



DRAFT

Illinois Children's Mental Health Partnership Preliminary Plan

To provide input to the draft ICMHP Preliminary Plan, public forums are being held in the locations listed below.

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| Monday, July 19 | Champaign-Urbana Illinois Terminal Building, 4 th floor 45 E. University Ave., Champaign | 1:00 pm to 5:00 pm |
| Tuesday, July 20 | Mt. Vernon Central Christian Church 301 N. 10 th St. | 9:00 am to 1:00 pm |
| Wednesday, July 21 | Edwardsville Edwardsville High School 6161 Center Grove Rd. | 9:00 am to 1:00 pm |
| Thursday, July 22 | Rockford Rockford Memorial Hospital, Funderburg Auditorium 2400 N. Rockton Ave. | 1:00 am to 5:00 pm |
| Friday, July 23 | Chicago Spertus Institute 618 S. Michigan Ave. | 9:00 am to 1:00 pm |

Registration is NOT required.

Please address questions or submit written comments to Laura Hurwitz at LHurwitz@voices4kids.org or by phone at (312) 516-5569.



DRAFT

Illinois Children's Mental Health Partnership Preliminary Plan

Why Develop a Preliminary Plan for Children's Mental Health?

In 2002, the Task Force on Children's Mental Health was convened by a collaboration of public and private groups to develop recommendations for a comprehensive, coordinated, statewide children's mental health system that addresses the prevention, promotion, early intervention, and treatment needs of Illinois children ages 0-18 years. The Task Force engaged over 100 individuals representing health, mental health, education, child welfare, violence prevention, substance abuse prevention, juvenile justice, families and others to produce a report, *Children's Mental Health: An Urgent Priority for Illinois*. The Task Force Report (available at: http://www.ivpa.org/childrensmhtf/ICMHTF_FinalReport2003_1.pdf) served as the basis for the Illinois Children's Mental Health Act (Public Act 93-0495). The Act, supported overwhelmingly by the legislature and signed by the Governor in the fall of 2003, includes a number of provisions, including creating the Illinois Children's Mental Health Partnership (ICMHP) which reports to the Governor, and charging the ICMHP with developing and monitoring a comprehensive, multi-year Children's Mental Health (CMH) Plan.

The Children's Mental Health Act stipulates that the ICMHP submit a Preliminary Plan to the Governor on September 30, 2004 and submit a Final Plan on June 30, 2005, with annual reports due on September 30th of each year thereafter. This draft of the Preliminary Plan represents the collective input and work of the four Standing Committees to the ICMHP – Early Childhood, School Age, School Policies and Standards, and Public Awareness. The Standing Committees prioritized the recommendations set forth in the Task Force on Children's Mental Health report, and developed strategies and action steps for the priority recommendations. Long-term recommendations are provided for informational purposes only (and not for public comment) in Appendix A. A glossary of terms is in Appendix B.

This initial draft Preliminary Plan was approved by the members of the ICMHP for public comment. Comments received will be considered by the ICMHP, and a final Preliminary Plan will be submitted to the Governor and disseminated to the Illinois General Assembly and other interested groups.



I. Develop and Strengthen Prevention, Early Intervention, and Treatment Policies, Programs, and Services for All Children

PREVENTION

A. *Partner with parents.*

Priority Recommendation:

Develop a mental health system for all children ages 0-18 years that respects, supports and treats families and caregivers as partners.

Short-Term Strategies and Action Steps (1-2 years):

1. Provide training and supports to early childhood and mental health programs, educators, health and mental health providers, and others in order to promote meaningful family involvement in the development of the children's mental health system.
2. Expand access to culturally relevant parent education and support groups.
 - a. Develop and strengthen ongoing, culturally relevant parent education and parent-to-parent support group across the continuum of services, including Early Intervention (Part C) and Special Education (Part B).
3. Develop and strengthen family/caregiver education and support services, and linkages to services for all families/caregivers, especially new and at-risk families/caregivers.
 - a. Develop appropriate support services and linkages between systems during key life transitions for children (e.g., hospital to home, 0-3 to 3-5 programs, 3-5 programs to kindergarten, kindergarten to school, grade school to high school, etc.).
 - b. Strengthen transitional support programs and linkages for specific populations who are most at-risk and need access to targeted mental health services (e.g., DCFS wards returned to parents' custody, transitions of parents entering or leaving prison; family transition when there is a traumatic loss of caregiver, etc.).
 - c. Develop information sharing processes between providers and agencies, and in accordance with confidentiality laws and policies that respects families' confidentiality and effectively shares only the information that is necessary.
 - d. Establish formal partnership arrangements between schools and community behavioral health providers to support parents/caregivers.

Long-Term Strategies and Action Steps (3-5 years):

1. Expand relationship-based intervention and treatment services.
 - a. Identify an array of intervention and treatment services that have demonstrated effectiveness with diverse populations that a community needs to have to serve its families.
 - b. Identify strategies for documenting and promoting the need for more relationship-based services, using examples of programs and efforts that have had success and positive family outcomes (e.g., Early Intervention System Social Emotional Pilots).
 - c. Identify resources for increasing the availability of these services.

- d. Provide parent-to-parent advocacy training to empower parents to coordinate their own and their children's services, as well as to advocate for needed services.

B. *Establish an early childhood mental health consultation initiative.*

Priority Recommendation:

Review developmental screening practices across early childhood programs and health care services, and provide consultation and training to individuals conducting screenings to ensure appropriate and culturally relevant assessment of young children's social and emotional development with the use of standardized tools.

Short-Term Strategies and Action Steps (1-2 years):

1. Expand current early childhood mental health consultation efforts into early education and family support programs, health care, Early Intervention and child care.
 - a. Identify mental health consultation models being used in Illinois and other states that are appropriate for the continuum of services.
 - b. Build on evaluation results and lessons learned from the Bureau of Early Intervention's integration of the social emotional component, mental health consultation pilots in Child Care, and the proposed primary health care pilots of IDPA's ABCD Initiative to identify steps toward statewide expansion.
 - c. Implement mental health consultation models that are appropriate for the continuum of services.
2. Identify federal, state, local, and private funding mechanism(s) to ensure families, programs and providers have access to mental health consultation.
 - a. Create a collaborative funding initiative involving IDHS, ISBE, IDCFS, OMB (and any other relevant agency) to support this expansion of access to consultation.
3. Support training efforts that will build early childhood mental health consultation capacity in Illinois.
 - a. Design and implement cross-training between mental health and health, early childhood development, special education, family support and child care professionals that will increase the number of early childhood mental health consultants available in Illinois.
 - b. Develop and implement training for programs and providers on how to use mental health consultants effectively.

