

BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS



FY 2013 ANNUAL REPORT TO THE GOVERNOR



Dear Governor Quinn and Members of the General Assembly:

The Illinois Children's Mental Health Partnership (ICMHP) is pleased to present the Eighth Annual Report to the Governor, and wishes to thank the Governor and his staff for their ongoing support. The Partnership, established by 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 to the State of well over \$19 million.** The Partnership influences children's mental health by creating a coordinated, comprehensive system of care to reach and better serve children at earlier ages and earlier stages of need, and by improving the quality of mental health services through training, professional development, and piloting innovative approaches to service delivery.

We face a moment of unparalleled opportunity for improving the mental health system for Illinois children and their families. The Affordable Care Act, Medicaid expansion, policy shifts to address the impacts of trauma on children, increased flexibility in Medicaid billing, greater support by the Substance Abuse and Mental Health Administration for prevention and early intervention, and potential federal legislation to advance social and emotional learning all forecast a shift in the federal vision of the future of children's mental health. Here in Illinois this is a time of unprecedented collaboration: the convergence of four extensive planning processes; the work of the Human Services Commission; a system of care planning grant; and, a children's mental health care coordination pilot all create unique opportunities to develop a comprehensive, coordinated system of services and supports that truly meets the needs of our youngest citizens. Over the past ten years, the Partnership has learned much from its system building efforts and pilot programs. We must now use that knowledge to maximize the opportunities before us. This moment in time will not last forever and we have an obligation to "get it right" and that cannot happen without sufficient resources.

Over 250 members of the ICMHP and its ten Committees and Work Groups continue to build alliances, foster cross-sector collaborations, advocate for effective policy changes and create opportunities to support service providers. Key examples of the outcomes achieved by the Partnership include:

- Early childhood mental health consultation provided to home visiting program supervisors and staff increased their capacity to identify and address mental health concerns in families with very young children, according to reports.
- Within child-serving systems, staff are better prepared to identify and address the impacts of trauma.
- Children served by mental health providers who have been trained in evidence-based and evidence-informed approaches achieve better outcomes based on standardized outcome measures.
- The Children's Behavioral Health Integration Initiative has built upon the work of the Human Services Commission and provided assistance to Healthcare and Family Services as it develops a care management pilot project to serve four counties in central Illinois.
- At a recent Partnership Summit, leadership from every major child serving system reaffirmed their continued support and participation in the Partnership as an agency of cross-system collaboration and system transformation.

While this Report describes in detail these and other accomplishments, there is still a long way to go. As long as financial support is contracted, the Partnership is limited in what it can accomplish—at a time when greater efforts are called for. 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,

The Illinois Children's Mental Health Partnership

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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 four Work Groups (Residential Treatment, Consultation, Evidence Informed Practices, 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 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.

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, Medicaid expansion, the Illinois Human Services Commission, care coordination approaches, 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; and save children and families the stress associated with hospitalizations and out-of-home care. In this time of economic hardship and increased family stress, effective and well integrated services and supports for children are needed, and ICMHP should have the capacity to meet this need.*

ICMHP in Action: Key Outcomes

With a relatively small amount of funding ICMHP has been able to create a significant statewide impact, 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 by serving children and youth in the homes, schools and communities.

- Reaching Out to Help early intervention program in six communities across Illinois is working with almost 300 young children and their families to improve social skills and enhance behavioral outcomes.
- Over 800 people participated in online voting for the Third Annual Children's Mental Health Awareness Poster Contest, choosing statewide and regional winners from over 80 submissions. The contest increases awareness regarding the importance of encouraging children and their caregivers to talk about mental health.
- Over 100 youth received trauma based group treatment in Illinois Youth Centers through services provided by the Juvenile Forensic Trauma Project (JFTP). One hundred and eight youth were referred to the Juvenile Justice Mental Health Re-entry Program (JMH-R). Of those referred, only 12 recidivated within the 6 months they were tracked.
- More than 750 inmate parents received parenting assistance; 160 youth with parents who are incarcerated received early intervention and prevention care; and 65 caregivers received linkage to employment or housing.
- Over 5,185 students and 389 educators and families were served by school mental health programs focused on early intervention and wellness promotion; almost 2,000 students participated in classroom level skill building activities, including evidence-based SEL programs; 625 students and over 100 adults participated in small group skill building interventions; 85 students and 77 adults received family support; and, 242 adults received consultation and education to support 1,420 students in general classroom settings.
- 2,557 clinicians used the DMH outcomes measurement system to monitor the clinical outcomes of over 35,000 children and adolescents.
- Over 247 children without access to psychiatric services received those services via telepsychiatry, potentially 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 our youngest and most vulnerable population.
- Over 550 primary care providers and over 2,000 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 2,200 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.
- 914 child care providers received mental health consultation, increasing their ability to respond to the mental health and behavioral needs of 52,000 children. Over 86% of center based provider and 93% of family child care providers reporting an increase in their understanding of children's challenging or concerning behaviors and that they are better able to care for those children.
- Over 1,242 parents and caregivers received peer support and psychoeducational services through the Family Leadership Support Initiative.
- 15 parents have been certified as a Certified Family Partnership Professional (CFPP) skilled in working with other parents who have children with mental health concerns.
- Over 100 attendees at the ICMHP Summit enthusiastically embraced the work of the Partnership to improve the mental well being of all children in Illinois

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 mental health 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. 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 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 developed a strategic plan for expanding systems of care within Illinois. IUY partners focused on increasing awareness of system of care principles, promoting the development of statewide family and youth organizations, and drafting 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, could eventually be served through the IUY system of care. Partners have drafted 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. This plan will

become the roadmap of system of care implementation in Illinois.

Enhancing the capacity of the court system to address competency issues specific to youth. The ICHMP Juvenile Justice Work Group proposed Competency to Stand Trial legislation for juveniles. The state’s existing law, intended for adults with mental illness, currently is applied to children. Unlike adults, children may not be competent to participate in their defense because they are too young to understand the consequences of their actions. The current 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 identified key sponsors in both the Illinois House and worked to advance this piece of legislation.

