

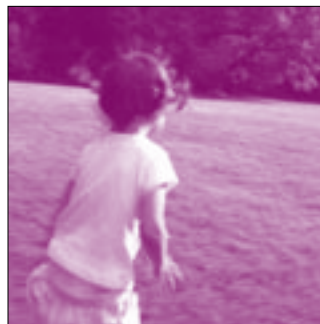
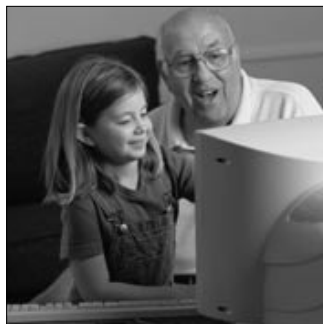
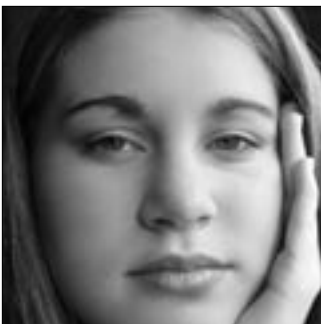
Illinois Children's Mental Health Partnership
**Strategic Plan for
 Building a Comprehensive
 Children's Mental Health
 System in Illinois**
EXECUTIVE SUMMARY