Long-Term Strategies and Action Steps (3-5 years):

1. Explore how non-state funded early childhood programs would access and fund mental health consultation.

C. *Increase public and private sector response to maternal perinatal depression and substance exposed infants.*

Priority Recommendation:

Screen all women for depression during pregnancy and following the birth of a child up to one year post partum, and provide necessary follow-up treatment services.

Short-Term Strategies and Action Steps (1-2 years):

1. Expand availability of culturally and linguistically appropriate perinatal depression screenings and follow-up services for women.
 - a. Support recommendations and coordinate efforts between IDPA's Perinatal Taskforce and ABCD Initiative, the Postpartum Initiative, and any other efforts currently underway in Illinois to improve mental health services for women at-risk of or suffering from perinatal depression.
 - b. Research the existing barriers that keep women from being screened during pregnancy and post birth of a child in Illinois.
 - c. Investigate successful screening and treatment models for depression and substance abuse in other states.
 - d. Review perinatal depression screening and substance abuse prevention practices across Illinois.
 - e. Review and identify appropriate quality and evidence-based perinatal depression screening tools.
 - f. Identify referral protocol(s) for primary health care providers to implement.
 - g. Provide training and consultation to obstetricians, gynecologists, pediatricians and other relevant primary health care providers about appropriate screening and referral practices.
2. Expand Medicaid coverage to include the Edinburgh Postnatal Depression Scale.
3. Examine and modify the state Medicaid plan to extend coverage for services beyond the current limit of 60 days postpartum to one year post partum.
4. Integrate messages about maternal perinatal depression and how women can seek help into the ICMHP public awareness campaign efforts.
 - a. Identify information and key messages that resonate with different audiences.
5. Explore an effective response to addressing and treating substance exposed infants.
6. Integrate messages about substance exposed infants and how women and their families can seek help into the public awareness campaign.
7. Provide training and education to educators about substance exposed infants.

Long-Term Strategies and Action Steps:

1. Establish funding mechanism for public and private insurance reimbursement of such screenings conducted by healthcare professionals.

D. *Establish social emotional and developmental screening and assessment.*

Priority Recommendation:

Ensure that all children receive periodic social and emotional developmental screens.

Short-Term Strategies and Action Steps:

1. Increase early childhood and primary health care providers' ability to screen for social emotional and developmental concerns, and to refer for intervention services as appropriate.
 - a. Review developmental screening practices across Illinois' early childhood programs and health care services.
 - b. Review and identify culturally, ethnically and linguistically appropriate, validated, quality and evidence-based social emotional screening tools.
 - c. Identify referral protocol(s) for programs and providers to implement.
 - d. Provide training to providers about appropriate screening and referral practices.
 - e. Provide consultation to programs and providers when they begin to screen all their children in order to develop skills in administering the screen, interpreting results, and providing appropriate follow-up and referrals when needed.
2. Develop and fully implement policies and programs to ensure that all children coming through key public systems (e.g., DCFS, juvenile justice) are screened and assessed for mental health concerns and receive follow-up services as appropriate.
3. Include social/emotional development screening as part of required medical exams in schools (K, 4th, and entering 9th grade) and/or at major transition times, in accordance with appropriate confidentiality policies and not intended to prohibit a student from attending school.
4. Develop and strengthen parent education and support services.
5. Build on the Early Intervention (Part C) System Child Find efforts and add social emotional screening to their developmental screening practices.
6. Explore the public and private financing of early childhood screening, including maximizing use of Medicaid's EPSDT benefit in Illinois.
7. Identify how children and families will be supported while waiting for services (i.e., other than for Part C services) because the screening identified concerns and the system is still building an adequate supply of intervention and treatment services.
8. Identify funding mechanism(s) in order to expand education and training efforts to health care, family support, maternal and child health, child care and early education personnel in the use of standardized developmental screening tools including tools for the social emotional domain.

Long-Term Strategies and Actions Steps (3-5 years):

1. Develop a data-reporting state system, while protecting confidentiality, to track who is screened, when they are screened, which screening tools are used, who conducts the screening and referral protocols implemented.
2. Identify how programs not in the public system receive training in and provide screening and referral services.

- E. *Incorporate the social and emotional development of children as an integral component to the mission of schools, critical to the development of the whole child, and necessary to academic readiness and school success.*

I. Priority Recommendation:

Ensure collaboration and the development of partnerships between schools and community mental health agencies, juvenile justice, substance abuse, and developmental disability agencies to promote optimal social and emotional development in children and youth, and children's access and the opportunity to participate in these coordinated systems, in accordance with relevant confidentiality policies.

Short-Term Strategies and Action Steps (1-2 years):

1. Ensure that school districts, schools, and other relevant entities implement programs, policies, and services that support social/emotional competencies, promote mental health, and prevent risky behaviors, in accordance with relevant confidentiality policies.
 - a. Incorporate mental health education in all school health curricula and requirements; integrate social/emotional education across subjects and grades; and incorporate a developmental social and emotional education curriculum for grades K-12.
 - b. Build the capacity of schools to maintain and/or expand their existing athletic, fine arts, and other extracurricular programs.
 - c. Provide parents/caregivers and families with learning opportunities related to the importance of their children's optimal social and emotional development.
 - d. Train all school personnel, including administrative, academic, pupil support, and ancillary staff, in age-appropriate social and emotional competencies and how to promote them.
 - e. Implement mechanisms for assessment and feedback in schools for providing feedback to parents/caregivers regarding children's social and emotional development.
 - f. Ensure children and youth have access to out-of-school programs that demonstrate best practice, promote children's healthy social and emotional development, provide academic enrichment, and include children and youth in the planning.
 - g. Establish partnerships with diverse community agencies, including non-traditional organizations, to ensure a comprehensive, coordinated approach to addressing children's mental health, and social and emotional development.
2. Ensure that community behavioral health and social service agencies coordinate their efforts to support children in school settings.
 - a. Incorporate the promotion of children's social and emotional development into existing programs and services.
 - b. Build organization and staff capacity, including staff training and professional development, to address the social and emotional development, and mental health needs of school-age children.
 - c. Establish partnerships with early childhood programs, school districts and schools to ensure a comprehensive, culturally sensitive, coordinated approach to addressing children's mental health, and social and emotional development.

