

FY 15 ANNUAL REPORT TO THE GOVERNOR



ILLINOIS
CHILDREN'S
MENTAL HEALTH
PARTNERSHIP

BUILDING A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM IN ILLINOIS

Dear Governor Rauner,

It is a privilege to present you with the Illinois Children's Mental Health Partnership's (ICMHP) Tenth Annual Report. With members appointed by the Governor, the ICMHP is a public/private partnership dedicated to bringing cross-system representation, providers, advocates and family voices together to advance an effective and efficient children's mental health system reaching children at earlier ages and stages of need and deflecting whenever possible from costly and restrictive settings and services. Illinois's current fiscal reality, coupled with new leadership, presents opportunities to re-envision children's mental health services and systems to assure better and less costly outcomes for children and their families.

The need to transform children's mental health is clear. Recent national survey data estimates that 419,000 (15%) of Illinois children between the ages of 2-17 have at least one social, emotional, behavioral or developmental condition. We believe these estimates are low given national trends that indicate over 20% of children have a diagnosable mental health problem during the course of their childhood. Mental health problems interfere with a child's ability to learn, and contributes to the significant number of youth who end up in the juvenile justice system. Special education programs, detention and correction facilities are expensive and often offer no documented improvements to overall well-being and development of the skills necessary to become productive mentally healthy adults. Through demonstration projects and collective action, the ICMHP has demonstrated that we can do better:

- Implementation of the Illinois Social and Emotional Standards has improved students' capacities to manage their emotions and resolve conflicts, resulting in improved academic success.
- Community-based linkage to services for youth discharged from correctional facilities has reduced rates of recidivism.
- Statewide expansion of Screening Assessment and Support Services (SASS) has saved the State \$220 million over the past ten years by deflecting children and youth from high-cost, intensive inpatient care.

The ICMHP is recognized nationally for its leadership and its ability to create a neutral space for effective cross-system collaboration. We have demonstrated a significant return on investment. Through the State's investment of \$3 million in Fiscal Year 2015, the ICMHP implemented innovative approaches that have strengthened prevention, early intervention and treatment practices; increased parent and caregiver support; and, continued to raise public awareness regarding the importance of social and emotional well-being. As a result, the ICMHP has been able to leverage significant federal and private dollars to enhance the children's mental health system. The lives of thousands of children have felt a positive impact and families were well supported to meet the needs of their children.

We understand that the bar is higher than ever and State spending needs to be results-oriented. By intervening at earlier ages and stages of development, and through the implementation of system-wide efficiencies that reduce fragmentation, duplication and unnecessary costs, we can positively alter the trajectory of a child's life. The children of Illinois and their families deserve our best efforts to maximize the opportunities before us. By working together we can support children's mental health so that all children and their families can live healthier, happier lives and contribute positively to the social and economic fabric of Illinois.

Sincerely,

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ACKNOWLEDGEMENTS

This report provides an overview of the Illinois Children’s Mental Health Partnership (ICMHP) and highlights accomplishments in Fiscal Year (FY) 2015 that have advanced the priorities outlined in the Illinois Children’s Mental Health Plan. Through coordinated, cross-system assessment, planning and implementation of new and innovative strategies, Illinois’s mental health system continues to evolve to meet the needs of our children. It is through the collective vision of the ICMHP members and partners, that Illinois will develop and sustain a system that reaches children at earlier ages and stages of need, promotes mental wellness, and partners with families and caregivers.

We are grateful for the many youth, parents, stakeholders, policymakers, and partners that have worked together to help improve Illinois’s children’s mental health system. We are especially grateful for the nine plus years of service from Barbara Shaw, the ICMHP’s founding Chair, and Colette Lueck, the ICMHP’s Managing Director, for their contributions and commitment to ensuring children’s mental health remains at the fore. Because of their vision, leadership, and collaborative nature, Illinois can continue to accelerate its efforts to achieve a fully functioning children’s mental health system, capable of meeting the needs of our children.

This year’s annual report includes artwork from the 2015 Say It Out Loud Poster Contest winners: 1st Place, 7th Grade, Raeleigh S., Region 5 (artwork displayed on the cover) and 1st Place, 12th Grade, Reno R., Region I (artwork displayed on page 16).

ICMHP HISTORY

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 Illinois Children’s Mental Health Partnership (ICMHP).

Partnering with leadership from the Ounce of Prevention Fund and Voices for Illinois Children, these individuals formed a Work Group, which in turn produced a *White Paper on Mental Health Service for Children and Youth in Illinois*. The Work Group cited 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 high-quality, mental health treatment. It was also recommended that youth and families should be actively involved in system improvement efforts. The *White Paper* recommended the formation of a task force to address the significant needs and gaps plaguing Illinois’s children’s mental health system.

The *White Paper* prompted the formation of the Illinois Children’s Mental Health Task Force in 2002. By April, 2003, the Task Force presented its report, *Children’s Mental Health: An Urgent Priority for Illinois*. The report summarized the status of children’s mental health in Illinois, 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, educational, 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 (ICMHP) and charged it with developing and monitoring implementation of a statewide Children’s Mental Health Plan (Plan). The Plan outlines the measures needed for improving 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.

