering services in settings ranging from residential facilities to outpatient mental health clinics. In the first six months of FY 2012, 4497 youth received Medicaid mental health services. Due to a lack of a statewide coordinated mental health system of care, the Department is increasingly becoming responsible for all of the mental health treatment for children in state custody.

**Implementing recommendations for improving residential treatment services in Illinois.** 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 Work Group has created and distributed a handbook, *Residential Treatment for Youths with Mental Health Needs: A Guide for Parents and Guardians*. Initial research is underway which will lead to establishment of cross system best standards for residential care.



## 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.

### **Report on Screening, Assessment and Support Services (SASS) Program:**

The Screening, Assessment and Support Services (SASS) System is a collaborative effort between the Illinois Departments of: Children and Family Services (DCFS); Healthcare and Family Services (HFS); and, Human Services (DHS). The SASS program 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. In FY 2012, the Crisis and Referral Entry Service, or CARES, fielded in excess of 96,000 incoming calls resulting in nearly 21,000 unique youth<sup>1</sup> being enrolled in the SASS program experiencing more than 24,000 total episodes of crisis<sup>2</sup>. SASS is estimated to avoid approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs.

### **Report on Federal Financial Participation (FFP) for the Individual Care Grant Program:**

In fiscal year 2012, the direct billing of DHS-DMH funded Individual Care Grant services transitioned to Healthcare and Family Services. Along with this change came a structural change in the certification of expenditures for federal financial participation. As such, the Departments have suspended the draw of FFP for ICG services. The Departments are reviewing the situation and will resume the draw of federal funds for the ICG program in the future. Based upon historical reporting, it is assumed that ICG services could yield in excess of \$1.5 million in FFP annually.



<sup>1</sup> Figure captures unique youth enrolling in SASS per fiscal year. Figure does not capture youth carrying over from prior fiscal years or youth with extensions only in the stated fiscal year.

<sup>2</sup> Episodes of Crisis represents newly initiated eligibility span. A youth may have multiple SASS eligibility spans in a single fiscal year. This count is not a count of unique people.

