ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP

10 YEARS OF PROGRESS

FY2014 ANNUAL REPORT TO THE GOVERNOR

ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP

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www.icmhp.org

Dear Governor Quinn and members of the General Assembly:

On behalf of the Illinois Children's Mental Health Partnership (ICMHP), we are pleased to present the Ninth Annual Report to the Governor, and wish to thank the Governor and his staff for their ongoing support. **We are pleased to be celebrating ten years** of creating a more coordinated, comprehensive, evidence-informed system of care that reaches and better serves children at earlier ages and earlier stages of need, while actively partnering with parents and caregivers. **Nationally recognized as an innovative approach to systems-building, the Partnership and its members' efforts at fostering cross-system collaboration has resulted in savings to the State exceeding $200 million over the past ten years.**

Today, we face a moment of unprecedented opportunity for further improving the mental health system for Illinois children and their families. At the federal level, the vision of children's mental health is shifting towards a more comprehensive, flexible, community-based, trauma-informed system that actively engages children and their families as early as possible; a vision shared by the Partnership and that has guided its efforts over the past ten years. Illinois is also experiencing a time of unparalleled collaboration, creating a unique opportunity to develop a system of care that truly meets the needs of our youngest residents. The Children's Services Subcommittee, convened by the Governor's Office for Health Innovation and Transformation (GOHIT) and co-chaired by the Partnership, offers an opportunity to substantially change the children's mental health system through the convergence of a number of statewide reform efforts.

Over the past decade, 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 will not last forever and we have an obligation to "get it right" while remaining nimble in our response to opportunities for innovation and transformation, words that have served as touchstones for the Partnership since its inception.

Over 250 members of the Partnership continue to build alliances, advocate for effective policy changes, and create opportunities to support service providers. Key outcomes achieved by the Partnership include:

- Early childhood mental health consultation provided to home visiting programs increased staff capacity to identify and address mental health concerns in families with very young children;
- Across child-serving systems, staff is 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 achieved better outcomes based on standardized outcome measures; and,
- The mental health service descriptors created by the Children's Behavioral Health Integration Initiative and the Partnership's statewide plan for developing family leadership have advanced the efforts of GOHIT to make recommendations for significant system reforms.

This Report summarizes the history and accomplishments of the Partnership over the past ten years. Nevertheless, there is much that lies ahead and we look forward to your continued support to meet the social, emotional, and mental health needs of all Illinois children and their families.

Sincerely,
The Illinois Children's Mental Health Partnership

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The ICMHP FY2014 Annual Report: Celebrating 10 Years of Progress

This Report summarizes ten years of effort by hundreds of individuals and organizations representing all child-serving systems to advance a coordinated, comprehensive, culturally-competent mental health system capable of reaching children at earlier ages and stages of need, promoting mental well-being, and partnering with families and caregivers. It highlights ten key accomplishments that have been crucial to the Partnership's overarching impact. Each accomplishment described is a unique approach that captures collectively the multitude of ways systems can work together to advance children's mental health:

- Developing the Partnership;
- Fostering cross-system collaboration;
- Advancing a family-driven and youth-guided system;
- Raising public awareness of children's mental health;
- Advocating for change;
- Improving the quality of mental health services;
- Creating trauma-informed systems;
- Implementing early childhood mental health consultation;
- Supporting mental health in schools; and,
- Engaging underserved populations.

Developing the Partnership

In the spring of 2001 a small group of advocates and education leaders visited an Illinois high school. The issues facing the students were striking and disturbing—students were depressed, traumatized by exposure to violence in their homes and communities, and greatly in need of someone to talk to about their anxieties and concerns. From this simple act came the roots of the Partnership.

An existing cross-system Early Childhood Committee collaborated with advocates who formed a Work Group, which in turn produced a *White Paper on Mental Health Service for Children and Youth in Illinois*. Early motivation and impetus for the Partnership grew out of their realization that despite having an array of mental health services for children and youth, Illinois clearly experienced systemic, statewide service delivery and coordination issues that impeded the continuity, funding, and ultimately the effectiveness of mental health intervention and treatment. Chief among these barriers was a lack of coordination at all levels of the system, from individual treatment planning to policy and funding structures. Many youth in need of services were clearly falling through the gaps.

The Work Group also recognized the need for a public health approach to the children's mental health system, one that emphasized the importance of promotion, prevention, and early intervention initiatives in addition to mental health treatment. Such approaches would actively engage and involve families. The *White Paper* recommended formation of a Task Force to address these concerns.

The Task Force: The Illinois Children's Mental Health Task Force was created in early 2002, ultimately presenting its report, *Children's Mental Health: An Urgent Priority for Illinois,* in April 2003. This report summarized the status of children's mental health, stating:

> "We are failing our children in very important areas. There is little or no emphasis on prevention or early intervention, and only a small percentage of Illinois children who need mental health treatment receive it. While many agencies and systems in Illinois, including child welfare, education, human service and juvenile justice systems, attempt to address children's mental health, there is little coordination, and resources are not maximized, leaving children, families, schools and communities struggling to cope with children's mental health needs and problems."

Widespread recognition of these problems gave the Task Force the broad-based support it needed to develop a *Blueprint for Illinois,* which became the basis for the **Children's Mental Health (CMH) Act of 2003.** With the passage of this landmark and groundbreaking legislation, Illinois became a national leader in recognizing the importance of mental health to children's overall health, well-being, and academic success. A key provision within the CMH Act mandated the formation of the Illinois Children's Mental Health Partnership.

The Illinois Children's Mental Health Partnership–A Unique Structure and a Comprehensive Approach: The CMH Act charged the Partnership with developing and monitoring 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. After conducting focus groups across the state and lis-

tening to the experiences of a variety of stakeholders (e.g. parents, grandparents, advocates, teachers, school nurses, doctors, childcare providers, home visitors, child welfare workers), the Partnership submitted the *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois* to state 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 Committees and Work Groups to implement the Strategic Plan Priorities by engaging in the following activities:

- Creating and maintaining an infrastructure that promotes interagency collaboration;
- Developing a shared mission, goals, and strategic priorities that guide decision-making;
- Advocating for changes in state policy and legislation; and,
- Developing, enhancing, and piloting community-level project initiatives, with the ultimate goal of implementing successful initiatives statewide.