Over the past ten years, the ICMHP’s work has been guided by the Children’s Mental Health Plan, which has served as a strategic blueprint to promote children’s social and emotional development and improve the children mental health system. Through collaborations with hundreds of individuals and organizations representing all child-serving systems, the ICMHP has been able to celebrate the following accomplishments: developing and sustaining the ICMHP; fostering cross-system collaboration that has resulted in savings to the State exceeding \$220 million over ten years by deflecting children and youth from high-cost, intensive care; advancing a family-driven and youth-guided system; raising public awareness of children’s mental health; creating trauma-informed systems; implementing early childhood mental health consultation; supporting mental health in schools; and, engaging underserved populations.

ICMHP MISSION

The Illinois Children’s Mental Health Partnership’s (ICMHP) **mission is to improve the scope, quality and access of mental health programs, services and supports for all Illinois children.**

We are committed to a comprehensive, coordinated approach to healthy social and emotional development, prevention, early intervention and treatment, which is key to helping Illinois children and their families live healthier, happier lives with a better chance for a brighter future.

ICMHP STRUCTURE

The Illinois Children’s Mental Health Partnership (ICMHP) is responsible for developing and monitoring the implementation of the Children’s Mental Health Plan. The ICMHP is comprised of: the Secretary of Human Services or her/his designee; the State Superintendent of Education or her/his designee; the Directors of the Departments of Children and Family Services, Healthcare and Family Services, Public Health, and Juvenile Justice, or their designees; the Attorney General or her/his designee; up to 25 representatives of community mental health authorities and statewide mental health, children and family advocacy, early childhood, education, health, substance abuse, violence prevention, and juvenile justice organizations or associations, to be appointed by the Governor; and, 2 members of each caucus of the House of Representatives and the Senate appointed by the Speaker of the House of Representatives and the President of the Senate, respectively. The Governor also appoints the ICMHP Chairperson and designates a staff liaison to work with the ICMHP.

The ICMHP engages numerous partners, parents, and advocates through its Committees and Work Groups to implement the Children’s Mental Health Plan by:

- 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 goal of implementing successful initiatives that produce cost-savings statewide.

HOW WE IMPROVE CHILDREN'S MENTAL HEALTH

Over the past decade, the ICMHP has diligently worked to improve children's mental health through system-building efforts and pilot programs. We continue to use the knowledge gained from our collective experiences to maximize the opportunities before us, especially as the children's mental health system transitions to managed care. We have an obligation to strive towards improvement while remaining nimble in our response to opportunities for new collaborations, innovation and transformation.

To engage its members and partners in multifaceted approaches that promote system-level change requires that the ICMHP has a solid foundation. The following collaborative strategies are the essential building blocks necessary to successfully enact the ICMHP's mission and strategic priorities:

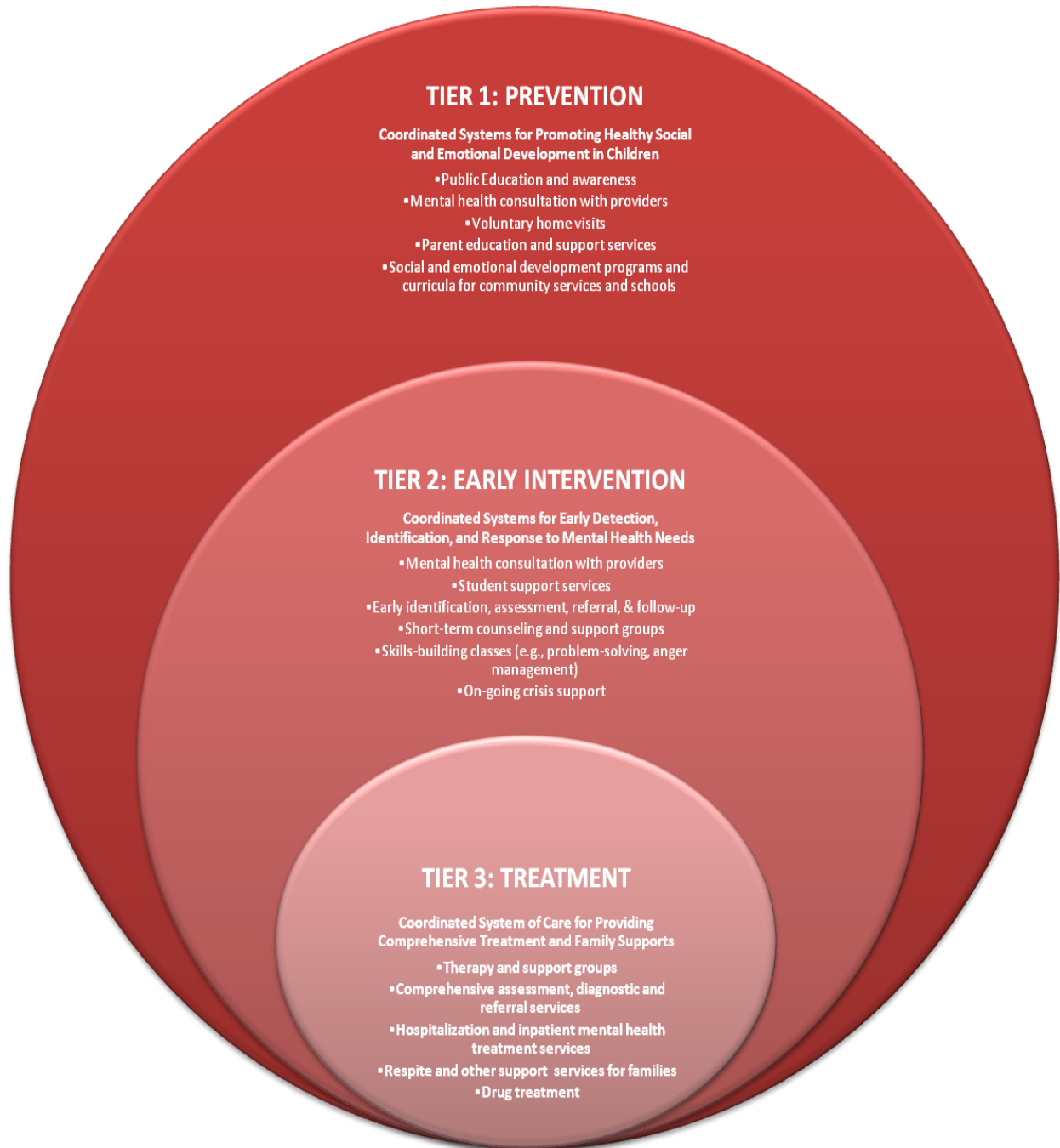
- Relying on strong leadership from individual members to serve as champions in the legislative, administrative, and professional sectors;
- Encouraging broad representation from key stakeholders combined with a tiered membership structure that promotes engagement, input, and shared decision-making;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