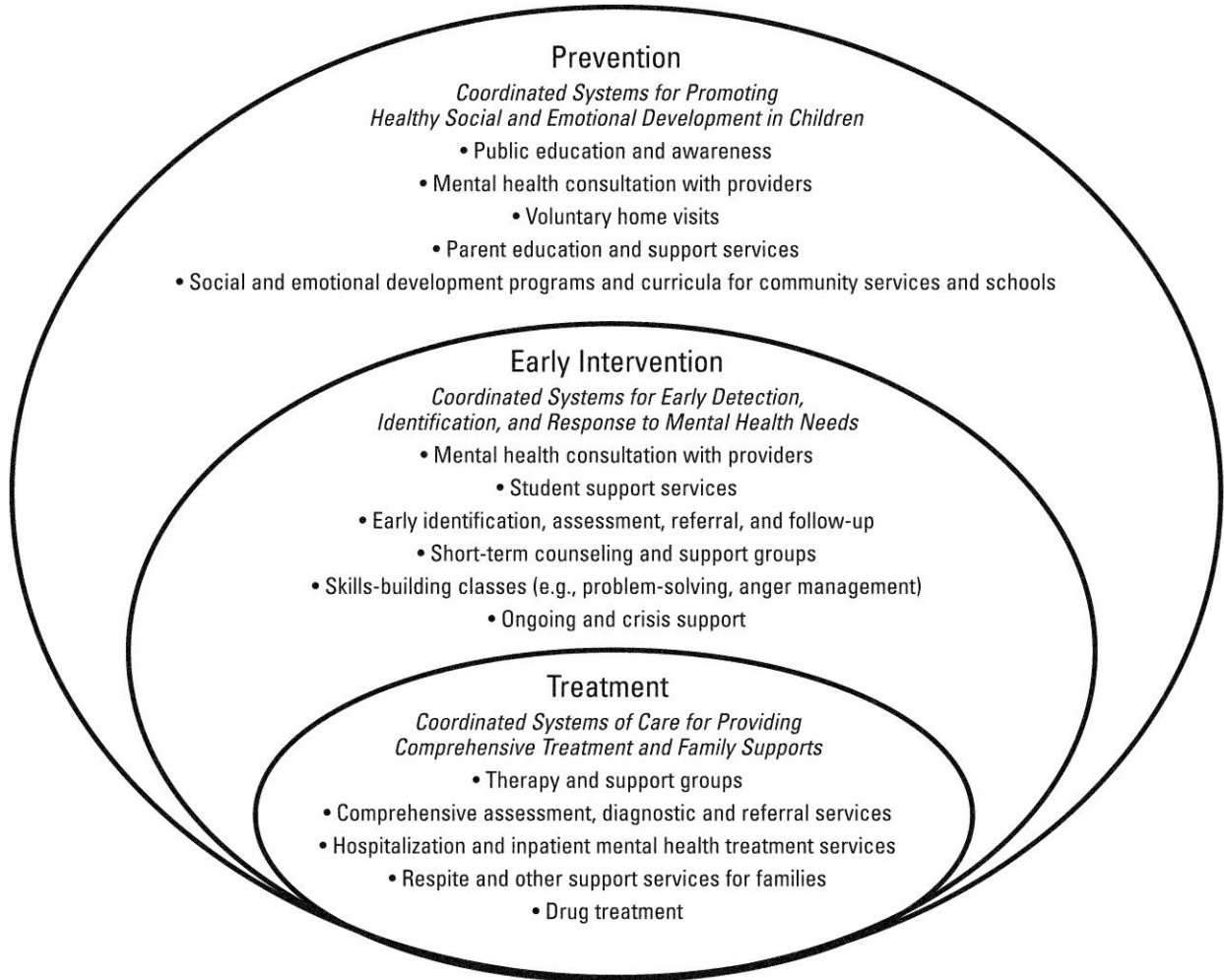


## Recommendations for Further Implementation of the ICMHP Strategic Plan

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, as well as the newly revised ICMHP key priorities, as a framework for promoting the development and implementation of a comprehensive children’s mental health system in Illinois, building on ICMHP as an important state level cross system partnership.**
3. **Restore and Increase funding for ICMHP Strategic Plan priorities in FY 14 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.**
5. **Maximize opportunities presented in the current changing environment, including those presented by the Affordable Care Act, changes to the Medicaid Rule, and the Human Services Commission.**
6. **Capitalize on the increased public awareness of the impact of childhood exposure to trauma by developing trauma informed child serving systems.**



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



## ICMHP Strategic Plan Priorities

The ICMHP Executive Committee undertook a mini-strategic planning process, which resulted in revisions to the Strategic Plan Priorities based on past accomplishments, newly identified needs and strategies, and current opportunities. The revised Priorities have been approved by the appointed members of the Partnership. Those in bold were viewed as particularly important.

**1. Increase public awareness and understanding of: the social and emotional development and mental health of children and adolescents; the need to invest in prevention, promotion, early intervention, and treatment; and the link between mental health, physical health, and substance abuse.**

**2. Promote community collaborations and culturally inclusive partnerships to develop and implement plans that address prevention, promotion, early intervention, and treatment for the mental health of children, youth, and families.**

**3. Increase mental health promotion, prevention, early intervention, and treatment services and supports for children and adolescents based on developmental needs with a particular emphasis on risk factors and unique population-based concerns.**

4. Promote ongoing family/consumer and youth involvement in administrative, policymaking and resource decisions regarding the Illinois children's mental health system at the state, regional, and local level.

5. Advocate with and educate a broad range of stakeholders and policymakers to promote and increase children's mental health services, improved public policies, and expanded programs.

6. Identify, promote and/or develop sustainable mental health consultation initiatives that educate, support, and assist providers across key child-serving systems to develop essential core competencies.