To engage in these multifaceted approaches requires that the Partnership be built upon a solid foundation. The following collaborative strategies are the essential building blocks necessary to successfully enact the Partnership's mission and strategic priorities:

- Relying on strong leadership from individual members to serve as champions in the legislative, administrative, and professional sectors;
- Encouraging broad representation from key stakeholders combined with a tiered membership structure that promotes engagement, input, and shared decision-making;
- Utilizing a highly respected non-profit to serve as the brokering organization;
- Using Partnership and Executive Committee meetings to build on the work of already existing systems;
- Promoting agreement among partners on problem definition;
- Engaging in a planning process to define strategic priorities;
- Embracing multifaceted advocacy roles in relation to various populations, institutions, and approaches; and,
- Developing and implementing the innovative funding model of the ICMHP.

Leading the Way

After ten years, the Partnership continues to add value to the children's mental health system by:

- **Working to implement the Strategic Plan;**
- **Providing a neutral table for cross-system collaboration;**
- **Creating infrastructure to assure family voices are heard and respected;**
- **Uniting voices to advocate for shifts in policy and funding;**
- **Piloting innovative approaches to community services;**
- **Embedding mental health in the environments where children love, live, and learn; and,**
- **Promoting public awareness.**

Fostering Cross-System Collaboration

Data supports that a comprehensive, flexible, coordinated, community-based system of services is important to quality treatment and positive outcomes for children and their families. The Partnership has provided a "neutral" space for the leadership of child-serving systems, providers, families, and advocates to come together to address the multiple cross-system barriers that make it difficult for children and their families. Leadership from various child-serving systems have developed collaborative relationships and a shared approach to problem solving, contributing to the success of the Screening, Assessment and Support Services (SASS) Program, Illinois United for Youth (IUY) planning process, the Children's Behavioral Health Integration Initiative (CBHII) and the Governor's Office of Health Innovation and Transformation (GOHIT)

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SASS Program: In addition to creating the Partnership, the CMH Act of 2003 mandated the screening and assessment of any child prior to a Medicaid-funded psychiatric hospital admission. With this mandate came an opportunity to provide improved coordination in the delivery of mental health services to youth. As a result, Illinois developed the Screening, Assessment and Support Services (SASS) program for children and youth experiencing a mental health crisis. SASS is a cooperative partnership between the Department of Children and Family Services (DCFS), the Department of Healthcare and Family Services (HFS), and the Department of Human Services (DHS), Division of Mental Health (DMH). The program is monitored by a SASS leadership team consisting of representatives from each of the three departments and family representatives. The development of the tri-department SASS program created a single, statewide system serving children and youth experiencing a mental health crisis and whose care requires public funding from one of the three agencies. Featuring a single point of entry for all children entering the system ensures that children receive crisis services in the most appropriate setting. Over the past ten years, SASS has consistently resulted in savings of approximately $20 million per year.

Illinois United for Youth (IUY): A cross-system IUY Implementation Team, convened by DMH, developed a strategic plan for expanding Systems of Care (SOC) within Illinois. IUY partners focused on increasing awareness of SOC Principles, promoting the development of statewide family and youth organizations, and drafting goals and strategies to build an effective strategic plan. The IUY partners outlined twelve key SOC readiness strategies 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, and promoting workforce development initiatives. *Pathways: Illinois' Strategic Plan for Children's Mental Health* guides SOC implementation in Illinois.

Children's Behavioral Health Integration Initiative (CBHII): The CBHII work group was convened in 2013 in response to a recommendation from the Human Services Commission that its children's behavioral health system reform planning effort be delegated to the ICMHP. Since then, the Partnership has dedicated significant resources to the efforts of CBHII. The work group includes family members, behavioral health advocates and executives from state agencies serving

children and youth with behavioral health needs. CBHII achievements include:

- A crosswalk analysis of children's mental health planning by the DHS Mental Health Task Force, the Illinois Human Services Commission, IUY, and the ICMHP Strategic Plan;
- 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 service array; and,
- Consultation to DCFS, DHS, and HFS in the development of a care coordination pilot project that is expected to serve approximately 900 youth with behavioral health needs in Champaign, Vermilion, Ford, and Iroquois counties.

Governor's Office of Health Innovation and Transformation: The Governor's Office of Health Innovation and Transformation (GOHIT), created by a Governor's Executive Order, is responsible for directing Illinois' health reform initiatives, including: leading and coordinating implementation of the transformation principles in the Alliance for Health Innovation Plan; supporting stakeholder engagement; and, creating and operating an Innovation and Transformation Resource Center to provide technical assistance. The GOHIT has developed a Services and Supports Work Group, under which exists a Children's Services Subcommittee that is working to address children's mental health issues, including a response to the N.B. v. Hamos lawsuit and the 1115 Medicaid Waiver application. The Children's Services Subcommittee, co-chaired by the ICMHP Managing Director and staff from HFS, is comprised of five work groups: governance; entry and access; service array; provider contracting and networks; and, service coordination and care management across governmental systems. Each multi-stakeholder work group will develop recommendations to be presented in early 2015.

2014 HIGHLIGHT

The CBHII Services Descriptors have been a key document utilized by the Service Array work group of GOHIT to guide recommendations regarding necessary services in a re-designed children's mental health system.

Advancing a Family-Driven and Youth-Guided System

When families are involved, children achieve more and exhibit more positive behavior, regardless of socioeconomic status, ethnic/racial background, or family/caregiver education level. The engagement of families and respect for family perspectives, as well as youth voices, have been a cornerstone of the Partnership since its inception, demonstrated by significant funding allocated each year for family leadership development and support initiatives. The focus of those dollars has been on providing family and youth peer support.