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 work group to “rationalize the service delivery system.” The work group then created two separate

sub-workgroups — one focused on improving service delivery for children with severe behavioral problems. The Children's Behavioral Health Sub-Workgroup addressed the system of services for at-risk children and youth with significant behavioral health problems/challenges. 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. The Partnership created a work group, named the Children's Behavioral Health Integration Initiative (CBHII) in order to carry out that charge.

The CBHII was convened in 2013 and the Partnership has dedicated significant resources to its efforts. The CBHII seeks to influence development of a mental health system that ensures availability and access to needed services for children, youth, and families across the state. The Workgroup includes family members, behavioral health advocates and local authorities, and executives from state agencies serving children and youths with behavioral health needs.

The CBHII has moved swiftly to analyze and integrate statewide planning efforts, and to advise the DHS and HFS in the development of a managed care pilot project that is expected to begin serving approximately 900 youths in Champaign, Vermillion, Ford and Iroquois counties by December, 2013. The project aims to transform the service delivery system, identify service gaps and build needed services and capacity. The pilot presents an opportunity to create a model that can shape future services as Illinois moves toward managed care and the changes and challenges of the Affordable Care Act,

Medicaid Expansion, and mental health parity.

CBHII achievements include:

- Recommendations to HFS on creation of a network plan and a broad array of services to help children and youths remain in their homes and communities and to avoid costly hospitalization and residential placement, if possible.
- A crosswalk analysis of children's mental health planning by the IDHS Mental Health Task Force; the Illinois Human Services Commission; Illinois United for Youth Pathways; and the ICMHP Strategic Plan. The crosswalk identifies common goals and values, and targets challenges including insufficient financing, policy issues/barriers, lack of standardized data and outcome measures, and trained workforce shortages.
- Development of a Rationale for Child-Focused Medicaid Rule language which recognizes the distinct developmental and service needs of children; emphasizes a continuum of care from prevention and early intervention to highest-intensity treatment; promotes healthy social, emotional and mental development; and links children's services to the EPSDT mandate.
- Development of Services Descriptors to guide HFS in the creation of home and community services which are not currently available within the Medicaid-funded services array.

The CBHII is co-chaired by Barbara Shaw, ICMHP Chair; Dr. Renee Mehlinger, Deputy Clinical Director, Child and Adolescent Services for the Division of Mental Health; and DeeAnn Ryan, Chair of Association of

Community Mental Health Authorities of Illinois. The Human Services Commission has recently been re-appointed and CBHII will coordinate its efforts with the Commission.

ICMHP Summit: The Illinois Children's Mental Health Partnership (ICMHP) held a Summit on June 26, 2013. The Summit was attended by approximately 100 ICMHP participants. Dr. Lorrie Rickman Jones, Senior Policy Advisor for Behavioral Health in the Governor's Office, shared remarks highlighting the important work of the Partnership and recognized its ability to bring together key stakeholders and leverage funding opportunities, including federal funding. Key to the Partnership's success is the ability to develop focused strategies that are agreed upon by a broad constituency. She noted the Say it Out Loud public awareness campaign as an example of a Partnership project that is looked to as a model both nationally and by other states.

Panelists gave brief presentations and answered questions. The panels were made up of representatives from Department of Human Services, Division of Mental Health (DMH); Department of Healthcare and Family Services (HFS); Department of Juvenile Justice (DJJ); Department of Children and Family Services (DCFS); Illinois State Board of Education (ISBE); Family Voice; Illinois Children's Mental Health Partnership; and Human Services Commission (HSC). Panelists shared new and growing initiatives within their agencies, and discussed collaborative efforts taking place with other agencies. Common themes included: gathering, utilizing, and sharing the appropriate data to maximize what is working; putting a strong emphasis on public awareness and advocacy; ensuring key groups are represented and actively engaged with the ICMHP; and, enhancing family voice and family-driven care across all systems. It was clear throughout the day that given the rapidly changing environment, this is a time of opportunities and a time for action.

"Now is a time of tremendous change. The Affordable Care Act opens opportunities for early intervention, prevention, addressing health care disparities and the elimination of the artificial bifurcation between body and mind. Along with integrated care, our future direction holds a renewed investment in technology to support the delivery of health care and tying health care services to outcome. It is our responsibility to be vigilant, to be proactive and to be engaged while recognizing that advocacy grounded in data and outcomes will be extremely persuasive and play a larger role than ever before. We value our continued collaboration with the ICMHP who share our vision of whole health, wellness, recovery and resiliency. Every child deserves the broadest array of people around him/her to love, nurture, support and guide them. That's how we raise healthy children. It's been said that it takes a village to raise a child. It also takes partnerships to build and sustain strong villages."

Debra Ferguson, PhD

Senior Deputy and Chief of Clinical Operations

Department of Human Services, Division of Mental Health

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.¹

Integrating Mental Health Consultation into the Maternal, Infant and Early Childhood Home Visiting Program.

The most recent milestone in home visiting is the creation and massive federal investment in the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, authorized by the Patient Protection and Affordable Care Act, and signed into law by President Obama in 2010. Its goal is to deliver home visiting services, on a national scale, to families in high-risk communities and evaluate the impact on maternal and newborn health, childhood morbidities, school readiness, inter-personal violence, and family self-sufficiency.²

The Governor's Office of Early Childhood Development (OECD), Illinois Department of Human Services (DHS), the Home Visiting Task Force's Executive Committee, including Partnership representation, worked together to develop the Illinois MIECHV plan (formula grant) with the following goals:

1. Provide a statewide system of evidence-based and innovative approaches to home visiting and enhance the state and local infrastructure necessary to support effective service delivery
2. The home visiting programs will

operate with fidelity to national models

3. Home visiting programs are embedded in the overall system of services for families with young children
4. Home visiting programs improve the lives of participating families in the areas described by the national benchmarks

The following six communities were chosen to receive MIECHV funds: Southside Chicago cluster (Englewood, West Englewood, and Grand Crossing), Cicero, Elgin, Rockford, Macon County, and Vermillion County. These communities are using the following evidence-based models: Healthy Families America (HFA), Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and home-based Early Head Start (EHS).