In 2012, the ICMHP Executive Committee assessed Illinois's progress towards addressing the key priorities established as part of the ICMHP Strategic Plan published in 2005. As a result, the ICMHP has sharpened its focus on the following ten priorities, with a special emphasis on three top priority areas:

- 1. Increase public awareness and understanding of children's mental health needs**
- 2. Promote collaborations and culturally inclusive partnerships**
- 3. Increase mental health promotion, prevention, early intervention, and treatment services**
4. Promote ongoing family/consumer and youth involvement
5. Advocate for improved public policies
6. Promote sustainable mental health consultation efforts
7. Institutionalize effective social and emotional learning strategies
8. Improve models for residential and alternative community services
9. Promote evidence-informed practice models and technical assistance
10. Implement strategies that enhance the workforce

These priorities serve as a guide as the children's mental health landscape in Illinois continues to evolve. National research and evaluation data supports a new framework for children's mental health, one that embeds system of care values with a public health approach. A system of care approach emphasizes coordinated care that is: home and community-based; family-driven and youth guided; individualized; culturally and linguistically competent; trauma-informed; and data-driven. A public health framework is complimentary to the system of care approach, given its focus on both preventing and treating mental health problems, while optimizing positive mental health for all children. The ICMHP is well-positioned to assist with embedding these approaches in Illinois by addressing service barriers and developing cost-effective quality programming.

FRAMEWORK FOR A COMPREHENSIVE CHILDREN'S MENTAL HEALTH SYSTEM



FISCAL YEAR 2015 HIGHLIGHTS

By infusing a public health approach for children's mental health across all child-serving systems, the Illinois Children's Mental Health Partnership (ICMHP) works to improve efficiencies, quality, and outcomes. The ICMHP provides a neutral space for the leadership of statewide child-serving systems, community-based providers, youth, families, and advocates to come together to address the multiple cross-system barriers, including policies, that make it difficult for children and their families to access high-quality mental health services at earlier stages and ages of need.

Based on the experiences and expertise of the ICMHP's partners, we have sharpened our focus in the following areas in an effort to accelerate improvement of the children's mental health system:

- Developing a wider array of community and evidence-based services to deflect from unnecessary intensive and costly high-end services (e.g., residential treatment and hospitalizations);
- Increasing system investments in and implementation of prevention and early intervention practices to decrease dependence on costly, restrictive services;
- Expanding the role of the ICMHP as a facilitator of cross-system infrastructure development resulting in decreased fragmentation, increased coordination, and cost-savings; and,
- Continuing public awareness efforts and parent engagement to decrease stigma and increase family support.

In FY 2015, the ICMHP was actively engaged in a variety of activities that continue to advance each of the areas mentioned above, reflecting our ongoing commitment to our strategic priorities. In addition to reporting on the ICMHP activities that were supported by funds from the Illinois Division of Mental Health (DMH), this report highlights several FY 2015 accomplishments of the ICMHP's partners that have helped strengthen Illinois's children's mental health system.

The shift to Medicaid managed care, along with a number of system transformation initiatives, present Illinois with an opportunity to strengthen the children's mental health system. The children of Illinois and their families deserve our best efforts to maximize the opportunity before us to implement system-wide efficiencies that reduce fragmentation, duplication, and unnecessary costs, which will ultimately improve mental health outcomes for Illinois children and their families.

STRENGTHENING SYSTEMS

Screening, Assessment and Support Services (SASS) Program

In addition to creating the ICMHP, the Children’s Mental Health Act included other mandates, one of which was 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. The 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 in the fee-for-service system who are at risk of inpatient psychiatric

“SASS is estimated to avoid approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs.”

hospitalization. SASS provides immediate crisis intervention and stabilization services, support to children and families when a child is hospitalized, post-hospitalization continuity of care, home-based family support, case management and care coordination, and needed psychiatric services.

In state FY 2015, the Crisis and Referral Entry Service, or CARES, fielded in excess of 126,000 incoming calls resulting in nearly 21,000 unique youth being enrolled in the SASS program experiencing more than 23,000 total episodes of crisis. SASS is estimated to avoid approximately \$19 million per year in costs to the State for unnecessary psychiatric inpatient hospitalization and related costs.