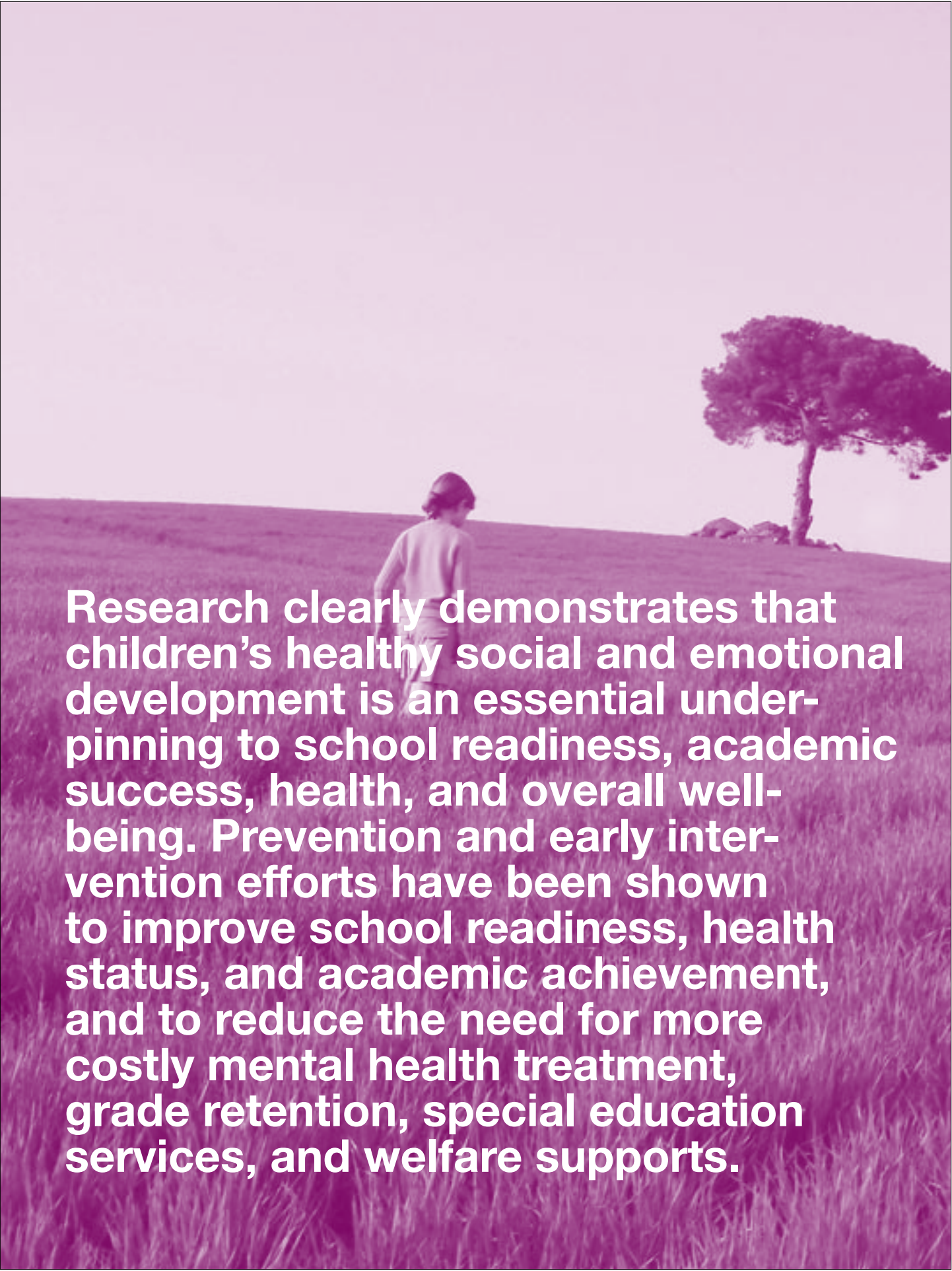


June 30, 2005

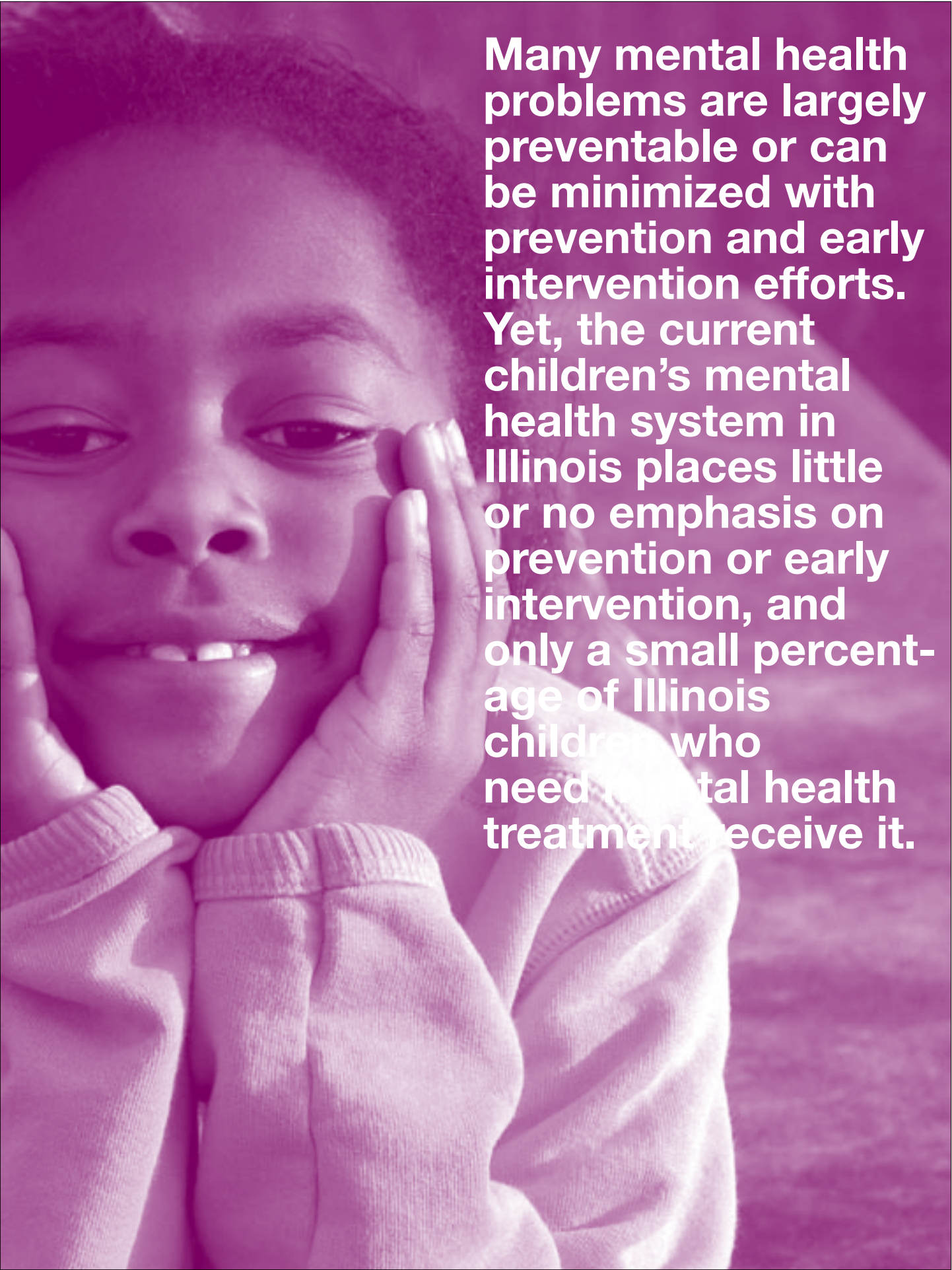
Rod R. Blagojevich
Illinois Governor

Barbara Shaw
Partnership Chair



A photograph of a person walking away from the camera across a grassy field. In the distance, there is a single, large, dark tree on a slight rise. The sky is a pale, uniform color. The entire image has a light purple tint.

Research clearly demonstrates that children's healthy social and emotional development is an essential underpinning to school readiness, academic success, health, and overall well-being. Prevention and early intervention efforts have been shown to improve school readiness, health status, and academic achievement, and to reduce the need for more costly mental health treatment, grade retention, special education services, and welfare supports.

A close-up photograph of a young girl with dark hair, wearing a light-colored sweater. She has her hands pressed against her cheeks and is looking slightly to the side with a thoughtful or concerned expression. The background is a soft, out-of-focus outdoor setting.

Many mental health problems are largely preventable or can be minimized with prevention and early intervention efforts. Yet, the current children's mental health system in Illinois places little or no emphasis on prevention or early intervention, and only a small percentage of Illinois children who need mental health treatment receive it.