Statewide Family Leadership and Support Coordinator: Since 2007, the Partnership has supported the position of the Statewide Family Leadership and Support Coordinator. The Coordinator represents families on a broad array of statewide and national committees that cross multiple systems and provider groups. Until January 2014, the Statewide Coordinator supervised the Regional Family Leadership Coordinators who organized regional family leadership councils and provided peer support.

Peer support groups have been a primary deliverable for the Regional Family Leadership Coordinators. Since their inception in 2009 over 40 peer support groups have been developed in over 100 counties. Called REST groups, the Coordinators delivered training, education, system navigation and peer support to over 800 families. Additionally, this project, through outreach and engagement, successfully created multi-system collaborations of community and regional organizations and family/parent initiatives that join together to impact the well-being of families and children.

SEL Parent Advocates: From 2008–2012, as team members working to promote Social and Emotional Learning (SEL) within schools, SEL Parent Advocates helped parents, families and communities 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 Advocates took a multi-faceted approach to educating parents, including:

- Working with schools to design an SEL plan;
- Producing a quarterly e-newsletter entitled *SEL Community Connection,* which was disseminated directly to 377 providers and families;
- Conducting presentations to educators and parents at regional Parent Involvement Summits; and,
- Disseminating over 30,000 SEL brochures for parents: *Raising Caring, Confident, Capable Children.*

Family Consumer Specialists (FCS): The FCS are peer specialists who have provided technical assistance to child-serving agencies and systems, and represented the voice of families at state-level policy planning work groups since 2007. The FCS conduct Parent Empowerment Calls for parents of children with behavioral/emotional concerns, focused on information that empowers parents to shape their child's care. Over 350 people participated on the most recent call. The FCS also participate in a Community of Practice with the National Federation of Families for Children's Mental Health, with the intention of developing learning communities for Family Resource Developers in FY15.

The FCS worked over several years to develop the Certified Family Partnership Professional (CFFP) credential. The CFPP certifies a minimum-level of competency for parents providing peer support to families of a child with an emotional/behavioral disorder. Peer Services are provided by Peer Specialists who are family members or youth who have personally faced the challenges of cop-

ing with serious mental health conditions, either as a consumer or a caregiver, and have experience navigating the children's mental health system. Peer Specialists provide support, education, skills training, and advocacy in ways that are both accessible and acceptable to families and youth. Twenty peer support providers have received the certification since its inception in 2012.

Family Resource Developers (FRD) are members of the Screening, Assessment and Support Services (SASS) teams who provide direct support to families. There are somewhere between 40 to 65 FRDs across Illinois. Most are hired by SASS Programs as a requirement of the Program, but some mental health agencies hire additional FRDs to work with specific populations, usually children with mental health concerns. The FRDs provide case management, crisis response and support, system navigation, and peer led groups. The current number of FRDs is not sufficient to assure that every family who enters the mental health system has access to peer support. Current FRDs provide a strong base from which to expand and advance family leadership development.

Youth Move: Since 2010 Youth Move Illinois has been the Illinois Chapter of a national organization devoted to improving services and systems for youth that may be struggling with emotional and/or behavioral issues. It aims to unite the voices of youth who have experience in various child-serving systems and provides a platform from which they can share their unique perspectives. An empowered youth voice has the capacity to shape the service system in ways adults cannot imagine; ways that will better engage and serve youth, leading to improved outcomes.

2014 HIGHLIGHT

While efforts have been initiated to engage and support both families and peers who provide services to families, efforts need to be more fully integrated, and capacity increased. Over the past year family leaders and staff from both DMH and ICMHP came together to create a three-tiered model for supporting families, peer support providers, and organizations who employ peer support specialists, with specific recommendations for advancing family-driven care in Illinois. This framework will guide efforts moving forward.

Family Leadership in Action

Lisa moved to Illinois from a nearby state with her two adopted sons, both of whom had been diagnosed with a mental health issue. She did not know where to get help and felt isolated in her rural community. The Regional Coordinator reached out to her and she joined her local REST group. There she met other parents facing similar struggles who shared valuable information. Her sons benefitted from the time with other children, making their transition to a new school easier. After a year, Lisa not only reported that her sons were doing better than ever, but that she was confident in her abilities to co-lead the REST group, freeing up the Regional Coordinator to start more groups in the area.

Raising Public Awareness for Children's Mental Health

Stigma and misconceptions about mental health create significant obstacles that prevent children and their families from talking about and seeking treatment for mental health issues. Educating the general public and other target audiences about the role mental well-being plays in the social, emotional, and academic success of all children is critical to addressing stigma.

Raising public awareness of children's mental health has been a key priority of the Illinois Children's Mental Health Partnership from the beginning. It is embedded in all of the work of the Partnership, from statewide trainings and conferences on children's mental health to supporting mental health consultation for primary care providers and home visiting staff. Each initiative the Partnership undertakes incorporates public awareness by seeking to increase the capacity of the target audience to promote, prevent, identify, and treat mental health problems in children and youth. By engaging a wide array of stakeholders from all child-serving systems in its work, the Partnership ensures that children's mental health stays at the forefront of all conversations impacting the services and supports available to children and their families. In addition, family leaders in various programs assure that families see mental health as a core component of overall health and something they can talk about with ease and confidence.

Say It Out Loud Public Awareness Campaign: In 2006, the Public Awareness Committee began work on the development of a comprehensive public awareness campaign in collaboration with the DMH. After an extensive research process, the Partnership developed a Public Awareness Campaign Plan focused on providing information on mental health and well-being to policymakers, health and mental health providers, educators, family members, consumers, and the general public. In 2008, the multi-year, statewide Say It Out Loud Public Awareness Campaign was launched to promote positive mental health for all, reduce barriers preventing individuals from seeking or offering support, and build a strong base of support and network of services for people with mental health challenges. The campaign utilized advertising (outdoor, radio, and print), media relations, and an interactive website to disseminate its message.