Additionally, HFS began the rollout of mandatory managed care for children and youth in Family Health Plan contracts as part of its mandate under PA96-1501 (also known as Medicaid Reform) to enroll 50% of the Medicaid population in a care coordination program by January 1, 2015. This shift in the Medicaid system impacts the SASS program, as children and youth enrolled in an HFS-contracted managed care plan are not eligible for participation in the SASS program. Rather, they are served by their managed care plan’s Mobile Crisis Response system. While the CARES numbers cited include calls for both youth served in the fee-for-service and managed care systems, the SASS enrollment numbers only reflect the number of youth experiencing episodes of crisis in the fee-for-service system.

Juvenile Justice

National statistics show that about 70% of youth involved in the juvenile justice system have at least one diagnosable mental health condition, and as many as 25% of this population are considered to have a serious mental health condition (National Center for Mental Health and Juvenile Justice, 2007). Two programs in Illinois, the Juvenile Justice and Mental Health Re-Entry Program and the Juvenile Justice Trauma Program have helped better serve this high risk population. Moreover, these programs produce savings for Illinois taxpayers by reducing rates of recidivism.

“I went to the police social worker, asking for help. I said, ‘I can’t control my daughter.’ I was not telling police to arrest my child. The social worker got services started, and my daughter was diagnosed with bipolar disorder. Finally, she’s getting help.”

– Jamie (Parent)

The Juvenile Justice and Mental Health Re-Entry Program receives referrals from the Illinois Department of Juvenile Justice: Parole & Aftercare Unit for youth with serious emotional disturbances who were set to be paroled or released. The program is staffed by two therapists who assess youth referred for mental health concerns, trauma, and substance use and provide linkages to community-based services. They also track program participants for up to 6 months to ensure their mental health needs are being met. In FY 15, the Program received approximately 130 referrals and actively followed 60 cases in the community.

The Juvenile Justice Trauma Program or SPARCS (Specialized Psychotherapy for Adolescents Responding to Chronic Stress) offers a range of services for justice involved youth. In FY 15, SPARCS group therapy was provided to youth at the Illinois Youth Center (IYC) in Chicago. This year, services were expanded to include individual SPARCS therapy, Alumni SPARCS groups, Mindfulness Meditation and trauma-informed training for staff. The program served approximately 150 youth and provided training for approximately 75 IYC staff members. **Current fiscal realities will jeopardize both of these programs in FY 16.**

Mental Health Consultation

The ICMHP has gained national attention for its implementation of a mental health consultation model for home visiting programs in Illinois. Mental health consultation is defined as a process to enhance the capacity of those who provide direct care to children and their families, through training, reflective supervision, reflective group learning, and education. The purpose of mental health consultation is to assist staff in understanding the social and emotional development of children; identifying and addressing the mental health needs of young children and their parents; working on specific issues and cases in a collaborative manner; identifying appropriate referral resources; and,

“When she (mental health consultant in Illinois) helped Danny’s teacher look beyond her assumptions and listen to his mother, the situation shifted. Together, teacher and mother worked to find a classmate he could play with quietly, adjust activities when he couldn’t focus, and ease the difficulty of saying goodbye when his mother dropped him off each morning... Through this process, tackling each problem one by one, supportive adults allowed Danny to remain in school and learn.”

— Empathy, not Expulsion, for Preschoolers at Risk: The New York Times, 2015

increasing capacity to link families to needed mental health service.

For over ten years, the ICMHP has led several mental health consultation initiatives in home visiting, afterschool, and early childhood settings throughout Illinois. Due to the ICMHP's success demonstrating mental health consultation as a cost-effective strategy, the ICMHP has been able to secure federal funding through the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program to expand mental health consultation to home visiting programs throughout the State. ***This diversification of funding has been critical given the fact that two of the ICMHP's State-funded mental health consultation projects will be compromised in FY 16.***

National Mental Health Consultation Work

Illinois will soon be in the spotlight as a series of videos featuring mental health consultation in Illinois home visiting programs are released by the Georgetown University's Center for Child and Human Development. Over the past year, the ICMHP has provided subject-matter expertise to this project regarding early childhood mental health consultation. The project team is focused on advancing the field of early childhood mental health consultation by establishing key practice components. Through this project, key components have been shared with federal leaders and policymakers to inform policy and program direction. The Infant/Early Childhood Mental Health Consultation Professional Development Continuum is another outcome of this project. The professional development continuum will include a variety of components that will support the goal of increasing the capacity of the early childhood mental health consultation field. The ICMHP has been involved in the creation of this web-based tool, which is designed to meet the professional development needs of both new and experienced early childhood mental health consultants.

Early Childhood Mental Health Consultation Project

Early childhood is a time of great neurological growth and development. Infant and early childhood mental health has received increased attention in recent years as research continues to indicate the importance of early experiences and the role they play in the physical, emotional and mental development of children. The Early Childhood Mental Health Consultation Project (Tier Project) provides infant and early childhood mental health consultation to community health providers to increase the capacity of programs that traditionally serve older children and adults. The goal of this project is to help the providers to be able to better meet the mental health needs of young children.

Current fiscal realities will threaten this program in FY 16.