Children's Mental Health Partnership Members

Partnership Chair

Barbara Shaw Illinois Violence Prevention Authority

Executive Committee

Ray Connor	Individual Care Grant Parents Association
Ruth Cross	Naperville School District
Claudia L. Fabian	Latino Coalition for Prevention
Karen Freel	Ounce of Prevention Fund
Gaylord Gieseke	Voices for Illinois Children
Gene Griffin	Illinois Department of Children & Family Services
Annette Johnson	Illinois Chapter, National Black Social Workers Association
Christopher Koch	Illinois State Board of Education
Carolyn Cochran-Kopel	Illinois Department of Human Services
Maria McCabe	Illinois School Counselors Association
Anne Marie Murphy	Illinois Department of Public Aid
Peter Nierman	Division of Mental Health, Illinois Department of Human Services
Louanner Peters	Office of the Governor
Amy Ray	Illinois Department of Corrections
Elizabeth Richmond	Illinois Adoption Advisory Council
Toni Rozanski	Illinois Department of Public Aid
Barbara Shaw	Illinois Violence Prevention Authority
Florence Townsend	Association of Black Psychologists
Peter Tracy	Association of Community Mental Health Authorities of Illinois
Paula Wolff	Chicago Metropolis 2020

Committee Co-Chairs

Cultural Competence

Claudia L. Fabian	Latino Coalition for Prevention
Rebecca Smith-Andoh	Mill Street Elementary School

Early Childhood

Karen Freel	Ounce of Prevention Fund
Gaylord Gieseke	Voices for Illinois Children

Family Involvement

Ray Connor	Individual Care Grant Parents Association
Darnell Cunningham	System of Care Chicago

Public Awareness

Florence Townsend	Association of Black Psychologists
Paula Wolff	Chicago Metropolis 2020

School Age

Maria McCabe	Illinois School Counselors Association
Peter Tracy	Association of Community Mental Health Authorities of Illinois

School Policies and Standards

Ruth Cross
Annette Johnson

Naperville School District
Illinois Chapter, National Black Social Workers Association

Management Team

Barbara Shaw
Gaylord Gieseke
Laura Hurwitz
Karen VanLandeghem

Illinois Violence Prevention Authority
Voices for Illinois Children
Illinois Children's Mental Health Partnership
Illinois Children's Mental Health Partnership

Partnership Members

Scott G. Allen
Superintendent Gene Amberg
Representative Patricia R. Bellock
Debbie Bretag
Terry Carmichael
Betsy Clarke
Ray Connor
Ruth Cross
Representative Elizabeth Coulson
Claudia L. Fabian
Karen Freel
Gaylord Gieseke
Gene Griffin
Annette Johnson
Christopher Koch
Carolyn Cochran-Kopel
Susan Krause
Dian Ledbetter
Lynn Liston
Senator Iris Y. Martinez
Maria McCabe
Anne Marie Murphy
Peter Nierman
Chief Ignacio "Joe" Pena
Louanner Peters
Amy Ray
Elizabeth Richmond
Toni Rozanski
Representative Kathleen A. Ryg
Tom Schafer
Senator Jeffrey M. Schoenberg
William Schwartz
Senator Dave Syverson
Florence Townsend
Peter Tracy
Juan Valbuena
Senator Kathleen L. "Kay" Wojcik
Paula Wolff
Lisa York
Amy Zimmerman

Illinois Chapter, American Academy of Pediatrics
Urbana School District #116
State Representative
Illinois Center for Violence Prevention
Community Behavioral Healthcare Association
Juvenile Justice Initiative
Individual Care Grants Parents Association
Naperville School District
State Representative
Latino Coalition for Prevention
Ounce of Prevention Fund
Voices for Illinois Children
Illinois Department of Children & Family Services
Illinois Chapter, National Black Social Workers Association
Illinois State Board of Education
Illinois Department of Human Services
Youth Service Bureau for McHenry County
Illinois Federation of Families
Illinois Association of Infant Mental Health
State Senator
Illinois School Counselors Association
Illinois Department of Public Aid
Division of Mental Health, Illinois Department of Human Services
Fight Crime: Invest in Kids Illinois
Office of the Governor
Illinois Department of Corrections
Illinois Adoption Advisory Council
Illinois Department of Public Aid
State Representative
Illinois Department of Public Health
State Senator
Mental Health Association in Illinois
State Senator
Association of Black Psychologists
Association of Community Mental Health Authorities of Illinois
Illinois Coalition for School Health Centers
State Senator
Chicago Metropolis 2020
Illinois School Psychologists Association
Office of the Attorney General

Foreword

The mental health needs of Illinois children and adolescents are very real and evident. You don't have to look any further than the daily newspaper headlines to find them – teen suicide, toddler expulsions from child care because of behavior problems, school violence and bullying. The mental health needs of our State's most precious resource – children and adolescents – has reached epidemic proportions and is a public health crisis for our State and the nation. Illinois became a nationwide leader in addressing this crisis when it enacted the Children's Mental Health Act of 2003, forming the Illinois Children's Mental Health Partnership and charging it with developing a statewide strategic plan to reform the Illinois children's mental health system.