- d. Explore methods for building partnerships with key school and community stakeholders (e.g., child welfare, prevention, community behavioral health, public health, domestic violence, juvenile justice, law enforcement) for referral, information exchange, and follow-up in accordance with relevant confidentiality policies.

II. Priority Recommendation:

Work with the Illinois State Board of Education to ensure that a plan, to be submitted to the Governor by December 31, 2004, is developed and implemented to incorporate social and emotional standards as part of the Illinois Learning Standards for the purpose of enhancing and measuring children's school readiness and ability achieve academic success.

Short-term Strategies and Action Steps (1-2 years):

1. Working with ISBE, ensure development and implementation of a plan to incorporate social and emotional development standards as part of the Illinois Learning Standards.
2. Work with ISBE in drafting social and emotional development standards for incorporation into the Illinois Learning Standards.
 - a. Develop a framework and developmental scope and sequence of social and emotional competencies as a basis for developing social and emotional development learning standards.
3. Work with ISBE in developing assessments to measure children's progress against social and emotional development standards.
 - a. Develop performance assessments for measuring student progress on mastering social and emotional skills.
 - b. Develop assessments for monitoring school practices that promote children's social and emotional development and respond to children with mental health problems.

Long-term Strategies and Action Steps (3-5 years):

1. Monitor and compare with baseline data the implementation of practices to promote children's social and emotional development and respond to children with mental health problems.
2. Measure progress in the implementation of social and emotional learning standards.
 - a. Use on-line and other surveys and tracking systems, educator focus groups, and school site visits to monitor progress in implementing social and emotional development practices and responding to children with mental health problems.
3. Monitor children's progress in mastering social and emotional learning competencies.
 - a. Use performance assessments to measure children's mastery of social and emotional competencies.
4. Provide a range of pre-service and in-service professional development opportunities for educators who are developing, implementing, and assessing social and emotional development practices.
 - a. Provide distance on-line learning opportunities for educators involved in developing, implementing, and assessing social and emotional development practices.

- b. Conduct administrator academies for school superintendents and principals and their teams to develop social and emotional development programs in their districts and schools.
- c. Provide education for teachers in training on strategies to promote and assess children's social and emotional development.
- d. Describe and summarize the impact of policies and standards on the educational practices of schools and the development and achievement of students.

III. Priority Recommendation:

Ensure that all Illinois school districts develop a policy for incorporating social and emotional development into the district's education program by August 31, 2004. The policy shall address teaching and assess social and emotional skills and protocols for responding to children with social, emotional, or mental health problems.

Short-term Strategies and Action Steps (1-2 years):

1. Working with the Illinois State Board of Education (ISBE), local school districts, educators, and others, ensure implementation of school policies and administrative procedures that promote social and emotional development.
2. Disseminate to all Illinois school districts sample policies and administrative procedures to guide development of policies for incorporating social and emotional development into educational programs as well as their protocols for responding to children with social, emotional, and mental health problems.
3. Determine the current status of practice in Illinois schools with regard to promoting children's social and emotional development and responding to children with mental health problems.
4. Provide a range of technical assistance and professional development opportunities for Illinois educators.
 - a. Develop and implement a plan for providing technical assistance, through multiple mechanisms and approaches (e.g., web-site, electronic newsletter, resources, conferences and trainings) and organizations, to school districts, educators, and other relevant groups, as appropriate.
 - b. Identify organizations and systems through which training, technical assistance, and support will be provided to educators, families, and community members.
 - c. Explore mechanisms and strategies for providing technical assistance to private school systems.
5. Explore mechanisms and strategies for promoting and incorporating social and emotional development into the educational program as well as protocols for responding to children with social, emotional, and mental health problems into private school systems.

EARLY INTERVENTION

- A. *Ensure that all children have access to coordinated systems for early intervention and response to mental health needs.*

I. Priority Recommendation:

Expand on and build the capacity of child-serving systems and agencies (e.g., early childhood programs, health care systems, schools, special education, community mental health systems) to provide early intervention services with funding mechanisms that do not require a diagnosis for eligibility to services for low and moderate-risk groups.

Short-Term Strategies and Action Steps (1-2 years):

1. Identify gaps in services, establish systems where they do not exist and strengthen existing systems by requiring the development of formal linkages and collaboration (e.g., Local Area Network (LAN) structures with education included).
2. Establish regional or LAN-based case management to assist families/caregivers in navigating the system and accessing services and/or support.
3. Ensure that research-based curricula, and developmentally, culturally, gender and linguistically appropriate materials and approaches that enhance social and emotional development are incorporated into all children's mental programs and services.

II. Priority Recommendation:

Utilize the system of periodic and universal screening, assessment and care management in school-age children as a basis for early intervention for psychosocial and related behavior problems, and establish systems to identify the needs and provide services to high risk children.

Short-Term Strategies and Action Steps (1-2 years):

1. Require collaboration and referral pathways with primary care providers to address the psychosocial and mental health needs of school-age children.
2. Establish coordinated policies and financing strategies that place mental health screening at the same level of importance as physical health screens and immunizations.
3. Modify Medicaid rules to expand the number and type of providers (e.g., licensed clinical social workers and psychologists, licensed clinical professional counselors, nurse practitioners, and nurses) who are eligible to receive reimbursement for assessment and treatment services under Medicaid.
4. Expand eligibility criteria for early intervention and special education services for children with social and emotional delays, psychosocial diagnoses, substance abuse issues, and identification as high risk.
5. Establish protocols for providing services and linkages for children identified as high risk.

III. Priority Recommendation:

Develop and fully implement policies and programs to ensure that all children coming through key public systems (e.g., child welfare and juvenile justice) are screened and assessed for mental health concerns and receive follow up services as appropriate, in accordance with relevant confidentiality policies.