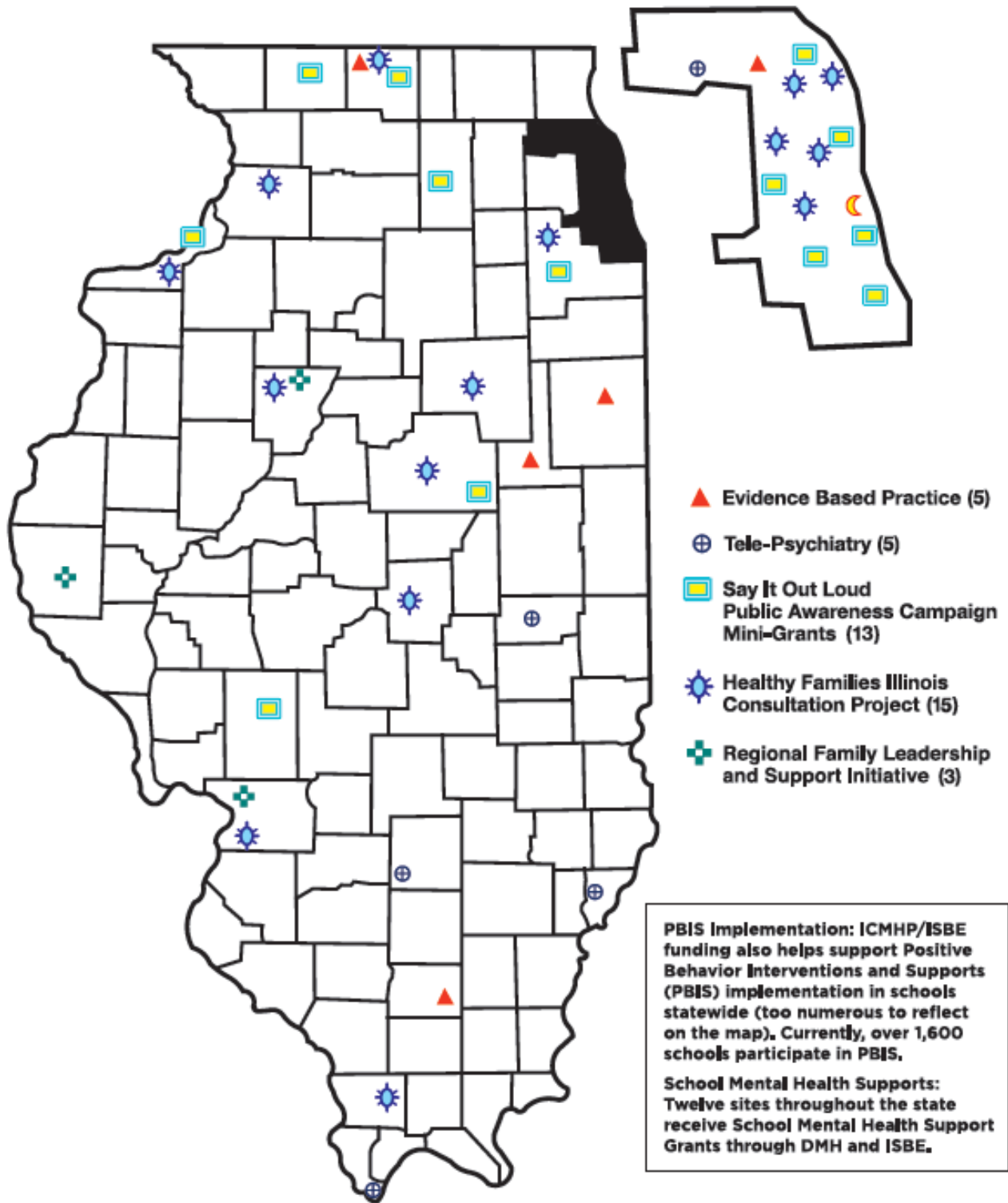
7. Promote and institutionalize effective social and emotional learning, mental health support services, and risk factor reduction strategies for children with an emphasis on ages 0-5; and support the efforts of the Illinois State Board of Education and other key education stakeholders to advance the knowledge and skills essential to implementing evidence based programs and practices which promote the necessary conditions for learning.

8. Develop and implement strategies for improving financing, cost-effectiveness, information sharing, and access to residential services and alternative community services; and provide information to inform decision making, where appropriate.