It is with great pleasure that the Illinois Children's Mental Health Partnership (ICMHP) presents its *Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois*. The Plan represents the work of over 250 individuals and groups and the endorsement of ICMHP members. It is a statewide strategic blueprint or "roadmap" that outlines the recommendations and strategies identified by the ICMHP as critical to reforming the children's mental health system in Illinois.

In crafting this strategic Plan, the Illinois Children's Mental Health Partnership set out to identify the key issues facing children, youth and their families and the challenges to and gaps in mental health programs and services for children. The Partnership heard from parents, grandparents, advocates, teachers, school administrators, doctors, child care workers, school nurses, public health professionals, psychologists, psychiatrists, law enforcement, special education teachers, school social workers and counselors, child welfare workers and many others. What we learned was striking and sobering.

- Opportunities are often missed for educating new parents, caregivers such as grandparents, and child-serving professionals about the impact of children's social and emotional development on overall health, well-being and academic outcomes.
- An alarming number of young children have mental health needs yet many early childhood programs, health care providers and others who come into regular contact with young children and their families are ill-equipped to identify and address these needs.
- Many schools lack sufficient and appropriately trained staff to handle the numbers of students with mental health needs.
- There are not enough mental health providers available to meet the demand for mental health services, particularly in rural and other underserved areas.
- Families who have children with severe mental health disorders must navigate multiple and complex, uncoordinated service delivery systems in order to obtain mental health services.
- A significant proportion of youth in the juvenile justice system have mental health problems and evidence suggests that many were placed in this system because of a lack of community-based mental health services.
- A significant proportion of children and youth entering the child welfare system are suffering from the impact of exposure to trauma, violence and neglect.

Fortunately, we know from the research that by investing in mental health promotion efforts and intervening early when mental health needs first appear, poor outcomes can be dramatically prevented and minimized. Prevention, promotion and early intervention efforts are cost effective and have been shown to build resilience and improve health, mental health and academic outcomes in children and youth.

The Partnership envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention and treatment programs and services for children ages birth – 18 years. This also includes concerns about children transitioning from systems such as child welfare, juvenile justice and mental health. The Children's Mental Health Plan is a statewide strategic "roadmap" that can help Illinois achieve this vision. It covers a range of recommendations and strategies necessary to reform the children's mental health system in Illinois that include the following:

- Working with and engaging families in all aspects of the system.
- Promoting children's optimal social and emotional development.
- Identifying mental health needs and intervening early.
- Ensuring that mental health programs and services meet the needs of diverse communities.

- Promoting multi-agency collaboration at the state, regional, and local level to maximize scarce resources, minimize duplication of services, and facilitate access to services.
- Increasing mental health programs and services, especially in underserved areas of the state.
- Building a culturally-competent, qualified and adequately trained workforce with a sufficient number of professionals to serve children and their families.

In submitting this Plan, the ICMHP recognizes that we have just begun our work. True reform of the children's mental health system will require engaging families, communities, policymakers, educators, health care and mental health providers and many others in a collaborative effort to achieve these recommendations. And, while many of these recommendations and strategies are readily achievable many others will entail a phased-in approach that is implemented over time. It is a task that we are deeply committed to and collectively ready to undertake.

We urge the Governor to fully support the Plan and to continue to make children's mental health a priority in Illinois.

Barbara Shaw

Chair, Illinois Children's Mental Health Partnership

Acknowledgements

The Children's Mental Health Plan was developed as a result of the diligent work and thoughtful contributions of over 250 individuals and groups committed to and concerned about the health and well-being of Illinois children, adolescents and their families. Under the leadership of Barbara Shaw, ICMHP Chair and Committee Co-Chairs, members of the Partnership and its six standing Committees spent a year-and-a-half examining the latest research, learning about the needs of Illinois children and their families, deliberating about the strategies necessary to achieving true system reform, and obtaining public input to drafts of the Plan. These individuals and groups – families and caregivers, educators, health care and mental health providers, child advocates, legislators, and professionals from early childhood, child welfare, juvenile justice and other systems – are commended for their tireless dedication to this effort.

This Plan could not have been achieved without the important work of the Illinois Children's Mental Health Task Force. The Task Force developed a ground-breaking report, *Children's Mental Health: An Urgent Priority for Illinois*, highlighting the significant mental health needs of Illinois children and calling for reform of the Illinois children's mental health system. This Plan builds on the work of the Task Force report.

Voices for Illinois Children, under the leadership of Gaylord Gieseke, provides critical support to the ICMHP including serving as its fiscal and physical home.

The ICMHP is supported by the Illinois Violence Prevention Authority, the Illinois Department of Children and Family Services, Illinois Children's Healthcare Foundation, Association of Community Mental Health Authorities of Illinois, The Spencer Foundation, and Michael Reese Health Trust. Blue Cross/Blue Shield of Illinois graciously provides the facilities for many of the ICMHP meetings. Voices for Illinois Children contributed a monetary award to the ICMHP in recognition and support of ICMHP work. In addition, the ICMHP would like to thank the National Governors Association and the National Association of State Mental Health Program Directors for providing technical assistance and support on key issues covered in the Plan.