Since the campaign's launch, 58 grants have been awarded to support community-based Say It Out Loud campaign efforts. Grantees developed and facilitated a variety of awareness activities, including: hosting community forums, organizing faith-based providers to coordinate sermons about mental well-being, participating on radio shows, conducting plays for targeted audiences, and sharing mental health information at health fairs. Most communities continued their awareness activities beyond the grant period.

Say It Out Loud Poster Contest: In 2011, the Partnership launched the statewide Say It Out Loud Poster Contest, dedicated to raising public awareness about children's mental health. By encouraging Illinois school children to discuss children's mental health openly and express their understanding through art, the contest seeks to address the stigma that hinders access to mental health assessment, early intervention, and treatment. Since its inception, the contest has continued to nearly double in size each year.

School Mental Health Grantees: During Children's Mental Health Awareness Week, community providers partnered with students to create art projects, videos, and assemblies highlighting mental wellness and stigma reduction. All agencies reported increased buy-in from school staff following the event.

2014 HIGHLIGHT

The response to the 4th Annual Say It Out Loud Poster Contest was outstanding, making this year's contest more competitive than ever before. 242 posters were submitted by students in 4th–12th grade and 1,967 online public votes were cast to determine the winning posters. For the second year in a row, ICMHP developed and distributed 1,500 copies of the children's mental health awareness calendar using the top twelve winning posters from across the state.

Public Awareness in Action

Sam came home from school and showed his mother the poster he was working on for the Say It Out Loud Contest. Miriam, Sam's mother, thought about what Sam was learning in school—that it's important to talk about mental health issues and ask for help when you need it. That night at dinner, Miriam talked for the first time about her brother who was diagnosed with Compulsive Obsessive Disorder when he was in high school. She described how difficult it was for her parents to understand what was happening, but eventually with the support of his school counselor, her brother got the help he needed.

Advocating for Change

Advocating for increased investments in children's mental health is fundamental to ensuring progress continues towards a comprehensive mental health system. Each initiative the Partnership undertakes incorporates advocacy by working across stakeholder groups to share knowledge and build consensus about what works for children with mental health challenges and their families. From supporting family and youth leadership efforts to developing an evidence-based model of early childhood mental health consultation, all Partnership efforts aim to better inform policymakers and the general public as to what a comprehensive, coordinated system of care that supports the mental health needs of all children looks like. Key outcomes the Partnership has achieved through its advocacy efforts over the past ten years include:

Supporting passage of the Perinatal Mental Health Disorders Prevention and Treatment Act (SB0015): The Act, signed into law by the Governor on August 27, 2007, is designed to help curb postpartum depression among new mothers and improve their children's healthy development. It calls for the development of procedures to assist healthcare providers in reviewing maternal mental health during regularly scheduled doctor visits.

Empowering families to be effective advocates for youth in the juvenile justice system: The Mental Health/Juvenile Justice Action Network Family Engagement Project created and distributed two easy-to-use guides that inform Illinois parents and youth about legal rights, court processes, family resources, mental health services, and community and peer networks. Workshops were developed using the youth and parent guides to educate and empower families on topics related to the juvenile justice system and mental health.

Revising Medicaid Rule 132: Two significant changes to Medicaid Rule 132 resulted from 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 completed ICD:03/DSM-IV crosswalk, it is now possible to expand mental health services to very young children and their families. Second, the Rule was amended to allow billing for early intervention services.

Integrating advocacy efforts related to children's mental health: The ICMHP Advocacy Committee formed in 2012, following a revision of the ICMHP Strategic Priorities. The Committee works to integrate multiple advocacy efforts related to children's mental health. This includes tracking and taking positions (when appropriate)

on legislation pertinent to the ICMHP mission, and developing messages for target audiences that will increase support for children's mental health issues.

Composed Juvenile Fitness to Stand Trial legislation: The ICHMP Juvenile Justice Work Group proposed a statute for consideration by the General Assembly in 2013. Unlike adults, children may not be competent to participate in their defense because they lack the maturity to fully understand the consequences of their actions. The current law forces courts to send some youth with developmental disabilities or developmental immaturity to an inpatient psychiatric facility, even though they do not have a mental illness. The Work Group identified key sponsors in the General Assembly and worked to advance this piece of legislation.

2014 HIGHLIGHT

The ICMHP Juvenile Justice Parent Project conducted twelve workshops in communities across Chicago to help inform family members about the juvenile justice system in Illinois and how to advocate for their children. The workshop curriculum was translated into Spanish, and six bilingual parents were trained to facilitate Spanish-language workshops throughout Cook County in the next year.

Advocacy in Action

Jackson attended one of the Juvenile Justice Parent Project workshops because he was concerned his son was "going down the wrong path." In the group, he spoke openly about his own experiences with the juvenile justice system and his regret about not "being there" for his son. He quickly became a leader in the group and once the workshops were over, the group continued as a support group committed to developing strategies that would keep their community's children out of the juvenile justice system.

Improving the Quality of Mental Health Services

Improving the quality of the mental health workforce has been a critical goal of the Partnership for the past ten years. Each section of this Report contains items that could just as easily fall into the workforce development section—it is that critical to the work of the Partnership. Strategies the Partnership uses to improve the quality of the workforce include: conferences and training; short-term and ongoing consultation to those in direct contact with children and their families (e.g. teachers, home visitors); peer support; learning communities; social media (e.g. Facebook, newsletters); and, coaching. Each strategy is individualized for a particular audience or system change effort and has had demonstrated success. An example of two contrasting, but equally effective approaches is Illinois DocAssist and the DMH Evidence-Based Practice grants.