Healthy Families Illinois (HFI)/Parents Too Soon (PTS) Consultation Project

In FY15, ICMHP continued consultation to home visiting programs through the *Healthy Families Illinois/Parents Too Soon Consultation Project*. This project works with organizations to increase the capacity of the home visiting staff and

“Working with our consultant over the past 1 ½ years has really increased staff understanding of emotional development and its impact on families’ success. Staff have been using strategies learned from trainings and discussions to interact more efficiently and effectively with families as different issues arise.”

— HFI/PTS Grantee

program managers to identify, address and refer families for mental health services when appropriate. Through this program, hundreds of families have received services from staff who have worked with a mental health consultant. The goal of providing home visiting programs with mental health consultation is to specifically focus on the program's capacity to identify and address the mental health needs of the children and families on their caseloads. Additionally, mental health consultation provides an opportunity for home visitors to receive reflective supervision, a practice that increases employee wellness and can decrease burnout. **Unfortunately, FY 15 may mark the end of this program given current fiscal constraints.**

Integrated Early Childhood Mental Health Consultation Capacity Building

For many years, the Irving Harris Foundation (Foundation) has worked to support the expansion of high quality services and systems that support young children's mental health and well-being. In 2014, the Foundation coordinated a statewide planning process to build on the current strengths and close gaps in the early childhood mental health system. The Foundation worked with state leaders to develop an *Illinois Action Plan to Integrate Early Childhood Mental Health Into Child and Family Serving Systems, Prenatal through Age 5 (Action Plan)*. The *Action Plan* identifies strategies to integrate promotion, prevention/intervention and treatment supports and services across Illinois's early childhood and family serving systems that are intended to lead to better outcomes for young children and their families, ensuring all children in Illinois are healthy, happy and ready to succeed in school and in life.

During the development of the *Action Plan*, early childhood mental health consultation was identified as a key strategy to strengthen the overall capacity of the Illinois early childhood workforce to provide comprehensive and effective early childhood mental health promotion, prevention/intervention, and treatment services. The Foundation and the Ounce of Prevention Fund are working with the ICMHP on a multi-year expansion project to advance universal, effective, and sustainable mental health consultation throughout Illinois's early childhood systems. This project will strengthen the capacity of early childhood professionals, families, programs and systems to prevent, identify, treat and reduce the impact of mental health problems among infants and young children. Through support from the Irving Harris Foundation and the Illinois Children's Healthcare Foundation, the planning phase of this project will begin in FY16.

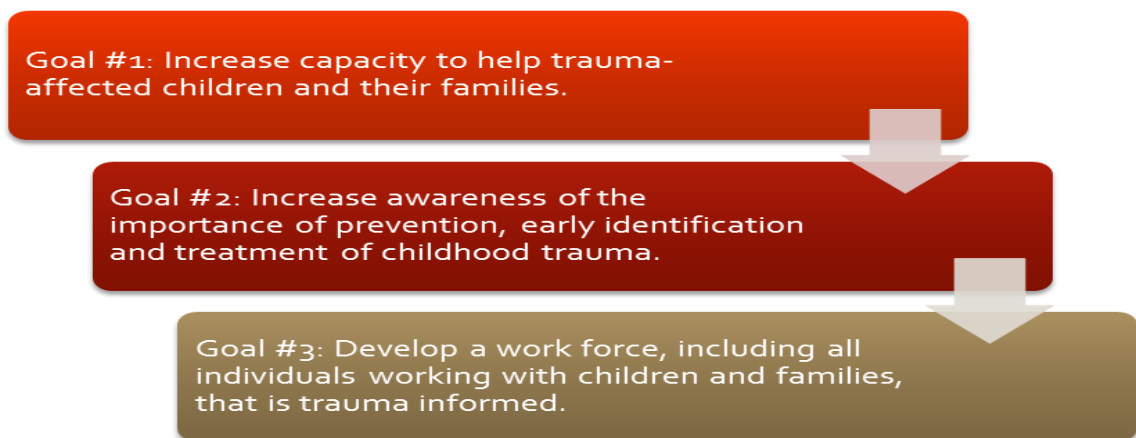
Becoming Trauma-Informed

Trauma experiences during childhood can have a long-term impact on health and well-being. Adverse Childhood Experiences (ACEs), which include stressors such as child maltreatment or exposure to violence, have been shown to have a strong correlation with the later development of a multitude of health concerns, including depression, suicidality, and illicit drug use. According to the Centers for Disease Control and Prevention, the risk for these health concerns increases based on the number of ACEs a child experiences. Raising awareness and increasing trauma-informed approaches throughout child-serving systems have been identified as key strategies in reducing the risks associated with trauma exposure.

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as programs, organizations or systems that "realize the widespread impact of trauma and understand potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; responds by fully integrating knowledge about trauma into policies, procedures, and

practices; and, seeks to actively resist re-traumatization.” Since 2005, the ICMHP has worked closely with the Illinois Childhood Trauma Coalition (ICTC) to educate the public on the impact of trauma, as well as to advocate for systems-level change.