Short-Term Strategies and Action Steps (1-2 years):

1. Establish as a core service and fully implement the DCFS Integrated Assessment Services Model for children in the child welfare system.
2. Screen, assess and identify all children and youth entering the child welfare and juvenile justice systems, and other population specific assessments as needed (or later identified) to determine need for early intervention services.
3. Require that children and youth involved in the child welfare, juvenile justice, substance abuse, and developmental disability systems are eligible for all early intervention programs and services.
4. Require publicly funded mental health providers to develop linkages with primary care providers and collaborate on providers' role in the systematic assessment process.
5. Integrate community assessment approaches that ensure connections between early childhood programs, schools and community agencies (e.g., community behavioral health providers) and resources, and fully utilize existing school resources including school counselors, social workers, and psychologists to serve the non-special education populations.
6. Establish mechanisms to facilitate braiding, pooling and/or sharing of resources at the community, LAN, regional, and state levels to support early intervention programming.
7. Build the capacity of early childhood programs, schools, out-of-school programs, medical providers, and other youth-serving systems to provide early intervention services or make appropriate referrals for services. This includes consultation with mental health providers, student support services, expanded or specific additional screenings, short-term counseling, skills building classes, and ongoing and crisis support.
8. Identify the mental health needs of children and youth not in school, including dropouts.

TREATMENT

- A. *Adopt mental health related diagnostic codes for very young children.***

Priority Recommendation:

Recognize diagnoses for young children described in the DC:0-3 and DSM-PC and ensure payment by public and private health insurance programs for mental health treatment services for children with any of these diagnoses.

Short-Term Strategies and Action Steps (1-2 years):

1. Work with IDPA's *Assuring Better Child Health and Development* (ABCD II) Initiative to investigate how to best adopt the DC:0-3 and DSM-PC in Illinois.
 - a. Assess the feasibility and cost of incorporating the DC:0-3 and DSM-PC in Illinois' Medicaid Plan.

- b. Research other states' cross walks between DC:0-3 and ICD-9-CM/DSM-IV.
- c. Explore coverage of individual, parent-child, family and group psychotherapy as treatment modalities for families with young children based on the diagnostic codes.
2. Illinois Children's Mental Health Partnership will partner with IDPA's investigation and determine action steps to support the implementation of the DC:0-3 and DSM-PC.
 - a. Assist IDPA with communication re: the new reimbursement policies and guidelines for the DC:0-3 and DSM-PC.
 - b. Clarify for providers the diagnoses that create eligibility for children to obtain Medicaid services.
 - c. Assist IDPA with providing training to increase awareness and use of the DC:0-3 and DSM-PC by clinicians and primary health care providers.
3. Explore and identify implications for the adoption of DC:0-3 and DSM-PC in private insurance programs and for non-Medicaid insured populations.

Long-Term Strategy and Action Step (3-5 years):

1. Implement strategies for the adoption of DC:0-3 and DSM-PC in private insurance programs and non-Medicaid insured populations.

B. *Ensure that all children have access to quality, coordinated and culturally competent systems of care that provide comprehensive treatment and family supports.*

I. Priority Recommendation:

Establish a quality system of care in Illinois based on System of Care Principles to ensure that children of all ages (ages 0 through 21, and including those with co-occurring disorders), once identified as needing services, have access to a comprehensive array of assessment, treatment services and supports that are developmentally, culturally, linguistically, gender and clinically appropriate. Services should include but not be limited to the following list.

- Comprehensive assessment and diagnostic services
- Comprehensive case management, provider integration and wrap-around services for community based treatment
- Access to a comprehensive list of available services and providers cross-referenced by geographic area, the child's age and diagnosis, and specialty
- Residential treatment including comprehensive case management by a community based service provider
- Special education including therapeutic day schooling
- Therapeutic recreation
- Therapeutic after school and pre-school programs
- Transportation to and from services
- Services based on proven evidence-based practices
- Therapeutic respite (especially for evenings and weekends)
- Behavioral health intervention services provided in the child's natural environments (e.g., home, child care center, school)
- Inpatient psychiatric treatment services

- Psychotropic medication only with frequent and evidence-based monitoring to ensure the most appropriate medication plan with frequent revisions based on age and other developmental changes
- Comprehensive transition services, particularly for youth in residential or hospital settings
- Family support services for families (including siblings) of youth in the mental health system
- Discharge planning and transition to age appropriate services
- Psychiatric and psychological services

Short-Term Strategies and Action Steps (1-2 years):

1. Identify and replicate functional systems of care in Illinois (e.g., LAN geographic regions in Illinois).
2. Structure state contracts to support the incremental development of system of care models and coordinate planning with local mental health authorities (i.e., Community Mental Health Boards and other local funding bodies).
3. Build on existing programs such as the Screening Assessment and Support Services (SASS) service component.
4. Increase access and availability, and improve the quality of children's mental health services for people of color.
 - a. Contractually require all children's mental health providers to develop cultural competence plans.
 - b. Mandate specific cultural competence training for front-line staff, administrators, and boards.
 - c. Require all mental health assessments to include a cultural formulation (i.e., DSM-IV – appendix 1).
5. Promote and increase the number of school-based health centers equipped to provide mental health services.
6. Align systems of care with the President's New Freedom Report, particularly the child and adolescent recommendations.
7. Develop payment structures that support the principles of systems of care.
8. Explore the development of child/family teams to assist in the development of an infrastructure for children's mental health services.
9. Link children with behavioral health needs who are detained or confined to a system of care.
10. Ensure that health and mental health providers receive training with regards to best practices within the system of care.
11. Develop assessment procedures for children who are transferred to the criminal courts.

II. Priority Recommendation:

Develop mechanisms, as part of the system of care design, to provide assistance and direct parents and caregivers to culturally competent, gender and clinically appropriate services. The system will include clear referral pathways for children involved in the child welfare, juvenile justice, education, substance abuse, and developmental disabilities systems.