Illinois DocAssist provides free, problem-based, statewide, pediatric primary care behavioral health consultation. This consultation service supports the needs of Illinois primary care providers (PCPs) serving the non-emergent, pediatric mental health needs of young patients. Additionally, DocAssist provides educational workshops to bolster mental health skills and knowledge in the primary care setting as well as in-person clinical management guidance. DocAssist Consultants are child and adolescent psychiatrists who provide clinical information tailored to the practice needs of a busy PCP. More children receive services earlier and therefore achieve better outcomes at earlier stages of development as a result of this service. DocAssist has made a special effort to consult with providers in central and southern Illinois due to the particularly gaping hole in mental health providers in those regions. One of DocAssist's lessons learned is that establishing and maintaining a regional presence, through the placement of DocAssist Consultants, has led to greater success in filling this gap. From 2009 to the present, the number of consultations provided each year has grown; in FY14 the program reached 418 PCPs through 29 workshops and 614 PCPs through consultation services. DocAssist provided 2,958 consultations to these PCPs, an increase of almost 1,000 consultations over the previous fiscal year.

Evidence-Based Practice Grants: Since 2006, DMH has been training cohorts of community mental health providers in several evidence-informed interventions. The training consists of in-person didactic sessions, twice monthly telephone consultations with a PhD-level consultant, and the introduction of a Professional Learning Community. Data from these cohorts has consistently shown that youth treated by evidence-based interventions have significantly more positive outcomes as demonstrated by the Ohio, Columbia, and Devereux Early Childhood Assessment (DECA) Scales than youth not being treated by an evidence-based intervention.

The eight agencies composing Cohort 7 of the Evidence-Based Practice Grants were trained in the areas of Cognitive Behavioral Therapy, Parent Behavioral Therapy, and the use of PracticeWise. PracticeWise is an innovative online database that can suggest formal evidence-based programs or detailed recommendations about particular elements of evidence-based practices relevant to an identified youth's characteristics (e.g. age, gender, presenting issue). The database offers practitioners a toolkit

for building personalized, evidence-informed treatment plans for their clients, even when no formal evidence-based programs are available.

2014 HIGHLIGHT

CBHII hosted a discussion with Dr. John Lyons regarding development of an integrated model using Systems of Care concepts, the Child and Adolescent Needs and Strengths (CANS) tool, and PracticeWise. Illinois' early work in the development of PracticeWise provides the groundwork for pioneering integrated approaches.

Workforce Development in Action

An agency participating in the Evidence-Based Practices Initiative served one of the largest immigrant populations in the Midwest. Staff was challenged by language barriers, and a lack of cultural understanding. Toward the end of the training, clinicians from the site were able to identify and implement evidence-informed practices that were culturally and linguistically appropriate to the needs of the families served. With an increased skill level and knowledge of the use of PracticeWise, this cohort appears ready to disseminate information to other clinicians within the agency and surrounding communities.

Creating Trauma-Informed Systems

Bad things happen in life as children grow up. Some are obvious, like a natural disaster that destroys a home, physical abuse or death of a parent. Others are more subtle but can also rock a child's sense of safety and well-being, like community violence or parental substance abuse. Something as simple as being in a car accident or a child overhearing frequent, intense arguments between his or her parents can be traumatic for some children. Learning how to understand, process and cope with difficulties – even tragedies – is a natural part of a child's development process, but sometimes children get stuck. An experience, or repeated experiences, may leave a child with an overwhelming sense of fear and loss. For some children, these feelings become so intense they get in the way of their continued physical, emotional, social or intellectual development. This is childhood trauma.

On December 9, 2005 a group of caring individuals from public and private agencies, gathered to explore the issue of childhood exposure to violence and trauma. Over the next two years, they formed the Illinois Childhood Trauma Coalition (ICTC), wrote the first ICTC Mission Statement and established committees. The ICMHP provides significant funding each year for ICTC, as well as key members who serve on the ICTC leadership team. The ICTC promotes the prevention and treatment of childhood trauma, focused on three goals:

- To increase awareness of the importance of the prevention, early identification and treatment of childhood trauma;
- To develop a workforce, which includes all individuals that work with children and families, that is trauma-informed; and,
- To increase Illinois' capacity to help trauma-affected children and their families through ICTC-led initiatives and the work of its members.

Creating Trauma-Informed Systems *continued*

Today there are over 80 member organizations and three part-time staff who are working to advance these goals.

Training and Education: ICTC coordinates the *Stories for Children that Grown-Ups Can Watch Project,* a series of educational videos that address the impacts of childhood trauma. The videos are engaging for children while delivering a message about early childhood trauma. They are accompanied by a section for adults with information from experts in the field. The videos have been widely distributed to child care and preschool providers, home visiting programs and community-based organizations. They are also shown on a continuous feedback loop outside the courtroom at the Juvenile Court of Cook County and have been translated into Spanish.

In addition, every year ICTC presents multiple training events, including two symposiums each with an attendance of over 500 people. The number of people at other training events has ranged from 100 to over 2000 as the impact of ICTC has grown. The In-Service Training Committee has developed a report laying out the need for coordination of trauma training resources in Illinois.

System Building: Multiple child-serving systems have taken steps to create trauma-informed policies and practices:

- The Illinois Department of Children and Family Services (DCFS) is a leader across the country for creating a trauma-informed system. Child welfare staff has received extensive training on childhood trauma, and policies have been developed to assure that children under the care of DCFS have access to trauma-informed services and treatment when necessary;
- Chicago Public Schools, another system partner, has trained school and community-based mental health staff to offer early intervention group services to address the impacts of trauma;
- The Illinois School Board of Education (ISBE) has worked over the past year with a national expert to infuse trauma-informed services and policies within their organization and local schools. A universal training on trauma-informed practices will be provided in ten areas of the state to 25-30 individuals and 25 community behavioral health partners. From each area, two educators and two community behavioral health provider staff will be identified for more in-depth training, creating a cadre of 40 people who can train their peers statewide;
- The Department of Juvenile Justice (DJJ) has trained staff to provide evidence-based group treatment to address the impacts of trauma on youth in detention facilities. In addition, DJJ leadership has worked to infuse a trauma-informed approach at Illinois Youth Centers; and,
- The Chicago Department of Public Health completed a trauma curriculum for the Safe from the Start/Chicago Safe Start program.