The ICTC focuses on the following strategic goals to promote the prevention and treatment of childhood trauma throughout Illinois:



During FY 15, a significant amount of time, research, and cross-sector collaboration contributed to the development of trauma-informed resources, public awareness strategies, and workforce development opportunities. For example, the ICTC designed an online series called *Stories for Children that Grown-Ups Can Watch*. The series helps adults talk with young children about exposure to violence and trauma. The ICTC also increased public awareness about trauma through the *A Look Through Their Eyes (LTTE) Campaign* ad, which ran in the Chicago Tribune during the fall of 2014. In addition, ICTC launched a public service announcement that addressed bullying. ICTC also reached over 1,500 people through training events and presentations on the impact of trauma, and how to develop trauma-informed practices in a variety of environments. ***The ICMHP is concerned that FY 16 activities for ICTC will be significantly reduced given current State funding constraints.***

Mental Health and School Collaboration

Many children and youth with mental health or behavioral disorders struggle to organize and complete schoolwork, focus in class, follow classroom rules, or interpret social cues. Additionally, mental health concerns can be the cause of academic failure; more than one-third (37%) of students 14 years of age and older who are living with a mental illness drop out of high school, which is the highest dropout rate of any disability group (U.S. Department of Education, 2014). Creating a school culture that is responsive to the continuum of mental health needs of all students is critical. Building this culture within a school environment can reduce stress and help children academically and socially.

Research has shown many promising, innovative programs that link local school systems with local mental health systems. For the past six years, the Illinois Department of Human Services (DHS), Bureau of Child and Adolescent Services, has provided community-based mental health service providers funding to foster collaborations with local schools. The populations reached by this project have been diverse, representing

rural, suburban, semi-urban, and urban school communities. Project participants implemented a range of strategies to help promote universal mental health awareness, identify mental health concerns early, and effectively link students with more severe mental health needs with the appropriate supports, both in school and in the community.

In FY15, 12 schools participated in mental health and school collaboration activities in partnership with several community-based mental health providers. Last year alone, the project positively impacted 4,410 students and 1,813 adults. Project outcomes are illustrated in Table I.

Table I: FY15 Mental Health and Schools Collaboration Project Outcomes

Activity	# of students reached	# of students demonstrating improvement	# of adults reached
MENTAL HEALTH AWARENESS ACTIVITIES TO REDUCE STIGMA	3,602	N/A	1,445
SOCIAL AND EMOTIONAL LEARNING	2,570	1,536 (60%)	410
CONSULTATION/EDUCATION REGARDING STUDENT CONCERNS	554	143 (26%)	285
STUDENT SUPPORT SCREENINGS	120	102 (85%)	32
CLASSROOM SKILL-BUILDING	2,034	645 (32%)	54
SMALL GROUP SKILL-BUILDING	741	496 (67%)	22
FAMILY SUPPORT SERVICES, INCLUDING LINKAGE TO MENTAL HEALTH SERVICES	273	97 (36%)	191
PEER MENTORING	45	39 (87%)	N/A
CASE MANAGEMENT AND FOLLOW-UP SERVICES	199	134 (67%)	100
TARGETED INTERVENTIONS WITHIN THE SCHOOL	651	246 (38%)	18

Given current fiscal constraints, FY 15 may be the last year school and mental health collaboration grants are supported.

PROMOTING INNOVATION AND BEST PRACTICE

Childhood Behavioral Health Integration Initiative

Reaching children and youth with appropriate mental health services at earlier ages and stages of emerging social, emotional and mental health problems is the next wave of best practice in children's mental health. Half of all lifetime cases of mental illness begin before the age of 14, and 75% of cases begin before the age of 24 (National Institute of Mental Health, 2005). By embedding early intervention practices in our child-serving

systems, we can better support children's social, emotional and mental well-being. Moreover, the severity of mental health problems can be reduced and better managed when children receive support as soon as symptoms are identified.

“Several decades of research have shown that the promise and potential lifetime benefits of preventing mental, emotional and behavioral disorders are greatest by focusing on young people and that early interventions can be effective in delaying or preventing the onset of such disorders.”

— National Research Council, 2009

An investment in cross-system early behavioral health interventions will mean a brighter future for vulnerable children and youth in Illinois, as well as significant financial

returns through the averted need for higher-intensity, higher-cost services. Early intervention can also have enormous benefits in managing costs. An analysis conducted in 2007 for the Institute of Medicine and National Research Council's Committee on the Prevention of Mental Disorders and Substance Abuse Among Children, Youth and Young Adults estimated that “the annual costs of mental, emotional and behavioral disorders among young people totaled roughly \$247 billion.”

Since February, 2013, the ICMHP's Childhood Behavioral Health Integration Initiative (CBHII) Committee has worked to improve coordination and communication across statewide children's mental health initiatives. In addition to the development of a crosswalk analysis of statewide children's mental health planning efforts, the CBHII Committee created a list of service descriptors. The service descriptors have served as an important guide for state agencies in the creation of home and community services which are not currently available within the Medicaid-funded service array. Most recently, the CBHII Committee put forth a set of comprehensive recommendations for early intervention from birth through adolescence. In their report, *Early Intervention for Children and Youth with Emergent Social, Emotional, or Mental Health Concerns*, the essential work of building capacity and expanding services over time and across child-serving systems is detailed.

Evidence-Based Practices

In 2005, the Illinois Department of Human Services (DHS), Bureau of Child and Adolescent Services established the Evidence-Based Treatment Initiative in partnership with the University of Illinois at Chicago and the Institute for Juvenile Research. The goal of this initiative was to embed well-researched, effective interventions into the children’s mental health system. Over the past nine years, 71 agencies and 159 clinicians have received training and support through this initiative.

In FY15, DHS awarded Evidence-Based Treatment Initiative grants to seven agencies representing diverse communities throughout Illinois. These agencies trained twenty-seven clinicians in evidence-informed practices, who in turn treated 542 children and adolescents in clinical settings. The training consisted of eight in-person didactic sessions, bi-weekly telephone consultations by Ph.D. level consultants, and the addition of Professional Learning Communities.