Finally, Laura Hurwitz and Karen VanLandeghem, ICMHP, Carey McCann, Ounce of Prevention Fund, Kimberly Fitzgerald Moran, Voices for Illinois Children, and John Payton, University of Illinois at Chicago (CASEL) provided critical staff support to the work of the ICMHP Committees. In addition, Vikki Rompala, mental health fellow, provided important staff support to the work of the ICMHP.

This report was written by Karen VanLandeghem, ICMHP associate director, with assistance from Laura Hurwitz, ICMHP project coordinator, and designed by Steve Hartman, president, Creativille, Inc. (www.creativille.net).

The Children's Mental Health Plan is a comprehensive vision and strategic roadmap for achieving the goals set forth in the Illinois Children's Mental Health Act of 2003.



Executive Summary

Illinois became a nationwide leader in recognizing the importance of mental health to children's overall health, well-being and academic success when the Illinois General Assembly passed the Children's Mental Health (CMH) Act of 2003 and Governor Rod Blagojevich signed the bill into law. With the passage of the CMH Act, the Governor and General Assembly made a clear and critical commitment to children's mental health and to the need for reforming an existing mental health system that is highly fragmented, under-resourced, and inadequately coordinated to meet the needs of Illinois children and their families.

Among other key areas, the CMH Act created the Illinois Children's Mental Health Partnership (ICMHP) and charged it with developing a Children's Mental Health Plan containing short-term and long-term recommendations for providing comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth to age 18. The ICMHP is pleased to submit this "Strategic Plan for Building a Comprehensive Children's Mental Health System in Illinois" to Governor Rod Blagojevich.

This Plan is a comprehensive vision and strategic roadmap for achieving the goals set forth in the Illinois Children's Mental Health Act of 2003. It embodies the collective vision and tireless work of over 250 individuals representing families, children and youth, policymakers, advocates, and key systems including mental health, education, early childhood, health, child welfare, substance abuse prevention, violence prevention, and juvenile justice.

The Illinois Children's Mental Health Partnership envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment programs and services for children ages 0-18 years, and for youth ages 19-21 who are transitioning out of key public programs (e.g., school, child welfare, the mental health system).



ICMHP Vision for a Reformed Children's Mental Health System

Research clearly demonstrates that children's healthy social and emotional development is an essential underpinning to school readiness, academic success, health, and overall well-being. Prevention and early intervention efforts have been shown to improve school readiness, health status, and academic achievement, and to reduce the need for more costly mental health treatment, grade retention, special education services, and welfare supports. Unfortunately, a significant number of Illinois children experience serious mental health problems and many of them do not receive the services they need.

Nationally, suicide is the leading cause of death for adolescents and young adults; over 90 percent of these youth have experienced a mental disorder. More toddlers are expelled from pre-kindergarten programs due to behavioral concerns than are students in grades K-12. Over 20 percent of children have a diagnosable mental health problem yet only one in five of these children receive services. Mental health programs and services for children in Illinois – like that of most states – are highly fragmented, under-resourced and limited in scope and place little emphasis on promoting children's social and emotional well-being, and preventing mental health problems.

Many mental health problems are largely preventable or can be minimized with prevention and early intervention efforts. Yet, the current children's mental health system in Illinois places 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, public health, education, human service and juvenile justice 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. A comprehensive, coordinated children's mental health system can help maximize resources and minimize duplication of services.

The Illinois Children's Mental Health Partnership envisions a comprehensive, coordinated children's mental health system comprised of prevention, early intervention, and treatment programs and services for children ages 0-18 years, and for youth ages 19-21 who are transitioning out of key public programs (e.g., child welfare, school, the mental health system). Programs and services should be available and accessible to all Illinois children and their families – whether they are a new parent adjusting to the demands of parenthood, a toddler struggling to master basic developmental tasks, an adolescent who is experiencing feelings of depression, or a youth with some other mental health need.

A comprehensive, coordinated children's mental health system can help maximize resources and minimize duplication of services.

A comprehensive and coordinated children's mental health system in Illinois should include the following key components.

- **Starts early, beginning prenatally and at birth, and continues throughout adolescence**, including efforts to support youth in making the transition to young adulthood, and through key transitions to adulthood and independent living.
- **Engages families/caregivers** in all aspects of promoting their child's optimal social and emotional development, and overall mental health. Families should have easy access to needed information, resources and supports. Agencies and organizations should partner with families in policymaking, evaluation and resource decisions at the state, regional and local level.