Public Awareness: In 2011 ICTC developed a *White Paper on Childhood Trauma* which has been widely disseminated. In 2013 the Bright Promises Foundation provided a grant to ICTC to develop a public awareness campaign.

2014 HIGHLIGHT

The campaign, Look Through Their Eyes, was launched by ICTC in 2014, including public service announcements and a website. The target audience for the campaign is parents and caregivers. The entire Coalition will work to connect people to the website. *The Stories for Children that Grown-Ups Can Watch* are posted on the website, which will increase access to that important resource.

Implementing a Consultation Model for Home Visiting Programs

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 provided in a timely fashion can help minimize the impact of mental illness. Early childhood mental health is defined as the developing capacity of a child from birth to age five to: experience, regulate and express emotions; form close and secure interpersonal relationships; and, explore the environment and learn in the context of family, community, and cultural expectations for young children. Early Childhood Mental Health Consultation (ECMHC) is defined as a process to enhance the capacity through training, reflective supervision, reflective group learning, or education of those that provide direct care to children and their families to prevent, identify, and reduce the impact of mental health problems among infants and young children. Over the years, the Partnership has designed, implemented, and supported a number of ECMHC projects and initiatives.

ECMHC to Home Visiting Programs: In 2009, the Partnership designed and first implemented an Early Childhood Home Visiting Consultation (ECHVC) Project that provides mental health consultation specifically to home visiting programs. Since then, over 50 programs have been awarded a two-year grant which funds twenty hours a month of early childhood mental health consultation, with about a third of that time devoted to consultant training and support. The consultants hired by each site are seasoned professionals with a full range of skill sets. The consultation approach used in the Project is focused on relationship-based, reflective practice and relies on the strength of the relationship that develops between the consultant, program supervisor, and staff. The consultants provide: reflective supervision with the program site supervisor; reflective supervision with the staff and the supervisor jointly; reflective supervision with all the program staff and the supervisor; training on specific topics as requested by program staff; case consultation; co-facilitation of groups; and, case consultation following participation on a home visit.

A primary goal of this Project is to create a well-trained cadre of ECMH Consultants across Illinois. As such, professional development opportunities are integrated throughout the Project as a key model component. These include: individual reflective supervision calls; group calls with other consultants; and, quarterly three-hour in-per-

Implementing a Consultation Model for Home Visiting Programs

continued

son meetings. The meetings model the reflective consultation the consultants are expected to provide their sites through the use of open-ended questions, wondering out loud, and personal reflection.

An evaluation of the project was conducted by the Center for Prevention Research and Development (CPRD) at the University of Illinois in 2011. The evaluation explored "the extent to which the consultation process benefits the local providers and to identify the qualities, characteristics, and conditions that support or interfere with program benefits." Findings demonstrated the positive impacts of consultation.

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 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.

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

- 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;
- The home visiting programs will operate with fidelity to national models;
- Home visiting programs are embedded in the overall system of services for families with young children; and,
- Home visiting programs improve the lives of participating families in the areas described by the national benchmarks.

Six communities were chosen to receive MIECHV funds: Southside Chicago cluster (Englewood, West Englewood, and Grand Crossing), Cicero, Elgin, Rockford, Macon County, and Vermilion 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 Partnership provides ECMHC 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 20 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 mental health consultation. The ICMHP Consultation Coordinator was recently invited to present to a small group of national early childhood policymakers to explore embedding mental health consultation into home visiting approaches at the national level.

2014 HIGHLIGHT

Based on lessons learned, the Partnership's consultation approach was expanded to afterschool programs. Afterschool providers were invited to submit proposals for funding which enables them to receive twenty hours a month of consultation. Each of three consultants is working with three programs within a region. The consultants work with program supervisors and staff to reflect together about the environments in which they serve children, the services offered, and the behavioral health challenges they face. The staff is offered training on specific mental health issues and is given an opportunity to reflect on how to approach children when they are struggling in the program. Evaluation results will be available in the winter of 2015.

Consultation in Action

Late in her pregnancy, a young mother in a home visiting program lost her husband due to an accident at work. The family support worker observed that the mother was not bonding with her newborn and appeared depressed. She did not know how to begin a conversation about her observations and felt immobilized herself by the enormity of the loss this young mother faced. Through consultation she realized her own ambivalence and grief were blocking her usual ability to be in tune with this mother and know how to approach her. The consultant helped her resolve her struggles and she was able to simply ask the mother "how are you doing in light of your loss?" That empathic statement opened the door for the mother to begin to grieve and therefore attach to her baby.

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. 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. Recognizing the link between social and emotional skills and academic success, Illinois was the first state to adopt developmental and sequential Social and Emotional Learning (SEL) Standards. School Districts were required to adopt Social and Emotional Learning Policies and educator preparation programs are now required to incorporate information about the Illinois State Board of Education's SEL Standards. What was then cutting-edge work is now a key component of almost every serious conversation about school improvement. SEL has become part of the household vocabulary and investing in the social and emotional development of young children is a recognized economic strategy.

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

Implementation of the Illinois Social and Emotional Learning (SEL) Standards: Most schools have attempted to address students' social, emotional, behavioral and physical needs. However, too often this is done in a piecemeal way which results in fragmented and marginalized social, emotional, and behavioral health programming. Over several years, beginning in 2008, a Cadre of trainers/coaches and Family Advocates worked with schools and school districts to support their efforts to implement the Illinois Social and Emotional Learning Standards. In addition, the Cadre and Family Advocates worked to advance awareness of SEL throughout the state by providing schools, families, and community organizations information about the important link between SEL and school success. In the process, important tools and materials were developed and over 80 schools implemented an SEL plan impacting over 46,000 students. Based on lessons learned, the Illinois State Board of Education (ISBE) began 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. This multi-faceted system provides a continuum of supports that promote the necessary conditions for learning (e.g. positive school climate, social and emotional competencies) and addresses any barriers to teaching or learning (e.g. bullying, substance use/abuse, trauma, disengagement). As a result, ISBE will efficiently and effectively build the capacity of districts and schools so they can better address the social and emotional needs of students and families.

