

# Illinois Children's Healthcare Foundation

**EXECUTIVE  
SUMMARY**

**FINAL REPORT  
DECEMBER 2018**

## **Accomplishments and Lessons Learned:**

*Children's Mental Health Initiative, Building Systems of Care,  
Community by Community*



Illinois Children's  
Healthcare Foundation

## **ABOUT ILLINOIS CHILDREN'S HEALTHCARE FOUNDATION**

The vision of Illinois Children's Healthcare Foundation (ILCHF) is that every child in Illinois grows up healthy. ILCHF cultivates, supports, and promotes initiatives that improve the health and wellness of children in Illinois, primarily in the high-need areas of children's oral and mental health.

ILCHF's philosophy is that healthcare must address the whole child and that the healthcare system in Illinois must be responsive to the needs of all children. Working through grantee partners across Illinois, ILCHF focuses its grant-making on identifying and funding solutions to the barriers that prevent children from accessing the ongoing health care they need. Since its inception in 2002, ILCHF has invested more than \$75 million in organizations throughout the state that work tirelessly to improve the health of children in their communities.



## Children’s Mental Health Initiative Timeline

<b>2009</b>	<b>September</b>	<ul style="list-style-type: none"> <li>● ILCHF releases Planning Grant RFP</li> </ul>
<b>2010</b>	<b>May</b>	<ul style="list-style-type: none"> <li>● 13-month CMHI Planning Grants awarded to five communities</li> </ul>
<b>2011</b>	<b>August</b>	<ul style="list-style-type: none"> <li>● Five-year grants awarded to four CMHI Communities               <ul style="list-style-type: none"> <li>&gt; Adams County</li> <li>&gt; Carroll, Lee, Ogle, and Whiteside Counties</li> <li>&gt; Livingston County</li> <li>&gt; City of Springfield</li> </ul> </li> </ul>
	<b>September</b>	<ul style="list-style-type: none"> <li>● Year one implementation begins</li> </ul>
<b>2013</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Year two implementation begins</li> </ul>
<b>2014</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Year three implementation begins</li> </ul>
	<b>February</b>	<ul style="list-style-type: none"> <li>● ILCHF invests an additional year of funding of up to \$300,000 for each community, to address unpredictable challenges in systems change, thus adding a sixth implementation year</li> </ul>
<b>2015</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Year four implementation begins</li> </ul>
	<b>August</b>	<ul style="list-style-type: none"> <li>● CMHI Advocacy Planning Project Grant of \$80,000 awarded to Sargent Shriver National Center on Poverty Law (Shriver Center)</li> <li>● Advocacy Planning Project Grants of \$5,000 each awarded to the four CMHI communities</li> </ul>
	<b>December</b>	<ul style="list-style-type: none"> <li>● Stabilization Grants of up to \$175,000 each awarded to the four CMHI communities</li> </ul>
<b>2016</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Year five of implementation begins</li> </ul>
	<b>October</b>	<ul style="list-style-type: none"> <li>● Advocacy Planning Project Grants of \$5,000 each awarded to the four CMHI communities</li> </ul>
<b>2017</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Year six (final year) of implementation begins</li> </ul>
	<b>August</b>	<ul style="list-style-type: none"> <li>● ILCHF Board authorizes up to \$10.1 million for CMHI 2.0 planning, implementation, and evaluation</li> </ul>
	<b>October</b>	<ul style="list-style-type: none"> <li>● Mentoring Grants of \$75,000 each awarded to the four CHMI communities</li> </ul>
<b>2018</b>	<b>January</b>	<ul style="list-style-type: none"> <li>● Mentoring year begins</li> </ul>
	<b>June</b>	<ul style="list-style-type: none"> <li>● CMHI 2.0 Planning Grants of \$200,000 each awarded to five new communities for planning, implementation, and evaluation</li> </ul>
	<b>August</b>	<ul style="list-style-type: none"> <li>● CMHI Advocacy Planning Project Grant of \$160,000 awarded to Shriver Center</li> </ul>
	<b>October</b>	<ul style="list-style-type: none"> <li>● CMHI 2.0 planning year begins</li> </ul>

# Executive Summary

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In the United States, 48% of the population will develop a mental disorder at some point in their lifetimes, with 75% having the onset before the end of adolescence (age 24) and 50% starting before the end of childhood (age 14).<sup>1</sup> This public health issue is aggravated by the fact that many communities have insufficient resources or strategies to address this threat to the healthy development of children. The *Children's Mental Health Initiative, Building Systems of Care, Community by Community* (CMHI 1.0) was designed to enable four communities to find local solutions to these critical challenges.

Since 2010, ILCHF has invested \$11.27 million across the four grantee communities, and \$915,000 in a cross-site evaluation. Each of the four grantee communities received approximately \$2.85 million over eight years (one planning year, six implementation years, one mentoring year, and two years of advocacy technical assistance funding).