The ICMHP provides Early Childhood Mental Health Consultation to each MIECHV site, a program addition that has received national attention. The consultants meet with the MIECHV site supervisors and staff to increase their knowledge of infant and early childhood mental health issues. At this time, Illinois MIECHV has been implemented for 18 months and according to the Illinois MIECHV researcher, one of

the main impacts of home visiting services is an improvement in parent-child interaction, at least in part as a result of consultation.

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 building and enhancing the resilience and emotional coping skills of children and adolescents. These services are delivered through collaborations and relationships between families, schools, and other child/family-serving agencies, community-based groups, faith-based organizations, and public or private organizations, essentially establishing a local system of care. In FY13, there were six communities in Illinois with agencies who participate in this early intervention program. Providers served approximately 290 registered consumers, and 155 unregistered consumers, providing over 4,000 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 Federal Project through SAMSHA and began in October, 2009. The project serves four community areas; North and South Lawndale and East and West Garfield. The focus of the initiative is to promote the wellness of young children birth to 8 years of age by addressing the physical, emotional, social and behavioral aspects of their development. The main focus is on reducing fragmentation and integrating services at the state and local level. Project LAUNCH was built upon the partners of its All Our Kids (AOK) network and the ICMHP.

ICMHP Helps Illinois Children and Families

Alice is a grandmother raising her granddaughter following the unexpected death of her daughter Lisa. Alice has been attending a R.E.S.T. (Resources, Empowerment, Support and Training) group. She reported that the educational topics and resources she has received have assisted her with raising her granddaughter. She was able to obtain the knowledge and resources from the group to get her granddaughter an assessment and the treatment that she needs. The recent topic on self-care hit home and she realizes that she needed to take care of herself or she would not be able to serve the needs of her granddaughter. Alice appreciates the sharing and support of the other participants in the group and realizes that she is not alone.

**Names have been changed*

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 over 806 parents and caregivers through R.E.S.T. (Resource, Empowerment, Support & Training) groups to enhance the understanding of all children's mental health and promote healthy social and emotional development.

Family Connect activities were implemented with the family members of the group attendees. These activities allow families, who often times are ostracized due to the children's behaviors, to socialize with their peers and promote positive social and emotional skills within the family unit.

Over 436 parents, caregivers, family members and providers received resources, information, referrals and support to assist in navigating multiple systems and coordination of services. Family members and caregivers were provided assistance in accessing mental health services and supports that are appropriate, family centered, and community based.

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 provides support to parental and consumer advocacy groups and agencies serving families with children receiving mental health treatment, and provides a consumer voice to DMH child and adolescent services policy and program planning. The FCS team developed a credential called the Certified Family Partnership Professional (CFPP). The CFPP certifies a minimum-level of competency for parents providing peer support to other families of a child/youth with emotional/behavioral disorders. At the end of FY13, there were 15 CFPP's working throughout the state.



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

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. At the same time DMH is working to increase collaboration between schools and community mental health providers.

As part of the Illinois State Board of Education's on-going efforts to support district/school improvement planning, four content teams have been established to provide resources and professional development for Common Core Standard implementation. Each team produced resources and facilitated professional development specifically focused on building the capacity of classroom teachers, administrators and coaches to understand the classroom conditions necessary for learning. Knowledge, skills and attitudes related to planning and preparation were highlighted to support implementation of Common Core State Standards as an integrated curricular focus, within the broader effort to support continuous school improvement.

To support the on-line Rising Star Conditions for Learning Indicators which districts and schools use for assessing their school improvement process, an ISBE Learning Supports Webpage (www.isbe.net/learningsupports) went live in FY13. The webpage provides contextual information to support the development and implementation of the necessary conditions for students to learn and teachers to teach. There are topical pages linked to the Learning Supports main page

providing best practice research covering multiple topics (i.e., bullying prevention, climate, engagement/re-engagement of students, etc.) along with ISBE internal and external links where all districts and schools can find additional information.

Educators and students across Illinois had an opportunity to participate in the Illinois 5Essentials Survey: Organizing Schools for School Improvement. This survey was designed to provide a detailed portrait of the inner workings of a school from an organizational structure. LSSs collaborated closely with University of Chicago's Urban Education Institute professionals, ISBE Race to the Top representatives, and ISBE Data and Assessment Specialists, to increase district awareness and participation in regard to the Illinois 5Essentials Survey statewide.

The primary outcome of building infrastructure to support the capacity of Learning Supports Specialists was achieved. For FY14, the Learning Supports Specialists are now full and equal participants with the other content area specialists in any professional development activities coordinated through the Illinois Center for School Improvement at the American Institutes for Research.

Mental Health and School

Collaboration: During FY13, under the leadership of IDHS/DMH, six Community Mental Health Providers were funded to partner with 15 schools to develop School Community Partnerships. As part of this planning and infrastructure development year the community providers, along with their school partners, attended a two day training in April. This training focused on developing their individual Memorandum of Understanding for School-Community Guidelines and linkage agreements. These partnerships focused on implementing the Illinois Interconnected Systems Model of School Based Mental Health. In anticipation of the grant conclusion, three agencies have preliminary sustainability plans. Grant sites have been collaborating with Positive Behavioral Intervention Supports (PBIS) in the schools. This has resulted in improved overall attendance and academic performance.

During the 2012/2013 School Year, a total of 5,185 students and 389 adults were served through the Initiative and

participated in at least 10 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:

- 5,185 students and 389 adults were served within the 15 schools,
- 1,995 students and 140 adults participated in classroom level skill building activities, including Social Emotional Learning Evidence Based Programs.
- 625 students and 101 adults participated in small group/skill building interventions
- 85 students and 77 adults received family support, including linking family members to needed mental health services.
- 242 adults received consultation and education to support 1,420 students in the general education classroom setting.

ICMHP Helps Illinois Children and Families

This year, the Illinois Children's Mental Health Partnership Early Childhood Committee partnered with the DHS Bureau of Early Intervention to ensure that Child and Family Connections were able to conduct social emotional evaluations for children ages 0-3 with greater administrative ease. It had long been the practice in Illinois to require the Child and Family Connections to contact the Bureau to acquire approval before conducting a social emotional evaluation during the eligibility evaluation period, when the social emotional evaluation was one of the two evaluations to determine eligibility based up a developmental delay. We applaud DHS for no longer requiring Bureau approval; doing away with this practice is consistent with the spirit of IDEA Part C, and improves our Early Intervention system that services children at a critical time in their development.

