

Illinois Action Plan to Integrate Early Childhood Mental Health into Child- and Family-Serving Systems, Prenatal through Age Five

Executive
Summary



January 2016



Acknowledgements

This Action Plan resulted from the collaboration of many stakeholders from the public and private sectors in Illinois. We want to express our appreciation to all who generously shared their expertise and gave their time to provide insight and to reflect on the status of early childhood mental health in Illinois and how the systems of supports and services can be improved to best serve our state's young children and families. These stakeholders included state agency leaders across systems, early care and education providers, health and mental health care providers, philanthropic partners, home visitors, child and family advocates, parents, and professionals from the Early Intervention, health, early learning, education, Head Start, Early Head Start, child care, public health, child welfare, home visiting, and mental health systems. These stakeholders also included parents with concerns about the social-emotional development of their children who provided valuable insight into their experiences and their desire for a more responsive and effective family-centered system that meets the needs of their young children. We would also like to thank the experts outside Illinois who provided us with insight into other state systems. Finally, we would like to acknowledge and express our gratitude to our fellow planning group members — the Governor's Office of Early Childhood Development, Voices for Illinois Children, the Illinois Children's Mental Health Partnership, the Ounce of Prevention Fund, and our partners at the BUILD Initiative—for their leadership, commitment and support in helping us think through and develop this Action Plan.

Phyllis Glink
Executive Director



IRVING HARRIS
FOUNDATION



Executive Summary

Research has shown that early childhood mental health is just as important to school readiness, health and overall well-being as cognitive, physical and literacy development. The Illinois General Assembly recognized this importance when it passed the Children's Mental Health (CMH) Act of 2003, definitively making a fundamental commitment to support children's mental health beginning at birth and to reform the state's highly fragmented and under-resourced mental health system. While Illinois has made great strides over the years in addressing the mental health needs of young children, very significant gaps in services and strategies unfortunately persist across the continuum of social-emotional health promotion, prevention/intervention, and treatment services. Indeed, in a survey completed in Illinois in Fall 2014, when early childhood providers were asked if any children in their programs had exhibited social-emotional developmental concerns in the last year:

Early childhood mental health is defined as the developing capacity of a child from birth to age 5 to: experience, regulate, and express emotions; form close and secure interpersonal relationships; and explore the environment and learn in the context of family, community, and cultural expectations for young children.

- Nearly 83 percent of respondents reported that their programs had served children with these concerns.
- Respondents reported that nearly 30 percent of children with a social-emotional concern needed additional intervention outside of the typical program services.
- Slightly more than 15 percent of respondents had to discontinue services to a child or ask a family to withdraw a child from the program owing to social-emotional concerns.

It is clear that our state must now go further and do more to assure the success of all our children.

In early 2014, the Irving Harris Foundation initiated a process to examine early childhood mental health in Illinois and partnered with public and private sector leaders in the field who shared the Foundation's view that Illinois was in the midst of a critical moment to address key gaps for integrating early childhood mental health into systems serving young children, pregnant woman and families. The Foundation worked closely with the Governor's Office of Early Childhood Development, Voices for Illinois Children, the Illinois Children's Mental Health Partnership, the Ounce of Prevention Fund and the BUILD Initiative to develop a plan for the work and engage a broad group of stakeholders in the process. They sought to build on work already done or underway, integrate the experiences and perspectives of parents and families, and leverage their own and other leading expertise to identify ways Illinois can better meet the needs of young children, pregnant women and families.

The *Action Plan* seeks to create aligned and integrated child- and family-serving systems that promote school readiness and family success by integrating child and family mental health and health systems and services with early learning systems and by working toward