Research has consistently shown that youth treated with evidence-based interventions have significantly better outcomes compared to those treated by uninformed clinicians. Data, aggregated from parent and youth assessments (i.e., Columbia-Parent Scale, Ohio Problem Scale), indicate that the Evidenced-Based Treatment Initiative’s outcomes are in alignment with these findings, as illustrated in Table 2.

Table 2: FY15 Evidence-Based Practice (EBP) Outcomes

<i>Columbia-Parent</i>	<i>EBP Treatment</i>	<i>Statewide</i>
INTAKE	21.71	21.82
90 DAY	19.18	19.78
% IMPROVEMENT	11.66%	9.35%

<i>Columbia-Youth</i>	<i>EBP Treatment</i>	<i>Statewide</i>
INTAKE	16.97	18.16
90 DAY	15.02	16.16
% IMPROVEMENT	11.50%	11.02%

<i>Ohio Problem Scale</i>	<i>EBP Treatment</i>	<i>Statewide</i>
INTAKE	26.33	26.46
90 DAY	20.72	22.66
% IMPROVEMENT	21.31%	14.37%

Tele-Psychiatry

There is a well-documented shortage of child and adolescent psychiatrists in the United States. In Illinois, there are approximately 300 certified child and adolescent psychiatrists, the majority (at least 90%) based in or around the Chicago metropolitan area. This leaves the rural areas of our state with only 10% of the certified child and adolescent psychiatrists to cover the great need of services in these communities. The Tele-Psychiatry Program offered through the Illinois Department of Human Services' (DHS) Bureau of Child and Adolescent Services continues to respond to this need by offering psychiatric services to children and adolescents in the areas of the state where communities don't have access to board certified child psychiatrists.

“In Illinois, there are approximately 300 certified child and adolescent psychiatrists, the majority (at least 90%) based in or around the Chicago metropolitan area.”

The Tele-Psychiatry Program uses a secured video conferencing design to reach children and adolescents in five communities in the state where access is limited. In FY15, the Program provided 1,268 tele-psychiatry sessions to 194 children in five community mental health agencies. These children would have otherwise gone untreated or travel would have been a barrier to treatment. **The ICMHP is concerned that this program will be significantly impacted in FY 16 given State funding constraints.**

REDUCING STIGMA, INCREASING SUPPORT

Parent and Caregiver Support

“The biggest challenge for my family has been people who don't understand our family dynamics and make assumptions. I think people are quick to judge by what they assume. I try to teach my kids not to judge because everyone is facing something you don't know about.”

– Sarah (Parent)

Caring for a child with mental illness presents enormous stresses and challenges for parents and caregivers. In such an exhausting and emotionally overwhelming environment, it is easy to lose sight of the importance of parental well-being. A successful and effective children's mental health system engages parents and caregivers at every point on the continuum of services. Supporting parent and caregiver strengths enhances both child and system outcomes.

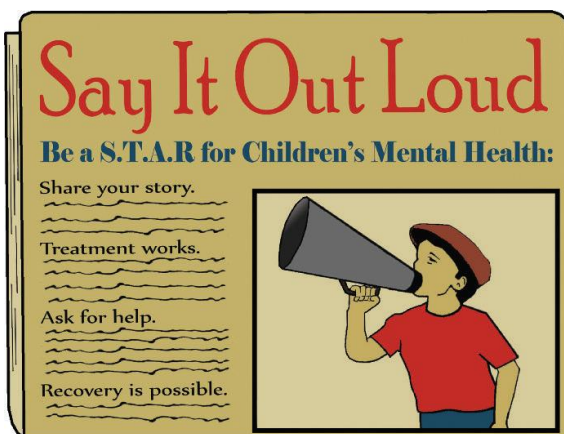
In January, 2015, the ICMHP awarded 11 grants to community-based organizations throughout the State to support the development and facilitation of support groups for parents and caregivers of children and adolescents with behavioral health needs. Through the ICMHP's Parent and Caregiver Support Program, families and providers work together to create access to the information and support necessary to achieve the optimal social and emotional development of children.

The ICMHP's Parent and Caregiver Support Groups strengthen and improve family functioning and enhance the well-being of children and adolescents. This is achieved by helping parents foster hope and advocacy through the acquisition of skills and resources to better navigate the mental health system; ease the isolation that many families experience; and, create community and supportive peer relationships. Parents have reported that involvement in the parent support groups has given them the hope, confidence and skills needed to better advocate on behalf of their children.

Support groups are a cost-effective way to improve parents' and caregivers' skills and resilience, and improve the lives of children and families. The impact was expanded because materials developed to train support group facilitators were shared with the Illinois Division of Mental Health (DMH) for use in training to encourage the launch of additional support groups. In June, DMH used the ICMHP materials to train 30 Family Resource Developers and 5 Family Consumer Specialists. Additional DMH trainings for Illinois's remaining 31 FRDs are scheduled for November. ***The future of the ICMHP's parent and caregiver support efforts, in addition to family leadership activities, are in jeopardy in FY 16 due to State funding constraints.***

Say It Out Loud Campaign

Reducing mental health stigma is a significant part of the work of the ICMHP. According to the National Institute of Mental Health, one in five children ages 13-18 have or will have a serious mental illness. Mental health stigma often prevents individuals from seeking mental health services, and can exacerbate mental health concerns in children and youth.