With this ILCHF grant funding, the four CMHI teams significantly shifted community culture and practices surrounding children's mental health. CMHI has shown that empowering communities through an investment in their unique visions and capabilities enables providers to align their organizational plans and operations in order to more effectively serve children with a community-wide strategy.

The four CMHI 1.0 projects and the communities they serve are:

- *Adams County Children's Mental Health Partnership (ACCMHP)*, serving Adams County
- *Community That Cares (CTC)*, serving Carroll, Lee, Ogle, and Whiteside counties
- *Livingston County Children's Network (LCCN)*, serving Livingston County
- *The Children's MOSAIC Project (MOSAIC)*, serving the city of Springfield

In 2009, ILCHF identified the following five guiding principles for CMHI:

1. Engage community-based professionals and families to collaboratively create a child-centered and family-focused system of care.
2. Leverage existing networks of community-based service providers to supply evidence-based and culturally sensitive services.
3. Ensure the capacity to prevent, identify, and treat children at risk for, or with, existing mental illness.
4. Incorporate the concept of a medical home, with integrated behavioral and pediatric healthcare, as the focus of services.
5. Include comprehensive plans to educate and engage all who play active roles in the lives of children, with a particular emphasis on mental health, healthy development, and stigma.

Every CMHI 1.0 community now incorporates the five guiding principles with varying levels of intensity and success.

ILCHF was committed to learning from and sharing the successes, challenges, and failures of each unique CMHI 1.0 project. To that end, each community wrote a manual describing its efforts, including problems, solutions, and strategies. The manuals are a rich resource of information about the extraordinary work in each community; the manuals are available from ILCHF at [www.ilchf.org](http://www.ilchf.org).

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In synthesizing the key findings presented here, the Foundation draws upon extensive reports from the sites, third party evaluators, and ongoing relationships with key personnel at each site. Five primary elements of the projects discussed below are:

1. systems integration
2. sustainability
3. mental health screening
4. evaluation
5. advocacy

Significant accomplishments of and lessons from the CMHI 1.0 communities include:

- 1. CMHI 1.0 was very successful in significantly improving the level of systems integration in all four communities over the first six years of the project.** Survey instruments sent to each service provider in the community provided ratings of all other providers in terms of their level of integration and partnership. Integration of human resources, funding, overall impact, and communication were assessed. The scale rated collaboration elements on a scale from one (informal relations) to five (full integration). All four communities achieved statistically significant improvement in their systems integration.
- 2. CMHI 1.0 systems have been sustained, even as grant funding gradually decreased.** From the onset of CMHI 1.0, ILCHF was concerned with sustaining enhanced mental health services and overall integrated systems of care beyond the grant period. All four communities utilized grant funds to pilot and implement the integration of mental health screening and services into both medical and school settings. These mental health services are now sustained through an array of funding mechanisms and strategies.
- 3. Mental health screening in schools and primary care practices are routine in all four CMHI communities. CMHI communities succeeded in dramatically increasing the rates of children being screened for developmental and mental health concerns.** In 2010, at the start of the project, fewer than six percent of children were screened. By 2016, nearly half of all children in the communities were screened. In 2017, the Quincy Public Schools began screening **all** children during school registration. In 2018, Springfield public schools began screening **all** children in selected grades. For the CMHI communities, mental health screening is now routine for families and is part of the expected experience in medical care and school settings.
- 4. CMHI incorporated a complex evaluation—including a cross-site evaluation and four local evaluations—producing varied but useful results.** Systems integration data gathering produced useful results. The longitudinal cohort study encountered significant challenges in connection with enrolling and retaining children in the study, as well as difficulties in gathering data. These challenges have significantly informed the evaluation plan for CMHI 2.0.

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**5. Policy and advocacy capacity building was successful.** ILCHF funded a collaboration between the CMHI 1.0 communities and the Sargent Shriver National Center on Poverty Law (Shriver Center). Shriver Center provided CMHI communities with technical assistance on policy advocacy, including the skills to navigate the Medicaid reimbursement system. The communities and Shriver Center worked together to devise education, legal advocacy, and problem-solving mechanisms that resulted in a significant strengthening of the children’s mental health system overall. The successes were primarily in the areas of insuring Medicaid reimbursement during the state budget impasse; expanding the available array of mental health services and increasing reimbursement rates; problem-solving around Medicaid coverage lapses for clients; and Medicaid plan changes.

Based on its experience with CMHI 1.0, ILCHF has learned that the most effective means of impacting the lives of children and families is to support the system of care at the community level. CMHI 1.0 produced impressive outcomes related to the successful integration of child-serving systems within the local community. CMHI 1.0 reduced the burden of emotional distress and mental illness. The services

that were developed through the initial grant investment have been largely sustained.