Short-Term Strategies and Action Steps (1-2 years):

1. Develop contract language that requires behavioral health providers to execute referral agreements with all child-serving systems in their LAN that assures rapid access to appropriate services.
2. Develop accountability standards to monitor and improve implementation of referral agreements.
3. Develop mechanisms to ensure families/caregivers receive adequate information, assistance, and skills to effectively navigate the children's mental health system.
4. Design and disseminate parent/caregiver handbooks for mental health services, as well as access to care management services perceived as friendly, accessible and effective by parents/caregivers.
5. Promote children involved in the juvenile justice system to be eligible for access to all available and appropriate treatment programs and services.

III. Priority Recommendation:

Establish comprehensive quality management standards for all levels of mental health care as a means of addressing inconsistency and uneven mental health service development and delivery across Illinois, and to improve accountability by establishing outcome management expectations.

Short-Term Strategies and Action Steps (1-2 years):

1. Develop contract language that clearly defines expectations by setting standards for assessment, care management and service delivery.
2. Contractually require evidence-based approaches with demonstrated effectiveness.
3. Link quality management efforts to related children's mental health benchmarks.
4. Provide periodic reports on the status of benchmarks across the state.
5. Develop high quality standards and expected outcomes along with monitoring components for all residential, medical, and/or confinement (correctional and detention) facilities holding children and adolescents with mental health issues
6. Contractually require use of the least restrictive setting and least intrusive treatment for youth in any state system with mental health issues.
7. Adopt and enforce professional standards/accreditation for residential, hospital, detention, and confinement facilities.

Long-Term Strategy and Action Step (3-5 years):

1. Once established, provide technical assistance, training, and support for professionals in implementing, maintaining, monitoring, and reporting on quality management standards.

II. Increase Public Education and Awareness

Priority Recommendation:

Develop a comprehensive, culturally inclusive, and multi-faceted public awareness campaign to reduce the stigma of mental illness; educate families, the general public and other key audiences (e.g., educators, health and mental health providers, juvenile justice system officials, faith organizations) about the benefits of children's social and emotional development; inform families/caregivers, providers, and others about how to access services; and educate policymakers and others about the need for expanding mental health resources.

Short-Term Strategies and Action Steps (1-2 years):

1. Develop a multi-year plan for developing a comprehensive, culturally inclusive, and multi-faceted public awareness campaign.
2. Ensure that families, caregivers, business leaders, policymakers, educators, juvenile justice officials, leaders from the faith community, and other key groups are engaged in the development, design, and pilot testing of the campaign.
3. Ensure that the public awareness campaign is based on research and information regarding knowledge and perceptions about areas including: stigma; importance of promoting mental health in children and adolescents; the prevalence of mental health disorders in children and adolescents (including as it relates to youth in the juvenile justice system); the factors that can cause and/or contribute to mental health disorders; the availability of services and resources among the target audience(s); and understanding of mental health versus mental illness concepts.
4. Ensure that the public awareness campaign provides recognition of and attention to children and families who live in geographically isolated regions of the state, have low literacy skills, or are limited-English speakers, and from culturally and economically diverse communities.
5. Measure the impact of the public awareness campaign on the target audiences' (e.g., families/caregiver, educators, health and mental health providers, juvenile justice system officials) knowledge, perceptions, and relevant behavior change.
6. Working with other ICMHP committees, ensure that support is garnered for building the capacity of the mental health system to serve children and adolescents, and that families/caregivers, providers, and others are informed of availability of services and programs.
7. Ensure that policymakers receive regular communication about children's mental health (CMH) including key aspects of the public awareness campaign and efforts to improve the CMH system.
8. Initiate a repository of resources on promoting mental health, and addressing mental health problems and disorders in children and adolescents.
9. Inform and disseminate information to policymakers, providers, families/caregivers, the general public, and other key groups about the impact of changes to the CMH system in key benchmark areas.
10. Develop a plan for ongoing strategies to support and sustain the public awareness campaign efforts, including fundraising.

Long-Term Strategies and Action Steps (3-5 years):

1. Implement a comprehensive, culturally inclusive, and multi-faceted public awareness campaign that includes and expands the components developed in years 1-2.
 - a. Implement the most effective, accessible, and available informational and resource system (e.g., statewide hotline, web-based system) to provide families/caregivers, providers, and others with information about CMH (e.g., availability of providers).
2. Ensure the implementation of an ongoing comprehensive study and evaluation of the public awareness campaign, which should include but not be limited to the following activities.
3. Inform and disseminate information to policymakers, providers, families/caregivers, the general public, and other key groups about the impact of changes to the CMH system in key benchmark areas.
4. Ensure that plans and strategies are in place to sustain the public awareness campaign effort beyond the 3-5 year period of the campaign.

III. Maximize Current Investments and Invest Sufficient Fiscal Resources over Time

I. Priority Recommendation:

Maximize the use of key federal and state program funds for children’s mental health and integrate multiple federal and state funding streams.

Strategies and Short-Term Action Steps (1-2 years):

1. Advocate for an increased appropriation for children’s mental health (CMH) services. Illinois will be bringing in additional FFP related to ICG grants and is, therefore, in a better position to increase CMH appropriations (revised from emailed version).
2. Identify funds from multiple agencies (e.g., DCFS, DHS/OMF, PH) that can be braided or pooled to support efforts designed to provide mental health consultation to early childhood prevention, family support, and child care and education programs.
3. Develop a coordinated strategy for application to SAMHSA (e.g., additional System of Care grants in targeted communities).
4. Explore the use of various federal programs (e.g., Title V MCH Services Block Grant, Juvenile Justice Programs, etc.) to support children’s mental health programs and services.

II. Priority Recommendation:

Maximize the use of Medicaid and KidCare.

Short-Term Strategies and Action Steps (1-2 years):

1. Explore various Medicaid waiver options to maximize the availability of federally matched mental health services for Illinois children.
2. Expand the number of Medicaid/KidCare application agents, particularly with the education system, through expanded training activities.

3. Based on an analysis of the existing system, consider expansion of the eligibility criteria for Individual Care Grants to include children in the autistic spectrum with profound behavioral problems.
4. Expand Medicaid coverage for family practitioners and pediatricians to conduct social/emotional screening, assessment, diagnosis and referral services.
5. Explore whether services provided to troubled and homeless youth could be used as Medicaid match.
6. Explore expanding Medicaid reimbursement for children's mental health services for children with mental health disorders less severe than those with a serious emotional disturbance.
7. Review and monitor implementation of the Screening Assessment and Support Services (SASS) system to screen children prior to all admissions for psychiatric hospitalizations that are funded by Medicaid.
 - a. Monitor the financial outcomes of implementation of Medicaid reimbursement for Individual Care Grants and the SASS screening system.