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

Many rural 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 Telepsychiatry Project provides psychiatric services to youth who typically do not have access to those services. Youth were most commonly treated for Bipolar Disorders, Attention Deficit Hyperactivity Disorder (ADHD), Mood Disorders, and Post-traumatic Stress Disorder. This year the provider agency billed Medicaid for reimbursement when the children were eligible and the service provided was consistent with the rule. The Telepsychiatry Project provided 1,673 sessions of telepsychiatry service to 247 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). During FY13 the Juvenile Forensic Trauma Project (JFTP) facilitated SPARCS groups at Illinois Youth Centers (IYC's – Warrenville, St. Charles and Chicago). In October 2012 the Juvenile Forensic Trauma Project shifted its focus to IYC-Chicago primarily, expanding the SPARCS program. Over 100 youth were served in SPARCS groups and individual treatment.

The JFTP and IYC Chicago Mental Health staffs have collaborated on the design of a "Goals Group" that is intended to run twice daily and is facilitated by JJS staff on each housing unit.

The JFTP will be providing individual training to IYC Chicago staff members to increase their knowledge of the impact of trauma on adolescents and to teach them the SPARCS philosophy and the tools that will then be utilized by JJS staff in the "Goals Group." SPARCS tools and concepts serve to create a common language and skill base to use with the youth at IYC Chicago. The goals of the individualized training are to prepare staff for facilitating the "Goals Group," to increase staff understanding of the impact of traumatic exposure on adolescents, to familiarize them with the core concepts of SPARCS, to better understand what the youth are being taught in SPARCS groups, and to help staff coach and support the youth in the use of more skillful behavior on the unit as appropriate.

The Juvenile Justice Mental Health Re-Entry program (JMH-R) provides evaluation, referral, linkage, case management and advocacy services to youth, both male and female aged from 13-21 who show the presence of symptoms of a serious mental illness or previous severely mentally ill diagnosis and who are incarcerated at any of the eight Illinois Department of Juvenile Justice (IDJJ) Facilities.

In FY13, the program received 108 new referrals (not including parole violators or re-referrals). Of those 108 new referrals, only 12 (11%) have recidivated within the 6 months in which they are tracked by the program.

Providing early intervention services for Children of Incarcerated Parents (EICIP). This program, which is administered by DMH, is being implemented in the North Lawndale community in Chicago at Habilitative Systems Incorporated (HSI), and in southern Illinois, at Chestnut Health Systems. Participants in these programs are families who need access to mental health

services, while also coping with the challenge of having a primary care taker incarcerated. 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 EICIP, 100 youth received intensive, home-based mental health care; 160 youth received early intervention and preventative care; 65 caregivers received support in the form of assistance with completing job applications, advocacy and housing; 145 families received referrals to other service providers and more than 790 inmate parents received parenting assistance.

ICMHP Helps Illinois Children and Families

Lucy, an 21 year old woman, entered a home visiting program during her first trimester. Her early years with her own family were filled with trouble and she and her brothers often had to care for themselves and each other. Lucy learned that relationships were unpredictable and people were typically untrustworthy and/or dangerous. While she entered the program looking for employment and help creating financial stability for her baby and other family members, Lucy gained much more. She found a program and peers that didn't judge her parenting skills or the way she was parented. She found a staff team that was consistent, reflective, and trusting. Lucy's involvement in the Heart-to-Heart program (a child sexual abuse prevention program for survivors of abuse) opened a door to stifled past disappointments and hurt, and provided her a safe place to explore these feelings and their impact on her current life. This experience lead Lucy to be more in tune with her young child and more emotionally available to him. She could trust herself as a generous and loving parent.

This young woman's work in the program illustrates what many program participants find: new relationships can create new opportunities, and personal transformation can grow from acceptance and trust by others. Lucy's story illustrates how she, and so many others, enter home visiting programs looking for one thing and leave with so much more. The home visiting staff are able to be consistent, available, and non-judgmental in part because of their experiences with early childhood mental health consultants (who are grant-funded, trained, and supervised by ICMHP). The consultants meet with staff regularly and provide for them a safe place to talk about how to better support young parents, how to recognize the impacts of early abuse, trauma, or mental health issues and how to address their impacts on the parent-child relationship.

**Names have been changed*

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, juvenile justice, 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, 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.

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 and 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. 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 over five years of providing early childhood mental health consultation, ICMHP produced a monograph, *Early Childhood Mental Health Consultation to Home Visiting Programs: Addressing the Unmet Mental Health Needs of Families with Young*

Children, which has received national attention.

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 FY13, 914 child care providers serving over 52,000 children received services (e.g., programmatic consultation, technical assistance and training) from a mental health consultant through this Project. Over 86% of participating center-based childcare providers and 93% of Family 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 through the work of the Early Childhood Consultation Network, has provided Infant and Infant/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. In FY13, there were 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/Parents Too Soon 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 free, problem-based, statewide, pediatric primary care behavioral health consultation. This consultation service supports the needs of Illinois primary care providers serving the non-emergent, pediatric mental health needs of young patients.

Additionally, DocAssist provides educational workshops to bolster skills and

knowledge of mental health in the primary care setting. In particular, DocAssist targets its services to primary care providers who serve pediatric Medicaid recipients. The vast array of DocAssist services include telephone consultations, clinical and educational resources, educational workshops and in-person clinical management guidance in collaboration with primary care. DocAssist Consultants are child and adolescent psychiatrists who provide clinical information tailored to the practice needs of a busy primary care clinician. Typically, consultations are not one-time events but require coordination among the DocAssist team members and re-visitation of the case with the primary care clinician.

The Illinois DocAssist program helps the state use existing providers to initiate some of the mental health treatment needed for children. The program has strengthened a small number of pediatric mental health providers with expertise in primary care consultation and a larger number of pediatric primary care providers with advanced mental health training. As a result, early identification and treatment in a sometimes difficult to reach group of children has been addressed. The impact of reaching this population is that more children receive services *earlier* and therefore achieve *better outcomes* at later stages of development. In FY13, DocAssist reached 555 Primary Care Clinicians through 36 workshops and 2,091 Primary Care Clinicians through consultation services.