In 2011, the ICMHP started the statewide Say It Out Loud annual poster contest to raise public awareness about children's mental health. The contest encourages Illinois children to share their understanding of positive mental health through art. Each year, the winners are presented to the ICMHP members through our website, and winning posters have been used to create a Say It Out Loud calendar. The calendar is used as a tool to help reduce mental health stigma.

In 2015, there were 1,000 Say It Out Loud calendars distributed to regional offices of education, parent teacher associations, home visiting programs, and a number of community-based organizations throughout the State.

The future of the ICMHP's Say It Out Loud public awareness campaign is in jeopardy in FY 16 due to State funding challenges. The State of Illinois is at risk of losing this important effort to reduce the stigma surrounding mental health.

CHILDREN'S MENTAL HEALTH IN ILLINOIS: LOOKING TO THE FUTURE

In spite of the significant accomplishments achieved by the collaborative efforts in Illinois, too many children continue to suffer needlessly from undiagnosed and untreated mental health concerns that impact family functioning, academic success and social skill development. We know that mental health issues can be treated at very young ages. We know that childhood is the optimal time to intervene before mental health needs become much greater, and much more costly. We know how to support families and involve them in improving prevention, early intervention, and treatment services. We also know that we must continue to address the negative public perception surrounding mental health issues.

The ICMHP continues to address these issues and add value to the children's mental health system by:

- Implementing the Children's Mental Health Plan;
- Facilitating cross-system collaboration;
- Assuring family voices are heard and respected;
- Advocating for improvements in policy and funding;
- Driving innovative approaches to community services;
- Embedding mental health in the environments where children love, live, and learn; and,
- Promoting public awareness.

The full potential of the Illinois Children's Mental Health Partnership cannot be realized without the State's ongoing investment. Lessons learned from pilot projects cannot be taken to scale without adequate funding. Delaying or foregoing implementation of projects can ultimately cost Illinois taxpayers millions of dollars in expensive and intensive treatments at later developmental ages and at more serious stages of need.

In a time of state fiscal hardship, opportunities to raise productivity and improve outcomes by operating more efficiently and effectively will reduce costs. The ICMHP has the leadership, expertise, and the respect of state officials to continue to guide the transformation of children's mental health in Illinois. We cannot allow Illinois's investment in children's mental health to be compromised. Effective, well-integrated children's mental health services and supports are undeniably in the best interest of ALL Illinois citizens. By working together, we can each do our part to support children's mental health so that Illinois children and their families can live healthier, happier lives.

Appropriation Budget for FY15 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	\$450,000	To support mental health agencies to develop partnerships with schools.
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	\$572,500	Family Leadership and Parent and Caregiver Support projects (\$172,500) Family Consumer Specialist Positions (\$350,000): To provide support to family groups and families with children receiving mental health treatment. Youth Move (\$50,000): To empower youth and shape the service delivery system.
Outcomes Information System	\$70,000	To support development of a comprehensive data analysis system.
ICMHP Training and Infrastructure	\$387,500	To support ICMHP trainings, staffing and operations.
Illinois Childhood Trauma Coalition	\$100,000	To support ICTC staffing and operations.
Juvenile Justice Initiatives	\$600,000	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. Early Intervention Pilot Project for Children of Incarcerated Parents (\$200,000): services for children whose parents are in prison or jail.
Total FY15 Appropriation	\$3,030,000	

Resources for Further Information

This Annual Report highlights some of the FY15 accomplishments of the Illinois Children's Mental Health Partnership (ICMHP) and its member agencies and organizations. Many more activities related to children's mental health are occurring within Illinois, too numerous for this report. To learn about additional activities that are advancing children's mental health in Illinois, please contact representatives from the agencies listed below. Additional information about the ICMHP, including ICMHP publications and Committee activities, is available at: www.icmhp.org.

Organization/Agency	Contact	Phone	E-mail
Illinois Children's Mental Health Partnership	Christina LePage, <i>Managing Director</i> (effective June 8, 2015)	(312) 516-5569	clepage@voices4kids.org
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	Alli Schuck <i>Program and Administrative Associate</i>	(312) 516-5567	aschuck@voices4kids.org
	Linda Delimata, <i>Mental Health Consultation Coordinator</i>	(815) 535-8188	lindadelimata@hotmail.com
	Jean Meister, <i>Project Coordinator</i>	(708) 837-3055	jmeister@voices4kids.org
Department of Children and Family Services, Office of Child Well-being	Cynthia Tate, <i>Deputy Director</i>	(312) 814-2405	Cynthia.Tate@illinois.gov
Department of Juvenile Justice	Jennifer Jaworski, <i>Chief of Mental Health Services</i>	(630) 983-9181	Jennifer.Jaworski@doc.illinois.gov
Department of Human Services, Division of Mental Health	Lisa Betz, <i>Associate Deputy Clinical Director, Child and Adolescent Services</i>	(312) 793-1372	Lisa.J.Betz@illinois.gov
Department of Healthcare and Family Services	Shawn Cole, <i>Manager</i>	(217) 557-0985	Shawn.Cole@illinois.gov
Illinois State Board of Education	Michele Carmichael, <i>Principal Consultant for Behavioral Health Supports and Schools</i>	(217) 782-5589	mcarmich@isbe.net



For more information, contact

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