- **Educates families/caregivers, children, providers, public officials and the general public** about the importance of children’s mental health.
- **Provides quality programs and services** that are grounded in evidence-based research and are affordable, family-centered, culturally-competent, and developmentally appropriate. Services and systems should be responsive to the cultural perspectives and characteristics of the diverse populations that are served.
- **Delivers services in and across natural settings** such as early childhood programs, homes, primary health care settings, and schools in order to successfully reach children and their families.
- **Adopts a child developmental approach** that takes into account the changing needs of children and adolescents, and their families, as youth age.
- **Promotes individualized care for each child and their family** guided by a comprehensive, single plan of care that is family-driven and addresses strengths as well as problems and needs.
- **Supports smooth transitions between systems and services** that are effectively implemented and family friendly.
- **Assures that all professionals who come in contact with children are adequately prepared and trained** to promote, identify, refer and/or address children’s mental health.
- **Builds on and integrates existing systems** (e.g., early childhood, health care, education, mental health, juvenile justice, substance abuse, child welfare) that serve children and their families.
- **Maximizes public and private resources** and invests sufficient resources over time.
- **Ensures that programs and services are provided in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies**

The Importance of Supporting and Advancing the Children’s Mental Health Plan

The Partnership urges the Governor to continue to support and advance the priority recommendations and related strategies contained within this Plan. These recommendations are designed to maximize scarce resources, build on system strengths and model programs, expand resources over time, and ensure that the needs of children and their families are being met. True system reform will involve implementing these recommendations over time using a phased-in approach.

Since the passage of the CMH Act, the Partnership has made significant progress in key areas of the children’s mental health system. Ongoing support for this Strategic Plan will enable the Partnership and its member agencies and representatives to make further progress and improvements to the CMH system. The strategic priorities and recommendations outline the Partnership’s strategic vision for improving the CMH system.

ICMHP Strategic Priorities

The ICMHP has identified the following Strategic Priorities for focus in the coming year or two.

- 1) Promote ongoing family/consumer and youth involvement in administrative, policymaking and resource decisions regarding the Illinois children's mental health system at the state, regional and local level.
- 2) Advocate for increased children's mental health services and programs.
- 3) Develop culturally competent mental health consultation initiative(s) that educate, support and assist providers in key child-serving systems (e.g., early childhood, child care, primary care, public health, mental health and education).
- 4) Create a comprehensive, culturally inclusive, and multi-faceted public awareness campaign plan.
- 5) Build public and private sector awareness and response to maternal depression with attention to prevention and early intervention efforts, and necessary follow-up assessment and treatment services, where appropriate.
- 6) Build and enhance school-based activities focused on social and emotional educational and support services, and provide professional development and technical assistance to school administrators and staff.
- 7) Promote mental health screening and assessment and appropriate follow-up services of children and youth involved in the child welfare and juvenile justice systems.
- 8) Increase early intervention and mental health treatment services and supports for children:
 - Ages 0-5 years;
 - Transitioning out of public systems (e.g., child welfare, mental health, juvenile justice);
 - Who have been exposed to or experienced childhood trauma (e.g., violence);
 - Who need follow-up services in the SASS system beyond 90 days; and
 - Who have mental health problems that are not severe enough to qualify them for public programs.
- 9) Convene a multi-agency and multidisciplinary work group to examine how children's residential mental health treatment services are funded and accessed in order to develop strategies for improving financing, cost-effectiveness, and access to residential services and alternative community services, where appropriate.
- 10) Initiate development of a policy and research center(s) to support research-based workforce development, best practice models and technical assistance on children's mental health in such areas as cultural competence, family involvement and consumer-driven care.

Strategic Plan Recommendations

The following recommendations were identified by the Illinois Children’s Mental Health Partnership as key areas to be initiated, developed, or accomplished over the next few years. Detailed strategies for achieving these recommendations are identified in the main section of this strategic Plan.

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

PREVENTION

A. Partner with families/caregivers and youth.

- I. **Recommendation:** Promote ongoing family/consumer participation in operations, policymaking and resource decisions regarding the Illinois children’s mental health system at the state, regional and local level.
- II. **Recommendation:** Develop a mental health system accessible to children ages 0-18 years that respects, supports and treats families/caregivers as key partners.
- III. **Recommendation:** Partner with existing youth leadership groups to advise the Partnership and engage youth in planning at the state, regional and local level.

B. Promote children’s mental health services and programs that are culturally and linguistically competent.

Recommendation: Promote state and local agency children’s mental health policies and practices that are culturally and linguistically competent.

C. Establish a mental health consultation initiative that serves early childhood, child care, primary care, mental health, education and other key systems that come into regular contact with children and their families.

Recommendation: Develop culturally and linguistically appropriate mental health consultation initiatives that are accessible and available to programs and providers in key child-serving systems including early childhood, child care, primary care, mental health and education.

D. Increase public and private sector response to maternal perinatal depression.

Recommendation: Work in partnership with the Governor’s maternal depression task force to strengthen best practices, quality standards and training associated with efforts to address perinatal depression in women of child-bearing age.

E. Strengthen and develop best practices, quality standards and professional training associated with voluntary mental health screening conducted with parental consent and parental involvement and in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies.

Recommendation: Promote and support initiatives that strengthen and develop best practices, quality standards and professional training associated with voluntary mental health screening conducted with parental consent and parental involvement and in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies.