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 includes 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 outstrip 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. Afterschool 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 program. The Consultation Work Group held a forum with afterschool providers to explore the 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 Work Group, working with the After School Network, has designed a consultation model for after school providers which will begin in September 2013.

ICMHP Helps Illinois Children and Families

Staff from ICMHP lead groups for parents based on a Guide to the Juvenile Justice System that was developed in 2012. At a recent group, one father talked about the death of his son and that and he came to the workshop because he wants to keep his other children safe and out of the system. Another father discussed his four incarcerations and the fear he felt as a teen when he was threatened by police. He said he is now committed to staying out of the system, and caring for his family. One parent reported, "I liked all the information that I got on how to handle the police if my child is arrested in the future. I know how to speak to the police and what questions to ask if I am ever in the situation." Another stated that "I loved the open discussion; it teaches you a lot of things to do and what not to do by you listening to a lot of people. I'll be back!"

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.

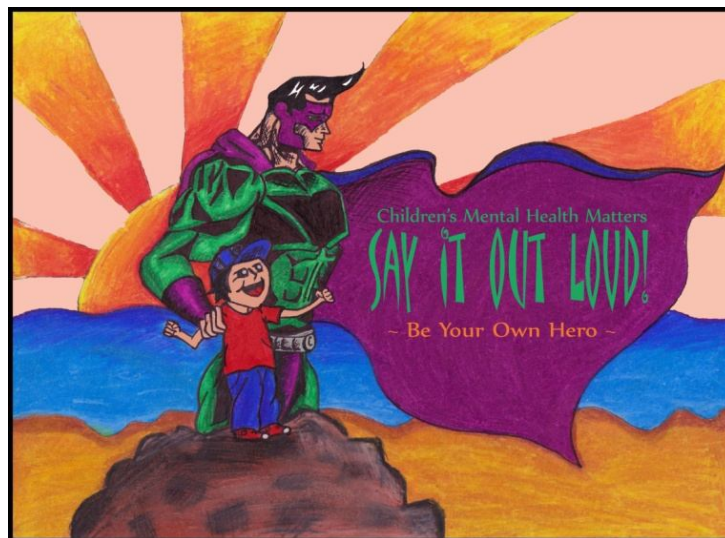
Promoting an understanding of the impact of trauma on children's mental health and the importance of providing trauma informed services for children who have experienced trauma through support to the Illinois Childhood Trauma Coalition (ICTC).

This state-wide coalition is comprised of over 50 public and private agencies and organizations that address the impact of trauma on children through policy changes, research, and professional development work. In FY13, ICTC was able to secure funding from the Bright Promises Foundation to start a public campaign with target audiences of parents and caregivers. Members participated in 39 events, providing 116 hours of training reaching 2,290 people. Members also worked to

finalize the third video in a series called, "Stories for Children that Grownups can Watch" that address issues regarding trauma and young children.

Conducting a poster contest to promote children's mental health awareness.

A sub-committee of the Family Advocacy, Communication, and Education (FACE) Committee planned and implemented the Third Annual Children's Mental Health Awareness Poster Contest. There were 83 posters submitted by youth statewide, and over 800 people participated in online voting. The sub-committee developed and distributed a calendar using the regional and state winning posters to promote children's mental health awareness.



The 2013 winning poster for the Children's Mental Health Awareness Contest created by Brandon K., age 18 of Burr Ridge.

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 and they 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 deserves 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 seven years DMH has worked in collaboration with other state systems to build the capacity of community mental health agencies to utilize evidence informed practices 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 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. In FY13, eight additional community mental health agencies have worked to integrate the common elements of Cognitive Behavioral Therapy and Parent Behavioral Therapy into practice utilizing the PracticeWise online resources to facilitate the work.

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 database they created, Outcomes Analysis System, to monitor treatment progress and individual child and adolescent outcomes. During FY13, 151 community mental health agencies consisting of 2,557 clinicians utilized the system to monitor the clinical outcomes of 35,868 children and adolescents. The clinical outcome scales available on this system include the Ohio, Columbia Impairment Scales-Youth and Parent versions, and the Devereux Early Childhood Assessments (DECA).

During FY13 changes to the system were put in place that will provide better demographic information. The web-based database system (DAT-STAT) allows not only the tracking of treatment responses by individual client and allows provider agencies to track clinical outcomes per clinical provider, per clinical service, but now will track clinical outcomes per region, gender, ethnicity, and EBP (Evidenced-based Provider Certification). A new Resource Section has been added to the DAT-STAT System with two website links, Project Educare and PracticeWise.

Project Educare is a web-based learning system for both provider and families. This system includes links to other mental health websites, family support and education to

match an individual child's characteristics, websites, and family education programs and modules. It also includes links to the Journal of Clinical Child and Adolescent Psychology (JCCAP), education modules, free Continuing Education Units (CEU's) for licensed clinicians, and evidence-informed practices (EIP) resources for providers.

PracticeWise offers innovative tools and services to help clinicians and organizations improve the quality of health care for children and adolescents. The DAT-STAT PracticeWise link will provide access to the following three elements of PracticeWise: Practitioner Guides; MATCH-ADTC, a redesign of evidence-based treatment of childhood anxiety, depression, trauma, and conduct problems; and, a database that includes hundreds of randomized clinical trials of treatments for children's mental health problems, making it the most comprehensive dynamic decision-support tool available for reviewing the evidence base in children's mental health. Using this online searchable database, professionals can access summaries of the best and most current scientific research, and results can be customized.

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

At least 50% 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.

The IDCFS is conducting a five-year Title IV-E Waiver Demonstration project through the Children's Bureau of the Administration for Children and Families. The demonstration project will provide therapeutic and psycho-educational services to very young children, ages birth through three, and their caregivers. The demonstration will serve both IV-E eligible and non-IV-E eligible children entering care in Cook County.