9. Promote evidence-informed best practice models and technical assistance on children's mental health across the developmental spectrum including areas such as cultural competence, family involvement, and consumer-driven care.

10. Develop and continue to implement strategies that educate, broaden and sustain a workforce that provides quality and comprehensive social and emotional supports and mental health services for children.

# Implementation of ICMHP Strategic Priorities: FY 2012 Grantee Sites

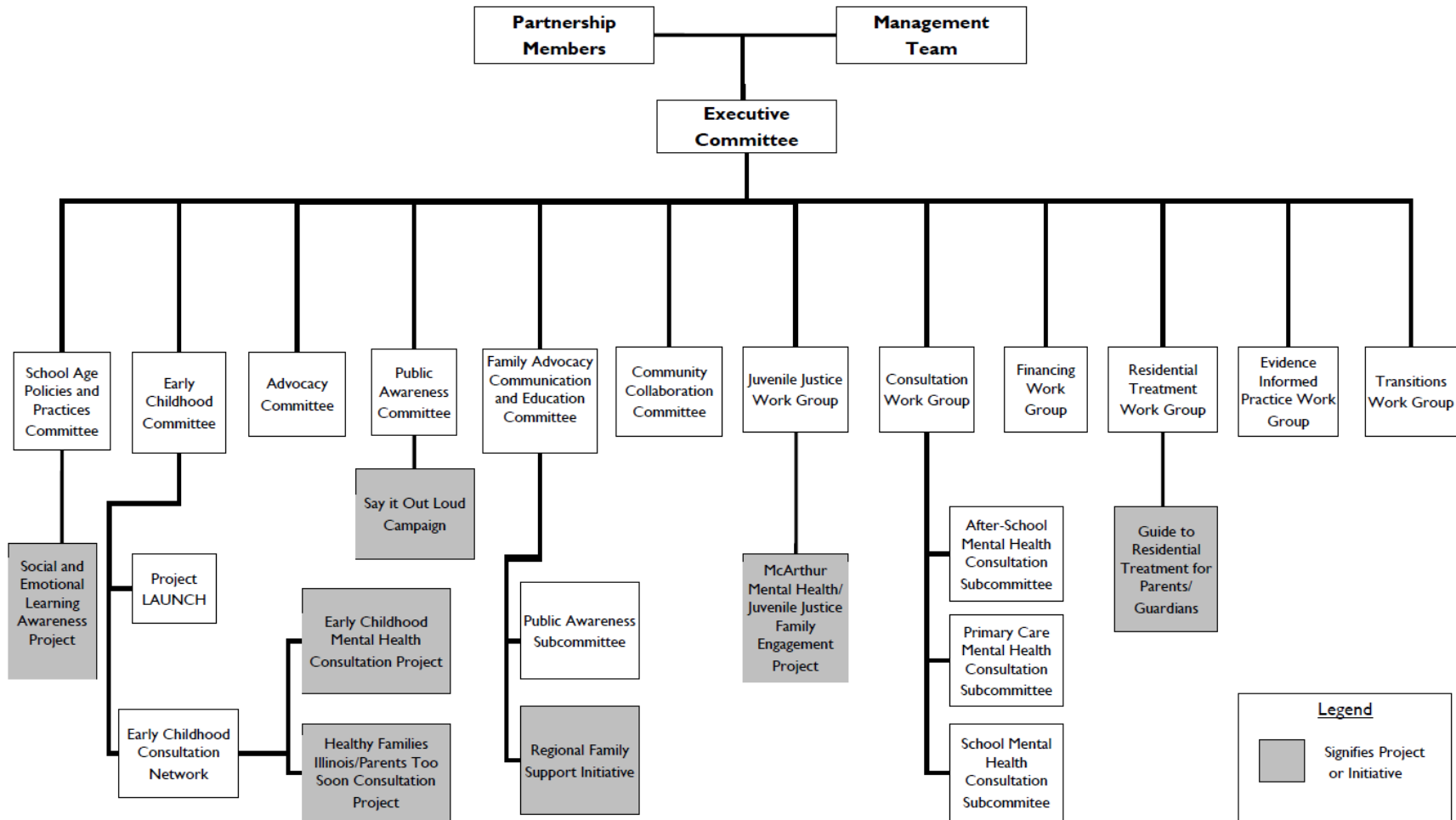


## Appropriation Budget for FY12 ICMHP Strategic Plan Priorities

<b>Program</b>	<b>Funding</b>	<b>Purpose</b>
Children's Mental Health Consultation Initiatives	\$200,000	To support the following consultation projects: 1) \$100,000 to provide mental health consultation to Healthy Families Programs. 2) \$100,000 to develop a Psychiatric Consultation Project, DocAssist, for primary care providers (e.g., pediatricians, family physicians)
School-Based Activities Focused on Student Social and Emotional and Behavioral Support Services	\$1,423,713	To support the following school based activities: 1) \$416,813 for awareness activities for families and communities related to Social/Emotional Learning 2) \$450,000 to maintain the Positive Behavior Intervention and Supports (PBIS) to districts 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) \$163,189 for Learning Support Specialist grants to Regional Offices of Education/Intermediate Service Centers for the development and provision of trainings related to learning support programming ( <a href="http://www.isbe.net/learningsupports">www.isbe.net/learningsupports</a> ) 5) \$61,800 for evaluation 6) \$398 for prompt payment liability
Children's Mental Health Early Intervention and Treatment Services	\$1,350,000	To provide the following specific services: 1) 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. 2) Early Intervention Services (\$550,000): 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. 3) Early Intervention Pilot Project for Children of Incarcerated Parents (\$200,000): services for children whose parents are in prison or jail. 4) Telepsychiatry Project (\$200,000): 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	\$880,000	1) Family Leadership Project (\$380,000): 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 (\$50,000) 4) Statewide family organization (\$100,000)