III. Priority Recommendation:

Establish state funding sources and mechanisms, including incentive-based funding structures and community-based pilot projects, to promote best practices in prevention, early intervention, and treatment.

Short-Term Strategies and Action Steps (1-2 years):

1. Explore mechanisms necessary to employ or purchase the services of child/adolescent psychiatrists who would provide services to children/youth participating in public systems (e.g., DCFS, DHS), particularly for children residing in rural areas, through funds identified in appropriate agency budgets, with FFP where possible.
2. Explore expanding provision of mental health services in schools, including a program to place clinical social workers in schools who are eligible and certified to bill Medicaid for services.
3. Explore strategies for funding the training of professionals working in DCFS, EI, education, and other public systems to recognize and identify trauma in children and refer to appropriate services.
4. Create incentives that encourage local taxation for children's mental health services and systems.
5. Coordinate with the Redeploy Illinois program to ensure that an appropriate amount of funding is directed toward assessing and meeting the mental health needs of involved children/youth.
6. Explore strategies for maximizing the purchase of psychotropic drugs from the State Pharmacy at discounted prices.

IV. Priority Recommendation:

Make policy and planning recommendations to the Governor regarding the state budget for prevention, early intervention, and treatment across all state agencies.

Short-Term Strategy and Action Step (1-2 years):

1. Develop a plan and strategy for policy and planning recommendations regarding a state budget for prevention, early intervention, and treatment across all state agencies.

V. Priority Recommendation:

Establish state and local mechanisms for integrating federal, state, and local funding sources for children's mental health.

Short-Term Strategy and Action Step (1-2 years):

1. Develop strategies for establishing state and local mechanisms for integrating federal, state, and local funding sources for children's mental health.

IV. Build a Qualified and Adequately Trained Workforce with a Sufficient Number of Professionals to Serve Children and Their Families

A. *Expand and develop the mental health workforce.*

I. Priority Recommendation:

Expand the mental health workforce in order for Illinois to have a diverse and adequately trained workforce that meets the needs of all children and their families.

Short-Term Strategies and Action Steps (1-2 years):

1. Expand and diversify the workforce of early childhood mental health providers.
 - a. Identify barriers that prevent a more diverse range of professionals that reflect the cultural, ethnic and linguistic diversity of families in Illinois from providing early childhood mental health treatment and consultation, including identifying the barriers from participating in Early Intervention and DCFS.
 - b. Investigate the number of higher learning institutions that offer coursework and specialized tracks in early childhood mental health within psychology, clinical social work and other counseling programs.
 - c. Work with professional associations who offer training to mental health providers to expand curriculum to include early childhood as appropriate.
 - d. Ensure that all training and coursework includes cultural competence.
2. Provide cross-training that includes cultural and ethnic competence between mental health and health, early childhood development, special education, family support and child care professionals that will increase the number of mental health consultants available in Illinois.
 - a. Provide mental health providers training to introduce them to early childhood and adolescent mental health through a CEU model.
3. Ensure the provision of mental health services to children and adolescents by a diverse, adequately trained, and qualified workforce.

4. Collaborate with institutions of higher education to ensure that the training of mental health professionals includes core competencies in children's mental health, and social and emotional development.

II. Priority Recommendation:

Increase the capacity of early childhood programs and providers to promote and support social emotional development for young children and their families.

Short-Term Strategies and Action Steps (1-2 years):

1. Increase the qualifications of professionals working with young children and their families so they are able to promote and address social emotional health.
 - a. Coordinate current training efforts in social emotional development across the state.
 - b. Train personnel working with young children and their families in reflective practice and in promoting social emotional health.

Long-Term Strategy and Action Step (3-5 years):

1. Develop and implement recommendations regarding reimbursement and other payment systems that will lead to an increase of mental health professionals entering the field, this includes addressing reimbursement practices within Early Intervention and DCFS.

V. Create a Quality-Driven Children's Mental Health System with Shared Accountability Among Key State Agencies and Programs

Priority Recommendation:

Develop outcome indicators and benchmarks, with links and integration to early childhood and school standards, for assuring children's optimal social and emotional development, and improving overall mental health.

Short-Term Strategies and Action Steps (1-2 years):

1. Develop a set of core outcome indicators and benchmarks for which data is readily available and that can be measured over time.
2. Ensure that the set of core outcome indicators and benchmarks are linked to and integrated with existing systems for collecting data related to children's mental health.
 - a. Work with key state agencies to determine and assess what data is currently collected that is related to children's mental health.
3. Develop and implement a plan that identifies a system for obtaining the core indicator and benchmark data, and regularly reporting findings to policymakers, the general public, and others key groups.
4. Identify critical data sets necessary to document need, service utilization, and outcomes.

Long-Term Strategy and Action Step (3-5 years):

1. Continue to implement the plan for obtaining the core indicator and benchmark data, and regularly reporting findings to policymakers, the general public, and others key groups.

VI. Invest in Research

I. Priority Recommendation:

Establish a Children's Mental Health and Resource Center(s) to collect and facilitate research on best practices and model programs, share information with Illinois policymakers, practitioners and the general public, develop training and educational materials, provide technical assistance, and other key activities.

Short-Term Strategies and Action Steps (1-2 years):

1. Identify existing research centers and research projects that address children's mental health and engage these Centers in the work of the ICMHP.
2. Develop an inventory of children's mental health research projects within Illinois and related resources.

II. Priority Recommendation:

Develop and conduct process and outcome evaluations that measure changes to the children's mental health system and child outcomes as a result of implementing recommendations from the Illinois Children's Mental Health Task Force.

Short-Term Strategies and Action Steps (1-2 years):

1. Develop a multi-year process and outcome evaluation to measure the impact of the Children's Mental Health Plan on improving the children's mental health system.
 - a. Hire a university-based researcher, independent of the ICMHP, to develop and implement a multi-year process and outcome evaluation.