Developmentally-focused parent training and support interventions, the Nurturing Parenting Program, and Child-Parent Psychotherapy, will be implemented with targeted cases to address the developmental effects of maltreatment and trauma and to promote attachment with permanent caregivers. Nineteen agencies throughout Cook County, including three DCFS offices, have been selected to participate in the waiver. The waiver demonstration will test the hypothesis that children aged zero through three years old, initially placed in foster care will experience reduced trauma symptoms, increased permanency, reduced re-entry and improved child well-being if they are provided trauma informed Evidence-Based Interventions compared to similar children who are provided "services as usual." Official implementation will last from July 1, 2013 through June 30, 2017.

Implementing recommendations for improving residential treatment services in Illinois. The Residential Treatment Work Group has developed and disseminated a guide for families and caregivers regarding residential treatment-- from intake to discharge-- to assist families with difficult decisions when faced with the

need for residential treatment for a youth in their care. The Work Group has also developed a one page policy brief for use with legislators and key decision makers on the importance and benefits of residential treatment. The Work Group has brought together key stakeholders from ISBE, DMH,

and DCFS to discuss how to best share and utilize outcome data from residential treatment facilities. Finally, the Work Group has been researching and making recommendations to residential treatment contract providers on evidence-informed practices.

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 needed psychiatric services. In state FY13¹, the Crisis and Referral Entry Service (CARES) fielded in excess of 105,000 incoming crisis calls and nearly 10,000 non-crisis calls, resulting in over 23,000 unique youth being enrolled² in the SASS program experiencing more than 26,000 total episodes of crisis.³ 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: Healthcare and Family Services (HFS) continues to work with the Illinois Department of Human Services - Division of Mental Health to review the structural challenges related to claiming Federal Financial Participation (FFP) for the Individual Care Grant (ICG) Program. Based upon historical data, it is assumed that the Departments could yield in excess of \$1 million in FFP support for services related to ICG residential services .

¹ State fiscal year 2013 represents 7/1/2012 through 6/30/2013.

² 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.

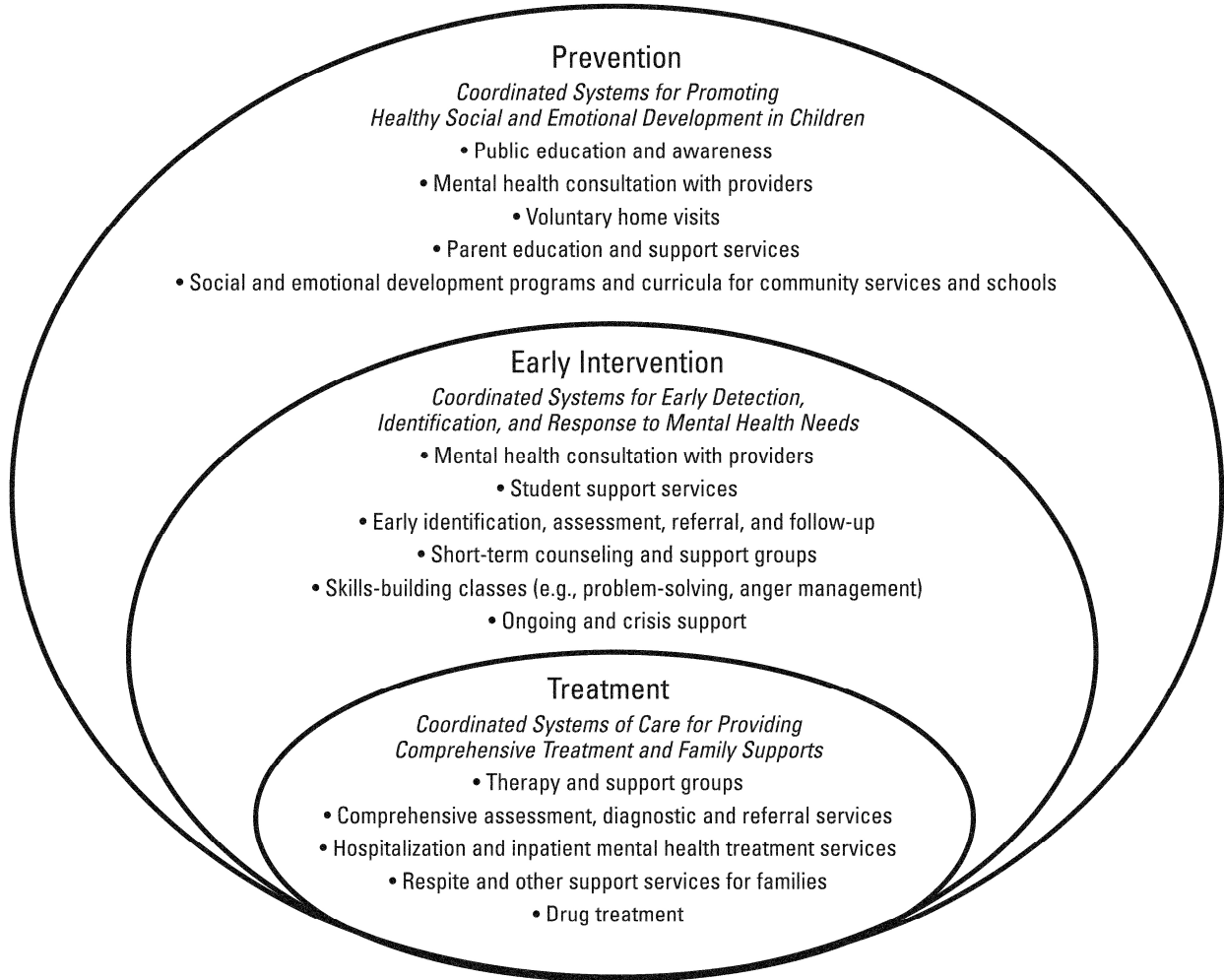
³ Episodes of Crisis represents newly initiated eligibility span. A youth may have multiple SASS eligibility spans in a single fiscal year. This count is not a count of unique people.