Comprehensive System of Learning Supports: ISBE is now focused on the capacity of districts and schools to develop and implement a Comprehensive System of Learning Supports. A system designed to unify all resources currently expended to promote necessary conditions for learning is in place. It fully integrates with the Curriculum and Instruction and Governance/Management Systems currently operating in districts and schools. The primary goal of building infrastructure to support the capacity of Learning Supports Specialists has been achieved. 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: Since 2008, DMH has awarded over 12 grants to mental health agencies to collaborate with over 20 schools to provide early intervention services. Recently, six Community Mental Health Providers received their second year of grant funding to develop and expand school based mental health services in eight schools throughout the state of Illinois. Funded sites represent rural, suburban, semi-urban, and urban school communities. They have developed a school-community partnership or expanded existing partnership agreements to include a broader range of agencies, including local law enforcement, park districts, a library, and an afterschool community recreation facility. Program high-

lights include: development of a comprehensive community resource binder allowing school personnel quick access to linkage and referrals; collaborating with student support personnel within the school to provide evidence-based curriculum for students, teachers, and families on a variety of topics; screening students utilizing pre and post assessment instruments to measure social and emotional strengths and risk factors, allowing for both early identification and interventions as well as data-driven services. Sustainability efforts are underway and include promoting school mental health at community events, agency-based parent education groups, and improved identification and linkage to existing individualized and/or group interventions.

2014 HIGHLIGHT

The Mental Health and Schools Collaboration grants served 4,930 students and 1,101 adults. 4,930 students and 467 adults participated in Mental Health Awareness activities, and 312 teachers received consultation and education for 1,717 student concerns.

SEL in Action

A school in southern Illinois was struggling to get meaningful parent involvement. Teachers felt parents were not engaged in the mission of the school. Having a parent on the SEL planning team helped them realize that parents wanted to be engaged but were uncomfortable in the school setting. Many did not speak English and the school structures were not easily understood. As part of the SEL plan, the parent on the team reached out individually to parents, using materials in Spanish. He helped explain SEL in the context of school and home, and helped parents feel they could make a positive difference in their child's life. He also helped the school make changes including serving food that was more familiar to students, hosting a crafts fair where parents could come and sell their handiwork, and recruiting other parents to present SEL lessons in classrooms. True partnership began to develop between the school staff and parents—and the students began to demonstrate their SEL skills more consistently.

Engaging Underserved Populations

Illinois is a highly diverse state, ranging from rural counties with less than 10,000 residents to urban neighborhoods where students in one school can speak over twenty different languages. 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. Difficulties accessing services is compounded by a service model that all too often is Rule driven, treats parents and caregivers as part of the problem, relies heavily on crisis approaches, and has long waiting lists. Stigma prevents families from accessing services, often waiting until issues are severe and chronic before reaching out for help. Inadequate access to services was a key driver behind the development of the Partnership, and increased access to services was identified as a marker of the Partnership's success. Making sure that children and their families receive the right types of services at the right time and for the right duration is a shared goal of all the child-serving systems. While collectively we are far from reaching this goal, significant lessons learned have been culled over the past ten years:

- Involving parents and caregivers in the development and delivery of services decreases stigma and helps ensure that services are culturally congruent with the needs of families;
- Aligning services with the needs identified by the youth and their families is important to good outcomes, and such services can look very different from traditional mental health services;
- Home-based services can provide easier access;
- Helping those in regular contact with children—relatives, teachers, pediatricians—recognize mental health issues and know how to respond appropriately is a critical strategy for improving identification and access;
- Particular populations with shared experiences—trauma, involvement with the juvenile justice system, military families—need services that are designed to address the impacts of those experiences;
- Better coordination across systems reduces redundancy, saves much needed funding, and decreases the frustrations of families in need of help;
- Use of technology is both user-friendly and addresses the lack of providers in key areas of the state;
- A public health approach that addresses the social and emotional well-being of all children helps everyone see mental health as important to them and their families;

Children of Incarcerated Parents: Parental incarceration can be worse for a child than divorce or death of a parent. With more than two million people behind bars, the U.S. has the highest incarceration rate in the world. This

mass incarceration has serious implications for not only the inmates, but their children. Poor people and racial minorities are incarcerated at higher rates than the rest of the population, and parental incarceration adversely affects the health and development of children who are already experiencing significant challenges. To address this concern, the ICMHP developed a model program for children of incarcerated parents aimed at maintaining an effective bond between parents and their children while in prison. This program has 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 the program, 100 youth receive intensive, home-based mental health care; over 150 youth receive early intervention and preventative care; over 50 caregivers receive support in the form of assistance with completing job applications, advocacy and housing; over 150 families receive referrals to other service providers; and, more than 800 inmate parents receive parenting assistance annually.

2014 HIGHLIGHT

Tele-psychiatry is the capacity of psychiatrists to meet with youth and their families via confidential telecast systems in the presence of a case manager. Last year the Tele-psychiatry Project provided 1,673 sessions of service to 214 children in six community mental health agencies in DMH Regions 4 and 5—children who otherwise would have had to travel long distances or would have gone untreated.

Improving Access in Action

When Anne's mother was incarcerated for a drug offense, she went to live with her grandmother. Suddenly providing full-time care for an active four-year old was stressful for a grandmother with health issues, but she had a good relationship with her grandchild. Their caseworker, provided by the Incarcerated Parents Program, arranged for both Anne and her grandmother to have transportation to visit her mother regularly, and connected the grandmother with a "grandparents raising grandchildren support group." After these changes Anne's behavior in her preschool improved and her grandmother reported that she seemed "less sad."