End

APPENDIX A: ICMHP Long-Term Recommendations

The following recommendations are from the Children's Mental Health Task Force Report. They are currently not included in the Children's Mental Health Act of 2003 nor in the list of short-term priorities identified by the ICMHP. These recommendations will be prioritized and addressed in the Children's Mental Health Plan in future years but are not for public comment at this time.

I. DEVELOP AND STRENGTHEN PREVENTION, EARLY INTERVENTION AND TREATMENT POLICIES, PROGRAMS AND SERVICES FOR ALL CHILDREN

A. PREVENTION

All Children:

1. Develop appropriate support services and linkages between systems during key life transitions for children (e.g., early childhood to school-age, high school to adulthood).

Young Children Beginning at Birth:

1. Develop and implement services in or linked to healthcare settings to support and educate new parents regarding the psychological adjustment to parenthood and ways to promote a child's healthy social and emotional development.
2. Disseminate information and referral protocols for the Special Education and Early Intervention systems, and community behavioral health care services to ensure that children are referred to the appropriate system, when indicated, and referring providers receive necessary feedback.
3. Provide at least two voluntary home visits by a registered nurse to all Illinois families following the birth of a child to assess the physical, social and emotional health of the new family, and link them to appropriate follow-up services as needed to prevent the emergence of developmental, behavioral and psychosocial problems.

School-Age Children

(See Preliminary Plan contents.)

B. EARLY INTERVENTION

All Children:

1. Identify and incorporate curricula that have been shown to be effective with diverse populations, culturally and linguistically appropriate materials, and approaches that enhance children's social and emotional development into programs serving all children.
2. Build the capacity of child-serving systems and agencies (e.g., health care systems, schools, special education, community mental health systems) to provide early intervention services with funding mechanisms that do not require a diagnosis for services for low and moderate-risk groups.
3. Develop interagency provider agreements between adult-centered programs and programs for children 0-18 years, as appropriate, to ensure the availability of early intervention services for the entire family.
 - a. Train providers in adult systems to infuse parent education and support into the work with adults, when appropriate, and provide funding for pilot models.

4. Develop policies and support services within substance abuse treatment centers, domestic violence, homeless shelters and other appropriate programs so that children can remain with their primary caregiver, when appropriate.
5. Increase the availability and quality of mental health services for families involved with the child welfare system, and infants and children exposed to violence.
6. Increase the availability and quality of respite services to families with a child who has a developmental delay or disability, to families involved in the child welfare system, and to families with a child or parent who has a mental illness.
7. Develop a continuum of crisis response or management models so that schools, early childhood programs, and community-based agencies are equipped to respond to local and/or national crises (e.g., school shootings, natural disasters, terrorism).

Young Children Beginning at Birth:

1. Require that all children who are referred to the Special Education or Early Intervention system be screened for social and emotional concerns and receive appropriate follow-up services as part of the Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP).
2. Evaluate the *Early Intervention Social and Emotional Pilot Project* and utilize outcomes to refine and implement effective practices across the entire Early Intervention system for identifying and serving children with a social and emotional developmental delay or psychosocial condition.

School-age Children:

1. Utilize and strengthen existing delivery mechanisms to meet student and family needs, including student support services (e.g., social workers, psychologists, counselors, nurses, and speech and language therapists), school-based behavioral health services, and school-community linked behavioral health services.
2. Build the capacity of schools, out-of-school programs and other systems and agencies to provide early intervention services or make the necessary referrals.

C. TREATMENT

All Children

1. Build the capacity of early childhood programs, schools, community mental health centers, and other community services to treat or refer for the mental health needs of all children and their families through a coordinated system that provides access to all available, evidence-based treatments in the least restrictive environment.
 - a. Work with health care, juvenile justice, child welfare, and other key systems to assure proper assessment, intervention and treatment.
2. Strengthen transitional support programs and linkages for specific populations who are most at-risk and need access to targeted mental health services (e.g., DCFS wards who age-out of the system, adolescents moving out of correctional facilities).

Young Children Beginning at Birth

1. Improve and expand the eligibility criteria for Early Intervention and Special Education services for children with social and emotional delays and psychosocial diagnoses and increase the capacity of these systems to treat children with emotional and behavioral problems.

School-age Children

1. Increase children's access to school-based and school-linked treatment services and supports by building linkages with community organizations and agencies, and through use of new technologies such as telepsychiatry (i.e., via use of long-distance video technology).
2. Evaluate the utilization of short and long-term residential services in order to: determine the adequacy, effectiveness and efficiency of services, identify needed transitional support services following discharge; and determine if there are appropriate alternative community-based services to meet the needs of children requiring this level of care.

II. MAXIMIZE CURRENT INVESTMENTS AND INVEST SUFFICIENT FISCAL RESOURCES OVER TIME

- A. Create a Children's Mental Health Fund in the State Treasury from which funds can be appropriated to expand prevention, early intervention, and treatment programs and services available to children ages 0 - 18 years.
- B. Strengthen the financing of children's mental health services within the Office of Mental Health (OMH).
 1. Appropriate adequate and proportionate funding across the age span for children ages 0-18 years, in the OMH budget.
 2. Significantly increase funding and coordinate financing of children's mental health services.
- C. Significantly increase funding and coordinate the financing of children's mental health services and programs across all appropriate state agencies, units of DHS, and ISBE.
- D. Maximize the use of Medicaid and KidCare.
 1. Develop a targeted funding plan to maximize the use of Medicaid, including EPSDT, and the strategic use of state dollars as matching funds. The plan should include identification of previously untapped or under-utilized sources of state and local resources, including 708 Mental Health Boards, to be used to match federal Medicaid dollars.
 2. Capitalize on federal Medicaid reimbursement to federally qualified community health centers (FQHCs) by providing behavioral health services to children in these settings.
 3. Improve Medicaid reimbursement for prevention, early intervention and treatment services:
 - a. Clarify for providers the diagnoses that create eligibility for children to obtain Medicaid services.
 - b. Change the Illinois KidCare and Medicaid eligibility procedures to allow for self-attestation of a family's financial circumstances in lieu of current financial documentation requirements.
 - c. Change the state's Medicaid plan to obtain federal reimbursement for administrative costs for coordination of systems.
- E. Continue and expand the funding of school-based and school-linked community health centers.
- F. Strengthen the private funding of children's mental health services.
 1. Broaden the current Illinois parity law to require private insurance companies to cover all mental health diagnoses and services of children ages 0-18 years.
 2. Explore methods of increasing other private sector support.