Recommendations for Further Implementation of the ICMHP Strategic Plan

1. Maximize opportunities presented in the current changing environment, including those presented by the Affordable Care Act, changes to the Medicaid Rule, the Human Services Commission, and the care coordination pilot.
2. In order to improve access to 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 revised ICMHP key priorities, through sufficient funding.
3. Capitalize on and grow public awareness of the impact of childhood exposure to trauma and violence by developing trauma informed child-serving systems.
4. Support the further coordination and integration of substance abuse and mental health services leading to improved service outcomes and economies of scale.
5. Increase the capacity of the mental health delivery system to collect relevant and meaningful outcome data that is coordinated, guides program implementation, and drives policy changes towards improved mental health outcomes for children and their families.
6. Increase the service system capacity to respond to children and their families with cultural sensitivity, using a developmental approach to intervene as early as possible across a continuum of care.
7. Increase public awareness regarding the role that mental well being plays in the social, emotional and academic success of all children, creating young adults who are prepared to be engaged and productive citizens of Illinois.



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



ICMHP Strategic Plan Priorities

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.

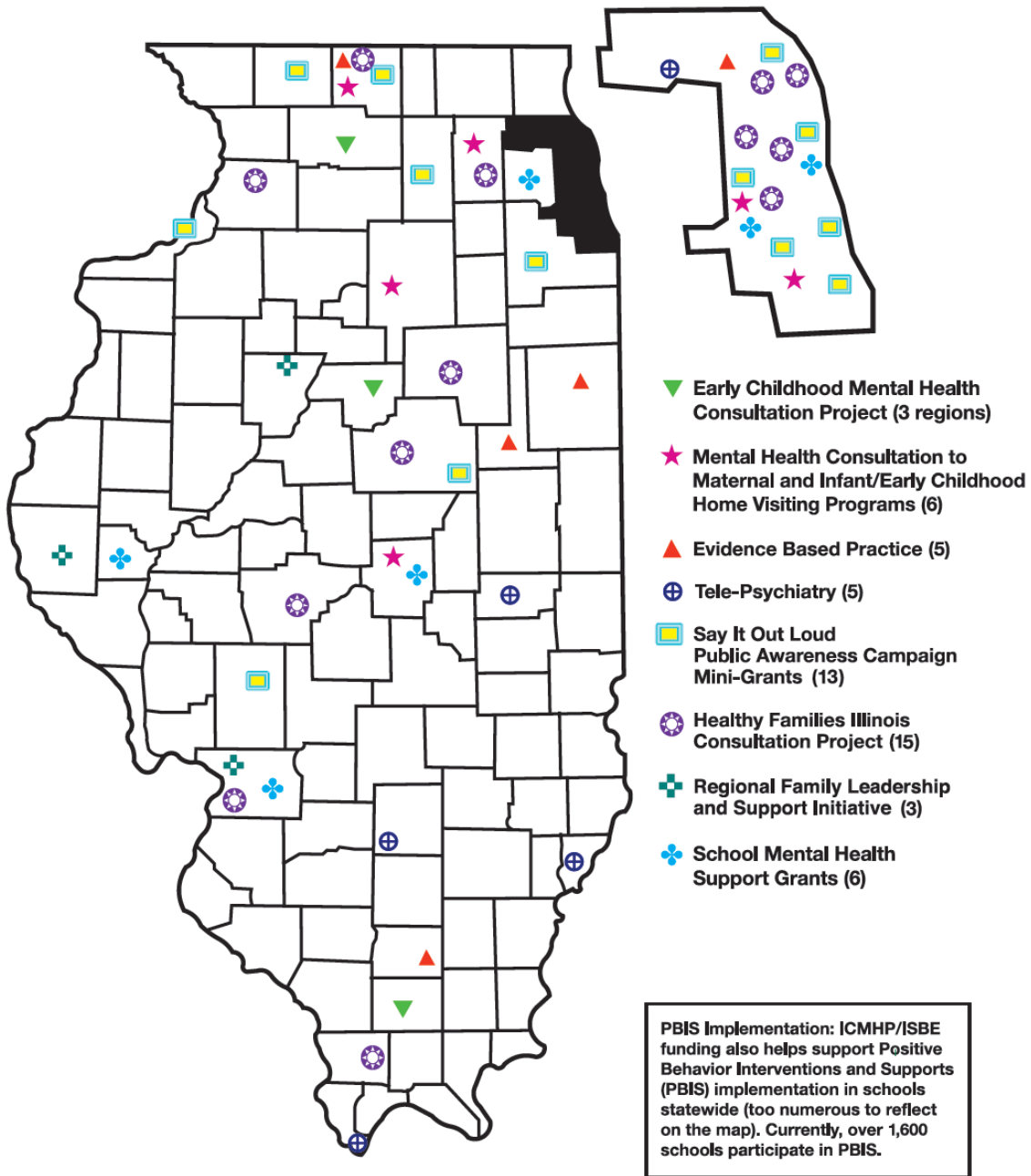
8. Develop and implement strategies for improving financing, cost-effectiveness, information sharing, and access to residential services and alternative community services; and provide information to inform decision making, where appropriate.