F. 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, in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies.

- I. Recommendation:** Work with the Illinois State Board of Education (ISBE) to ensure that all Illinois school districts develop a policy for incorporating social and emotional development into the district’s education program. The policy shall address social and emotional learning, and protocols (i.e., guidelines) for responding to children with social, emotional, or mental health needs.
- II. Recommendation:** Work with ISBE to ensure that the plan, submitted to the Governor on December 31, 2004, is implemented to incorporate social and emotional learning standards as part of the Illinois Learning Standards.
- III. Recommendation:** Promote increased collaboration and partnerships among schools and school-based mental health, community mental health, health care, juvenile justice, substance abuse, developmental disability agencies, Early Intervention (Part C of IDEA), child care programs and systems, and families/caregivers and others to promote optimal social and emotional development in children and youth, and access to appropriate services.

EARLY INTERVENTION

A. Build coordinated systems for early intervention and response to mental health needs that are responsive to children and their families.

- I. Recommendation:** Expand on and build the capacity of child-serving systems and agencies (e.g., early childhood, health care, education, community mental health) to provide early intervention services that are accessible to children.
- II. Recommendation:** Promote and support initiatives that strengthen best practices, quality standards, and professional training associated with mental health screening and related follow-up assessment and treatment services, as appropriate, for children in the child welfare and juvenile justice systems, in accordance with existing Illinois and federal confidentiality, consent, reporting, and privacy laws and policies.
- III. Recommendation:** Promote the development of a coordinated community response to children exposed to trauma.
- IV. Recommendation:** Identify best practices for educating expecting families and the general public about the impact of substance abuse on children’s development and for addressing and treating substance exposed infants.

TREATMENT

A. Promote that children have access to quality, coordinated, and culturally competent systems of care that provide comprehensive treatment and family supports.

- I. Recommendation:** Build and strengthen a quality system of care in Illinois based on the mental health “System of Care” Principles to ensure that children once identified as needing services, have access to a comprehensive array of clinically appropriate assessment, treatment services and supports.
- II. Recommendation:** Develop mechanisms, as part of the System of Care design, to provide assistance and direct families/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, family violence, sexual assault, homeless shelters, and developmental disabilities systems.

GOAL II. INCREASE PUBLIC EDUCATION AND AWARENESS

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-based organizations, local health department officials) about the importance 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.

GOAL III. MAXIMIZE CURRENT INVESTMENTS AND INVEST SUFFICIENT FISCAL RESOURCES OVER TIME

- I. **Recommendation:** Maximize the use of key federal and state program funds for children’s mental health, integrate multiple federal and state funding streams, and promote the use of local matching funds, where appropriate.
- II. **Recommendation:** Make effective use of Medicaid and KidCare to ensure that children receive appropriate mental health services.
- III. **Recommendation:** Initiate development of state funding sources and mechanisms, including incentive-based funding structures and community-based pilot projects and models, to promote best practices in prevention, early intervention, and treatment.
- IV. **Recommendation:** Make policy and planning recommendations to the Governor regarding a state budget for prevention, early intervention, and treatment across all state agencies.
- V. **Recommendation:** Initiate development of state and local mechanisms for integrating federal, state, and local funding sources for children’s mental health.
- VI. **Recommendation:** Explore mechanisms and strategies for increasing private insurance coverage of children’s mental health services.

GOAL IV. BUILD A QUALIFIED AND ADEQUATELY TRAINED WORKFORCE WITH A SUFFICIENT NUMBER OF PROFESSIONALS TO SERVE CHILDREN AND THEIR FAMILIES THROUGHOUT ILLINOIS

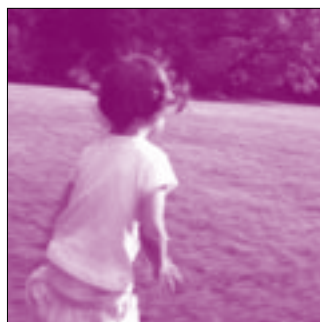
- A. **Expand and develop the mental health workforce.**
 - I. **Recommendation:** Initiate efforts to expand the mental health workforce to ensure a diverse, adequately trained and qualified workforce that meets the needs of children and their families throughout Illinois.
 - II. **Recommendation:** Increase the capacity of programs and providers who work with children (e.g., early childhood, health care, education, mental health, education, child welfare, juvenile justice) to promote and support the social and emotional development and mental health needs of children and their families.