Executive Summary

creating equitable systems of care that reduce racial and socioeconomic disparities that will ultimately ensure children succeed in school and in life. It aligns with the overall commitment of the Governor's Office on Early Childhood Development (GOECD) and the Early Learning Council (ELC) to serve the most at-risk children and families through coordinated, community-based comprehensive systems. *The Action Plan* contains objectives and action steps that span the full continuum of *promotion* of healthy development, *prevention/intervention* to reduce mental health difficulties, and *treatment* of these difficulties. It also emphasizes the need to assure that the proposed strategies and programs provide equitable access to supports and services and reflect the cultural and linguistic diversity of the children and families being served in Illinois. **Finally, the Action Plan clearly calls for a higher level of integration which will require a significant change in Illinois' approach to delivering early childhood mental health services from the primary responsibility of a single system to the responsibility of all child- and family-serving systems. The recommendations are based on the belief that Illinois can more effectively improve how it is investing its resources and can realize not only greater efficiencies but, more importantly, improved outcomes for young children and their families.**

The accompanying summary version of the *Action Plan* gives an overview of each of the five goal areas with outcomes and short, medium and long term recommendations for action. The full *Action Plan* includes further information about the process to develop the *Action Plan*, an overview of early childhood mental health and its importance, and additional details around the recommendations to address young children's mental health by working together with state leaders, providers, philanthropy, advocates, parents and caregivers to develop lasting systemic solutions.

The Illinois Action Plan to Integrate Early Childhood Mental Health into Child and Family Serving Systems, Prenatal through Age Five (Action Plan) represents the combined input of over 600 stakeholders in Illinois garnered from field research, numerous key informant interviews, parent and provider focus groups, survey responses and the strategic planning work of Illinois leaders at two large stakeholder meetings in 2014. Through this process, stakeholders identified opportunities and developed recommendations to better address the unmet mental health needs of young children and their families within the different child and family systems in Illinois.

Illinois Action Plan to Integrate Early Childhood Mental Health into Child and Family Serving Systems, Prenatal through Age Five

Purpose of the Action Plan

The purpose of the *Action Plan* is to support the intentional integration of early childhood mental health promotion, prevention/intervention, and treatment services and supports into child- and family-serving systems, prenatal through age five, so that:

- All young children and their families experience optimal healthy social-emotional development that is critical to school readiness and success in life.
- People working with and on behalf of young children have the knowledge, skills, and professional supports necessary to work effectively with programs, providers, and families of diverse race, culture and language and are able to draw on the community/neighborhood supports that are needed to help children realize healthy social-emotional development and prepare them for success in school and in life, and to help families thrive.
- All child- and family-serving systems in Illinois that work with children prenatal through age five – the health (primary care and public health) system, the early learning and care system (center-based, home based, prekindergarten, and home visiting), the mental health system, the Early Intervention system, the special education system, the child welfare system, and the family support system – are collaborating to fund, coordinate, and provide early childhood mental health promotion, prevention/ intervention, and treatment services and supports to young children and their families.



Vision for Young Children and their Families in Illinois

Every child enters kindergarten safe, healthy, ready to succeed, and eager to learn because, beginning prenatally, families have access to resources, services, and supports in their communities that include promotion, prevention/intervention, and treatment services.



Goals at a Glance

Shared Values

- Early childhood services and systems will actively work to reduce racial disparities and class inequities in all actions and responses. This includes fostering inclusion and countering the effects of discrimination and marginalization that jeopardize healthy development.
- Programs and services must be culturally and linguistically responsive, taking into account how different cultures and ethnic groups, in particular, may have different views and interpretations both of the concept of children's social and emotional development and of the type of system needed to address the needs of young children and their families.
- Services and supports must be coordinated, aligned, and integrated at the state and local/community-based levels.
- Strong local systems within a comprehensive state system are key to improving child and family outcomes.
- Programs, services and practices will be developmentally-appropriate, evidence-informed, and trauma-informed.
- Programs, services, and practices will emphasize a whole-family and whole-child approach that aims to strengthen and develop parent-child relationships.
- The voice of parents will be heard at all decision-making tables.
- All planning will emphasize shared responsibility and accountability.
- Data will be collected and used to implement, improve and report.