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: FY13 Grantee Sites

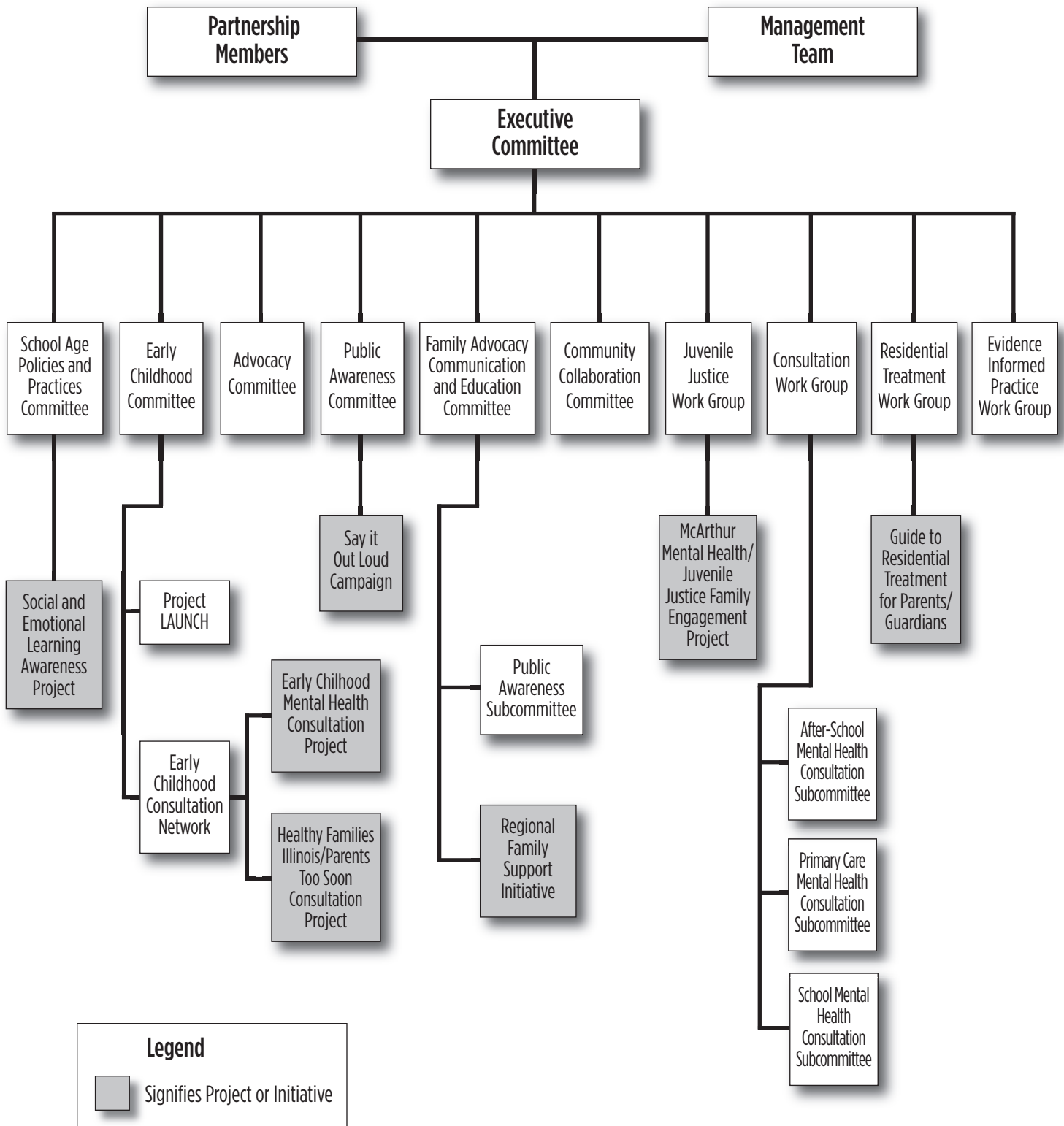
This map serves to illustrate the various communities that received grant funding and technical assistance from ICMHP in FY13. Due to budget cuts, ICMHP is unable to fund as many projects and grant programs as it has historically, leaving a lack of support, and innovative pilot and public awareness projects, in numerous communities throughout the state.



Appropriation Budget for FY13 ICMHP Strategic Plan Priorities

Program	Funding	Purpose
Children's Mental Health Consultation Initiatives	\$300,000	To support the following consultation projects: 1) \$100,000 to provide mental health consultation to Healthy Families Programs. 2) \$100,000 to support the early childhood mental health consultation project 3) \$100,000 to develop a Psychiatric Consultation Project, DocAssist, for primary care providers (e.g., pediatricians, family physicians)
Mental Health and Schools School-wide systems of support	\$750,000	To support the following school based activities: 1) \$450,000 to support mental health agencies to develop partnerships with schools 2) \$300,00 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
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.
Telepsychiatry	\$200,000	To support telepsychiatry services to youth with limited or no access to services.
Family Involvement Initiatives	\$850,000	1) Family Leadership Project (\$350,000): 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	\$130,000	To support ICMHP general assemblies, trainings, staffing and operations.
ICTC	\$50,000	To support Illinois Childhood Trauma Coalition
Juvenile Justice Initiatives	\$600,000	To provide the following specific services: 1) Juvenile Justice Aftercare Project (\$400,000): services for support of an after-care program within DOC/IJD 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 Pilot Project for Children of Incarcerated Parents (\$200,000): services for children whose parents are in prison or jail. 3) Telepsychiatry Project (\$200,000): services for children who live in areas of the state without access to a child psychiatrist.
TOTAL FY13 APPROPRIATION	\$3,300,000	

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.

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	Chris Hendrix, <i>Statewide Family Leadership and Support Coordinator</i>	(618) 606-5328	chris.hendrix@karlasmithfoundation.org
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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

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

² Northwest Bulletin. Federal Home Visiting Legislation and its Implementation in Region X. 2013. Retrieved from <http://depts.washington.edu/nwbfch/>

Illinois Children's Mental Health Partnership FY14 Members

Partnership Chair

Barbara Shaw

Executive Committee Members

Scott G. Allen

Illinois Chapter, American Academy of Pediatrics

Shawn Cole

Illinois Department of Healthcare and Family Services

Ray Connor

Individual Care Grant Parents Association

Paula Corrigan-Halpern

Voices for Illinois Children

Stephanie Frank

Alternatives, Inc.

Karen Freel

Ounce of Prevention Fund

Kellie Gage

Illinois Department of Human Services, Division of Alcohol and Substance Abuse

Carol Gall

Mental Health America of Illinois

Gaylord Gieseke

Voices for Illinois Children

Elizabeth Hanselman

Illinois State Board of Education

Jennifer Jaworski

Illinois Department of Juvenile Justice

Michael Kelly

Loyola University

Christopher Koch

Illinois State Board of Education

Renee Mehlinger

Illinois Department of Human Services, Division of Mental Health

Kelly Rauscher

Illinois State Board of Education

Phyllis Russell

The Association of Community Mental Health Authorities in Illinois

Barbara Shaw

Illinois Children's Mental Health Partnership

Cynthia Tate

Illinois Department of Children and Family Services

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Metropolis Strategies

Partnership Members

Scott Allen

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Community Behavioral Healthcare Association

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Juvenile Justice Initiative

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Shawn Cole

Illinois Department of Healthcare and Family Services

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State Representative

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Karen Freel

Ounce of Prevention Fund

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Gaylord Gieseke

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Illinois Department of Juvenile Justice

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