III. BUILD A QUALIFIED AND ADEQUATELY TRAINED WORKFORCE WITH A SUFFICIENT NUMBER OF PROFESSIONALS TO SERVE CHILDREN AND THEIR FAMILIES

- A. Expand and strengthen the professional preparation and workforce of children’s mental health professionals. Efforts should include:
 - 1. Expand the workforce of individuals trained to provide mental health consultation to programs, providers and treatment services for children ages 0 - 18 years and their families.
 - a. Work with institutions of higher education to expand the number of programs that offer coursework and specialized tracks in children’s mental health.
 - 2. Develop incentives to expand and diversify the number of mental health professionals who provide mental health consultation and treatment to children, particularly underserved populations (e.g., rural, migrant, bilingual, inner-city), in early childhood programs, schools and communities.
 - 3. Expand university offerings through extension programs that reach rural communities.
 - 4. Develop incentives to attract not only bilingual, but bicultural and ethnically diverse professionals.
 - 5. Increase the number of mental health providers available to serve children and adolescents in Chicago and downstate.
 - 6. Provide ongoing and evaluated training to current “front-line” workers regarding evidence-based practices in children’s mental prevention, early intervention and treatment.
- B. Expand and strengthen the professional preparation of primary care providers (e.g., pediatricians, family physicians), educators, paraprofessionals and others that come in contact with children and their families, in the social and emotional development of children.
- C. Improve relevant certification requirements in key professions to ensure a qualified and adequately trained workforce. This includes:
 - 1. Support and promote an endorsement system for various levels of early childhood mental health practitioners and encourage relevant programs to require the endorsement, once available.
- D. Assure continuing education, training, and staff development.
 - 1. Work with institutions of higher education, professional associations, and state agencies to increase opportunities and requirements for training regarding children’s mental health, including the impact of exposure to violence, through pre-service, in-service and ongoing professional development for early childhood, health care, and community behavioral health care providers, teachers, paraprofessionals, and others.
 - 2. Provide information and training to staff in family and adult-focused programs regarding early childhood development, and programs, services, and resources available in the community to families with young children (e.g., Head Start and Early Head Start, Healthy Families, EI, WIC, Parents Too Soon, Early Childhood Education Block Grant).
 - 3. Build on and strengthen efforts to infuse early childhood mental health principles and relationship-based service strategies into pre-service and ongoing training of Special Education and Early Intervention providers.
 - 4. Build on and strengthen efforts to provide staff development on the planning and implementation of school-wide, classroom-based activities that focus on building assets and addressing problems in school-age children.
 - a. Create training and staff development opportunities that help establish positive and supportive relationships among all school staff, students and parents.
 - 5. Develop a statewide database of qualified early childhood mental health practitioners and make it available to local communities.

IV. INCREASE PUBLIC EDUCATION AND AWARENESS

(See Preliminary Plan contents.)

V. CREATE A QUALITY-DRIVEN CHILDREN'S MENTAL HEALTH SYSTEM WITH SHARED ACCOUNTABILITY AMONG KEY STATE AGENCIES AND PROGRAMS

- A. Establish the capacity to conduct ongoing assessments of the mental health needs of children ages 0 - 18 years and their families.
 - 1. Create and implement an early childhood survey to periodically assess the social and emotional development, and mental health needs of young children.
 - 2. Coordinate existing youth surveys (e.g., IL Youth Risk Survey, Youth Risk Behavior) for middle and high school students and communicate the results in a timely fashion.
 - 3. Integrate an examination of protective factors, in addition to risks, for children's mental health into existing youth surveys.
- B. Develop outcome indicators and benchmarks, with links and integration to early childhood and school standards, for assuring children's optimal social and emotional development, and improving overall mental health.
 - 1. Promote the use of common or comparable indicators and benchmarks by early childhood programs, schools, community-based providers, and others.
 - 2. Require government-administered early childhood programs and schools to review program requirements and policies, and track outcomes related to the statewide benchmarks.
 - 3. Integrate social and emotional learning as part of the student report card and school report card.
- C. Improve accountability, data tracking and reporting for children's mental health in relevant programs and services.
 - 1. Institute contract and monitoring changes to increase the accountability of current children's mental health providers.
 - 2. Develop a statewide data tracking and reporting system to collect information on key indicators of children's social and emotional development, and mental health status.
 - 3. Develop policies and protocols for the sharing of databases among relevant state and local agencies.
 - 4. Explore the development of uniform reporting forms and test in select programs for the tracking, reporting and planning of services.

VI. INVEST IN RESEARCH

- A. Provide funding for culturally competent and clinically relevant research, including longitudinal studies that: address evidence-based practices in prevention, early intervention, and treatment; are translated into practice standards and policy implications for key groups; and are used to improve programs and services.

APPENDIX B: Glossary of Key Terms

| | |
|-------------|---|
| ABCD | Assuring Better Child Health and Development initiative |
| CEU | Continuing Education Units |
| CMH | Children's Mental Health |
| DC:0-3 | Diagnostic Code for Children ages 0 to three. |
| DCFS | Department of Children and Family Services |
| DHS | Department of Human Services |
| DSM-PC | Diagnostic and Statistical Manual of Mental Disorders – Primary Care |
| DSM-IV | Diagnostic and Statistical Manual of Mental Disorders – 4 th edition |
| EI | Early Intervention |
| EPSDT | Early and Periodic Screening Diagnostic and Treatment Program (of Medicaid) |
| FFP | Federal Financial Participation |
| ICD – 9 CM | The International Classification of Diseases, 9th Revision, Clinical Modification |
| ICG | Individual Care Grant |
| IASB | Illinois Association of School Boards |
| ICMHP | Illinois Children's Mental Health Partnership |
| IDPA | Illinois Department of Public Assistance |
| ISBE | Illinois State Board of Education |
| LAN | Local Area Network |
| OMH | Office of Mental Health |
| PH | Public Health |
| RFP | Request for Proposal |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SASS | Screening Assessment and Support Services |
| Title V MCH | Title V Maternal and Child Health Services Block Grant |