The *Action Plan* has five interrelated goals:

- 1 Program Access and Availability:** Families are able to easily obtain mental health information, resources, supports, and services that they and their children need and that will be supported along the continuum of equitable promotion, prevention/intervention, and treatment, and families will be able to do so in the context of their daily lives and communities.
- 2 Workforce Development:** The Illinois early childhood workforce is well-equipped to provide comprehensive, effective and culturally and linguistically responsive early childhood mental health promotion, prevention/intervention, and treatment services to help address the mental health and developmental needs of all young children and their families beginning prenatally.
- 3 Funding and Finance:** Investments and policies for early childhood mental health efforts are carried out within the framework of equitable promotion, prevention/intervention, and treatment; are embedded in the Illinois comprehensive early childhood system; are designed to meet the needs of all children and their families with a focus on the most vulnerable; and are organized to demonstrate accountability.
- 4 Public Awareness and Education:** The people of Illinois have a shared understanding of what early childhood mental health consists of and support the healthy social-emotional development of young children and families.
- 5 System Governance and Implementation:** An accountable structure for governance and an approach that generates dedicated leadership are established to oversee the effective implementation of the *Action Plan*.

Goal One: Program Access and Availability

Families are able to easily obtain mental health information, resources, supports, and services that they and their children need and that will be supported along the continuum of equitable promotion, prevention/intervention, and treatment, and families will be able to do so in the context of their daily lives and communities.

Outcome 1.1: Promotion – *A coordinated system of supports and services designed to encourage and support the healthy social-emotional development of all young children and their families.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Assess current child- and family-oriented services and systems to understand what is needed to create a more coordinated system of early childhood mental health promotion. 2. Create a shared vision and understanding of the desired structure for the coordinated system for promotion, making sure that supports and services are culturally and linguistically responsive and that there are guidelines for shared communication and feedback loops between agencies and programs that can facilitate smooth referral processes and the transition of families from one service or system to another. 3. Define outcomes for success, funding, and an advocacy agenda for the promotion system. 	<ol style="list-style-type: none"> 1. Use results from the assessment to develop a plan for the coordinated system as defined in Outcome 1.1 of the Plan. 	<ol style="list-style-type: none"> 1. Implement the coordinated system plan for promotion of early childhood mental health. 2. Begin implementation of the identified funding and advocacy strategies. 3. Design and implement a cross-sector evaluation of Illinois' consultation efforts. 4. Develop training and/or guidelines for a coordinated system that supports promotion.

Outcome 1.2: Prevention/Intervention – *A coordinated system of targeted supports and services designed to minimize or prevent the development of social or emotional delays and early childhood mental health difficulties.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Assess the current state of coordinated systems for early childhood mental health prevention/intervention. 2. Create a shared vision and understanding of the desired structure for the coordinated system for prevention/intervention, making sure that supports and services are culturally and linguistically responsive, and that there are guidelines for shared communication and feedback loops between agencies and programs that can facilitate smooth referral processes and the transition of families from one service or system to another. 3. Define outcomes for success, funding, and a policy agenda for the prevention/ intervention system. 4. Systematize how Illinois implements mental health consultation in the different systems through the identification of a consistent model that allow for variations and that accommodate the needs and practices of different sectors and the needs of individual families. 5. Build capacity and increase cross-system funding for mental health consultation that will lead to sustainability and scaling. 	<ol style="list-style-type: none"> 1. Build on and expand current initiatives already in place. 2. Expand early childhood mental health intervention, with particular attention to two elements – first, funding, and second, workforce development (for example, shaping trainings and credentials to ensure they are tailored to each role in the interventions – the roles of consultants, teachers, therapists, home visitors, directors, and others). 3. Allow for short-term mental health services to be available to children and families in early care and education programs. 	<ol style="list-style-type: none"> 1. Implement the early childhood mental health intervention coordinated system plan. 2. Continue to implement and evaluate the policy and funding strategies and any advocacy strategies designed to support the recommended changes. 3. Conduct a study to determine the feasibility of providing early intervention-like services to children up to age 5. 4. Finalize and implement an agreement on home visiting services and mental health consultation and treatment services to be covered by Medicaid. 5. Track the outcomes of the coordinated