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

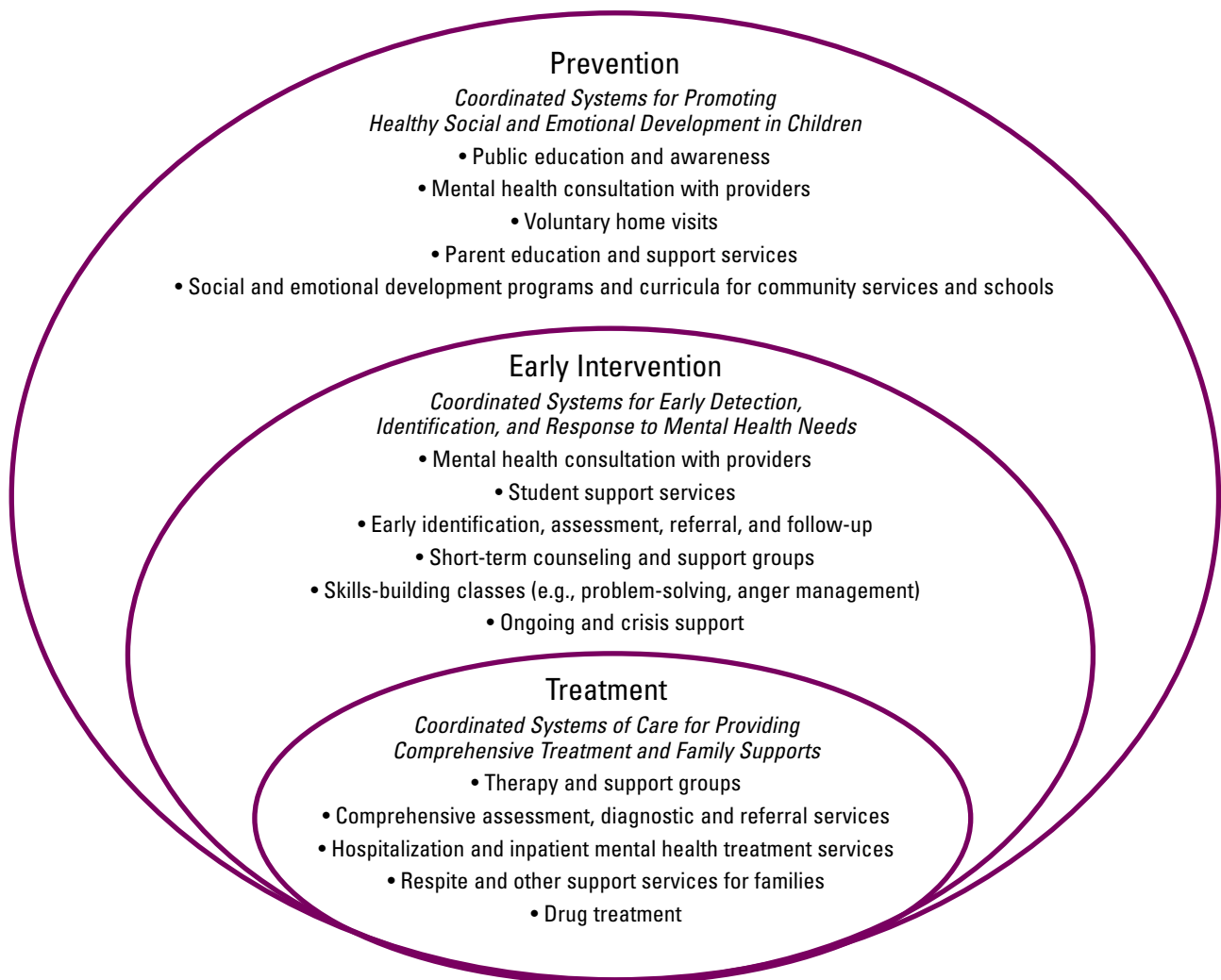
Recommendation: Initiate development of outcome indicators and benchmarks including links to and integration of early childhood and school learning standards, for ensuring children's optimal social and emotional development, and improving overall mental health.

GOAL VI. INVEST IN RESEARCH

- I. Recommendation:** Initiate a Children's Mental Health 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 culturally and linguistically competent training and educational materials; provide technical assistance; and implement other key activities.
- II. Recommendation:** Develop and conduct process and outcome evaluations that measure changes to the children's mental health system and in child outcomes as a result of implementation of the Illinois Children's Mental Health Plan.



Framework for a Coordinated Mental Health System* in Illinois for Children Ages 0-18



*These systems include early childhood, education, mental health, juvenile justice, health, human services, substance abuse, violence prevention, corrections, and other relevant systems.

Adapted from: Minnesota Children's Mental Health Task Force, *Minnesota Framework for a Coordinated System to Promote Mental Health in Minnesota*; Center for Mental Health in Schools, *Interconnected Systems for Meeting the Needs of All Youngsters*.



Illinois Children's Mental Health Partnership (ICMHP)

*c/o Voices for Illinois Children
208 S. LaSalle Street, Suite 1490
Chicago, Illinois 60604-1120
web: www.ivpa.org
web: www.voices4kids.org*

ICMHP Management Team

*Barbara Shaw, Chair
phone: (312) 814-1514
e-mail: bshaw@idph.state.il.us*

*Gaylord Gieseke, Fiscal Administrator
phone: (312) 516-5565
e-mail: ggieseke@voices4kids.org*

*Karen VanLandeghem, Associate Director
phone: (847) 797-1824
e-mail: kvanlandeghem@ameritech.net*

*Laura Hurwitz, Project Coordinator
phone: (312) 516-5569
e-mail: lhurwitz@voices4kids.org*