ILCHF is committed to continuing its investment in the Illinois children’s mental health system: Children’s Mental Health Initiative 2.0 (CMHI 2.0) is a \$12.6 million seven-year investment in

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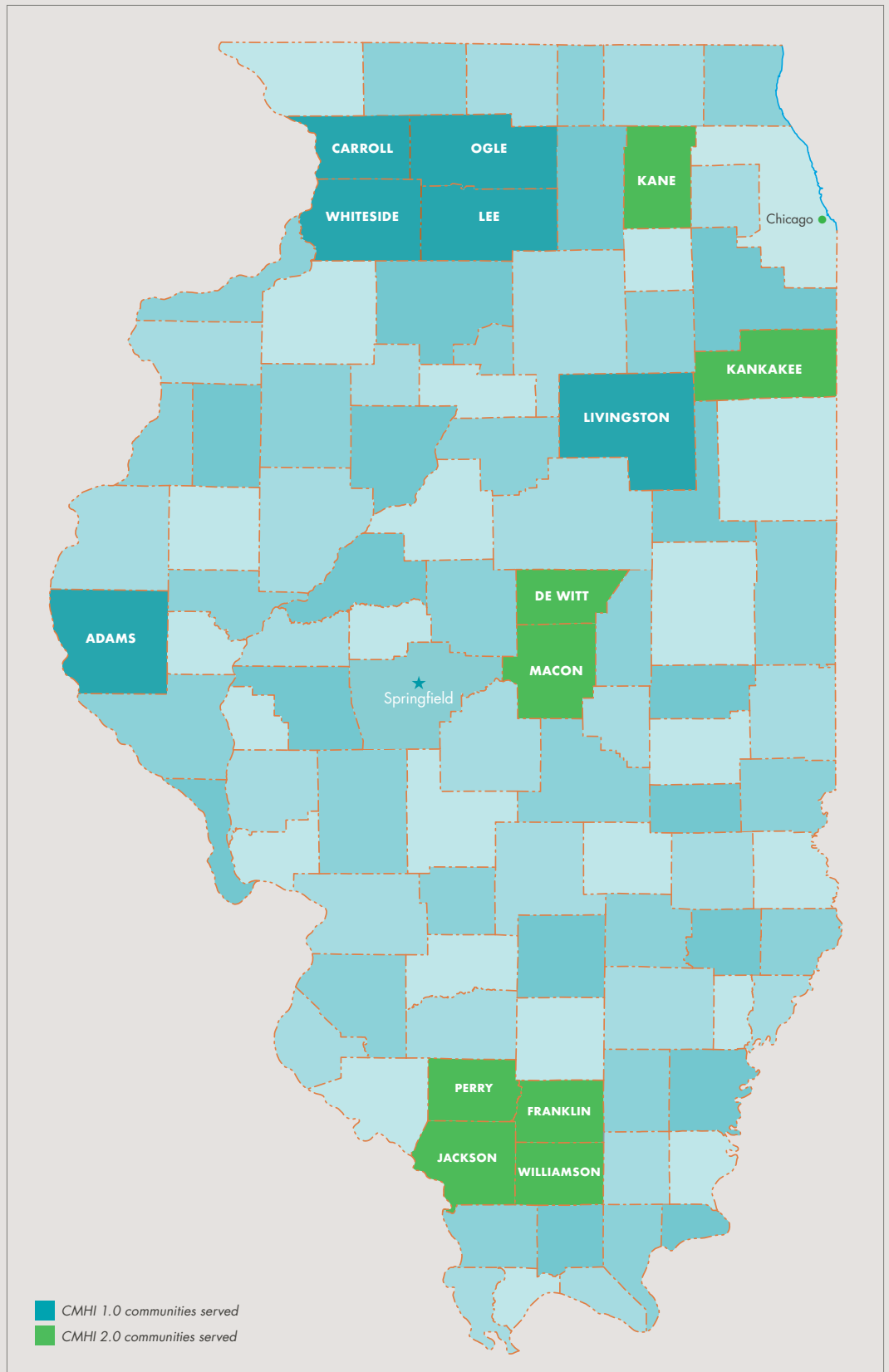
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a second round of system of care development grants. In July 2018, ILCHF awarded planning grants to five Illinois communities to develop and implement a children’s mental health system of care. The lead grantees and communities to be served are:

- *Centerstone*, serving Perry, Franklin, Jackson, and Williamson counties
- *Community Foundation of Kankakee River Valley*, serving Kankakee County
- *Heritage Behavioral Health*, serving Macon and DeWitt counties
- *Kane County Health Department*, serving Kane County
- *Primo Center for Women and Children*, serving homeless youth and families in Chicago

We welcome these organizations to the CMHI 2.0. We are excited to see what they can learn and then teach others about improving children’s mental health through the implementation of their systems of care.

## Children's Mental Health Initiative Communities Served



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