Outcomes Information System	\$70,000	To support development of a comprehensive data analysis system.
ICMHP Training, Assemblies and Infrastructure	\$100,000	To support ICMHP general assemblies, trainings, staffing and operations.
ICMHP ICTC	\$50,000	To support Illinois Childhood Trauma Coalition
<b>TOTAL FY12 APPROPRIATION</b>	<b>\$4,423,713</b>	



# ICMHP Organizational Chart



## 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).

Organization/Agency	Contact	Phone	E-mail
Illinois Children’s Mental Health Partnership	Colette Lueck, <i>Managing Director</i>	(312)516-5569	clueck@voices4kids.org
	Barbara Shaw, <i>Chair</i>	(312)814-1514	Barbara.Shaw@illinois.gov
	Linda Delimata, <i>Consultation Coordinator</i>	(815)535-8188	ldelimata@leeogle.org
	Alicia Diebold, <i>Project Coordinator</i>	(312)516-5567	adiebold@voices4kids.org
	Chris Hendrix, <i>Statewide Family Leadership and Support Coordinator</i>	(309)472-0657	chris.hendrix@karlasmithfoundation.org
Jean Meister, <i>Communications Specialist</i>	(708)837-3055	jmeister@voices4kids.org	
Department of Children and Family Services	Cynthia Tate, <i>Deputy Director</i>	(312)814-2405	Cynthia.Tate@illinois.gov
Department of Juvenile Justice	Jennifer Jaworski, <i>Chief of Mental Health Services</i>	(630)983-9181	Jennifer.Jaworski@doc.illinois.gov
Department of Human Services, Division of Mental Health	Renee Mehlinger, <i>Deputy Clinical Director, Child and Adolescent Services</i>	(773)794-4895	Renee.Mehlinger@illinois.gov
Department of Healthcare and Family Services	Julie Hamos, <i>Director</i>	(217)782-1200	Julie.Hamos@illinois.gov
Illinois State Board of Education	Elizabeth Hanselman, <i>Assistant Superintendent for Special Education and Support Services</i>	(217)782-4870	ehanselm@isbe.net

## Endnotes

<sup>1</sup> National Alliance on Mental Illness (NAMI). 2012.

<sup>2</sup> U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. 1999.

<sup>3</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>4</sup> U.S. Department of Health and Human Services. Mental Health: A Report of the Surgeon General. 1999.



For more information, contact

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