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

Tier 1
Prevention

Coordinated Systems for Promoting Healthy Social and Emotional Development in Children

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

Tier 2
Early Intervention

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

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

Tier 3
Treatment

Coordinated Systems of Care for Providng Comprehensive Treatment and Family Supports

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

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.

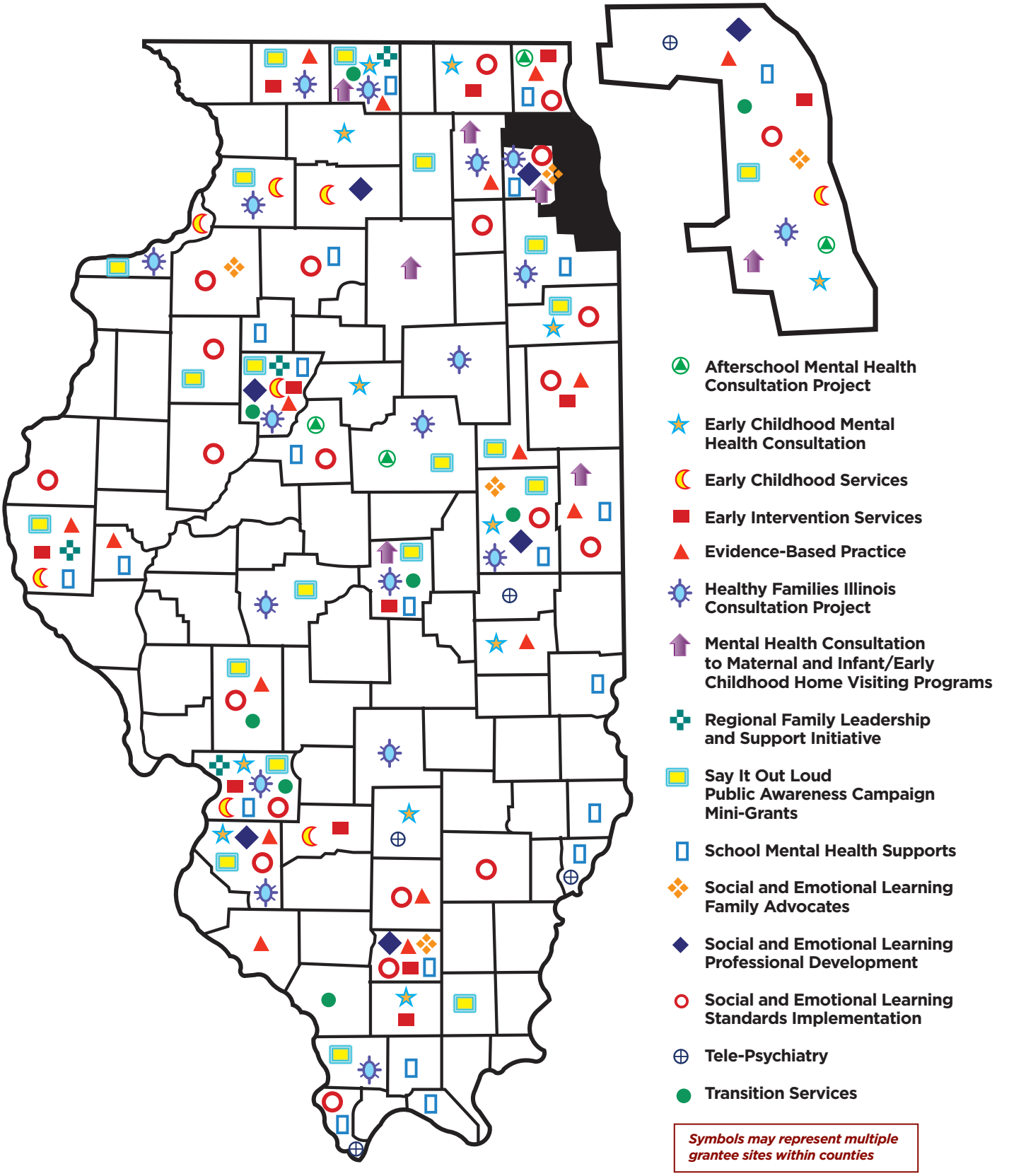
7. Promote and institutionalize effective social and emotional learning, mental health support services, and risk factor reduction strategies for children with an emphasis on ages 0-5; and support the efforts of the Illinois State Board of Education and other key education stakeholders to advance the 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: Grantee Projects FY 2006-2014



ICMHP Strategic Plan Priorities
FY14 Appropriation Budget

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.
Tele-psychiatry	$ 200,000	To support tele-psychiatry services to youth with limited or no access to services
Family Involvement Initiatives	$ 750,000	1) Family Leadership Project ($250,000): 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	$ 180,000	To support ICMHP general assemblies, trainings, staffing and operations.
ICTC	$ 100,000	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/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 Pilot Project for Children of Incarcerated Parents ($200,000): services for children whose parents are in prison or jail.
TOTAL FY 14 APPROPRIATION	**$3,300,000**	

Resources for More 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 are occurring within Illinois, too numerous to list. For more information, please contact the representatives from the agencies listed below. Additional information about the ICMHP, including key ICMHP documents and committee activities, is available at **www.icmhp.org.**

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Department of Human Services, Division of Mental Health	Renee Mehlinger, *Deputy Clinical Director, Child and Adolescent Services*	(773) 794-4895	Renee.Mehlinger@illinois.gov
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Illinois State Board of Education	Michele Carmichael, *Principal Consultant for Behavioral Health Supports and Schools*	(217) 782-5589	mcarmich@isbe.net

ILLINOIS CHILDREN'S MENTAL HEALTH PARTNERSHIP

10 YEARS OF PROGRESS

For more information, contact

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