Outcome 1.3: Treatment – *A coordinated system of treatment services designed to address emerging challenges facing both young children experiencing serious, persistent mental health difficulties and their families.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Assess current child- and family-oriented services and systems from the perspective of understanding how many elements are already in place and how many are needed to create a more coordinated system of early childhood mental health treatment. 2. Create a shared vision and understanding of the desired structure for the coordinated system for treatment, making sure that supports and services are culturally and linguistically responsive and that there are guidelines for shared communication and feedback loops between agencies and programs that can facilitate smooth referral processes and the transition of families from one service or system to another. 3. Define outcomes for success, funding, and a policy agenda for the treatment system. 	<ol style="list-style-type: none"> 1. Identify and document key action steps to address needs and gaps identified through the assessment process outlined above. 	<ol style="list-style-type: none"> 1. Implement the early childhood mental health treatment coordinated systems plan. 2. Continue implementation and evaluation of the policy, funding, and advocacy strategy. 3. Track the outcomes and use data to inform efforts to expand and refine the system.

Outcome 1.4 – *Information about early childhood mental health promotion, prevention/intervention and treatment is culturally and linguistically responsive, widely available and easily accessible to families, programs, and service providers.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Conduct a review of written resources currently available on early childhood mental health promotion, prevention/intervention and treatment. 	<ol style="list-style-type: none"> 1. Develop written resources in English, Spanish and other languages on early childhood mental health promotion, prevention/intervention and treatment and ensure that they are available in an easily accessible centralized location. 	

Goal 1 - Program Access and Availability - Priorities for Immediate Action

- Assess current child- and family-oriented services and systems to understand what is needed to create a more coordinated system of early childhood mental health promotion.
- Systematize how Illinois implements mental health consultation in different systems through the identification of a consistent model that allows for variations and that accommodates the needs and practices of different sectors and the needs of individual families.
- Build capacity and increase cross-system funding for mental health consultation that will lead to sustainability and scaling.



Illinois Action Plan • Goal #2

Goal 2: Workforce Development

The Illinois early childhood workforce is well-equipped to provide comprehensive, effective and culturally and linguistically responsive early childhood mental health promotion, prevention/intervention, and treatment services to help address the mental health and developmental needs of all young children and their families beginning prenatally.

Outcome 2.1 – *Illinois has a coordinated, systemic, capacity-building and ongoing knowledge- development approach to training for its early childhood mental health workforce.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Establish a cross-system approach to organizing all early childhood mental health, including trauma-informed practice, workforce development programs to allow for alignment among systems. 2. Begin to identify current resources (financial, human, and social) for workforce development efforts and identify funding to staff the work. 3. Collect data on service professionals currently working in the early childhood mental health field (for example, consultants, therapists, and Early Intervention professionals) including the number of professionals, information on education background and experience, certifications, cultural and racial and ethnic background, second language proficiency, service area, and other relevant information. 4. Connect to other tables and entities focused on workforce development and social-emotional health and coordinate efforts when appropriate. 5. Provide incentives for members of the workforce to obtain credentialing and certification. 	<ol style="list-style-type: none"> 1. Review and build on core knowledge and competencies already developed for the early childhood mental health workforce including, but not limited to, core knowledge and competencies already identified for program directors, supervisors, and consultants involved in promotion, prevention/intervention, and treatment. 2. Propose a set of workforce development recommendations that include core knowledge and core competencies that are culturally and linguistically responsive and intentionally work toward alleviating race and class inequities. 3. Make recommendations for access for professionals and staff in all relevant systems to needed early childhood mental health training opportunities, making certain that the process of developing the recommendations includes an investigation of the value and feasibility of establishing an Early Childhood Mental Health Training Institute. 4. Review the systems of support for staff working with trauma-exposed and other children and families with significant stressors in their lives and make recommendations to bolster the system of support if needed. 	<ol style="list-style-type: none"> 1. Implement the core knowledge and core competencies curriculum within two years. Specifically, reach agreement that all training entities incorporate early childhood mental health approaches and perspectives into all trainings within two years. 2. Complete core training of all target audiences within five years. 3. Increase access to reflective supervision for members of the early childhood workforce. 4. Connect to other tables and entities focused on workforce development and social-emotional health. 5. Ensure that the workforce has access to updated research and information and peer to peer networks.

Outcome 2.2 – *Illinois has a robust early childhood mental health workforce of consultants, which expands and builds on current initiatives.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Fund an entity/organization to build a robust, cross-system early childhood mental health consultation network that will deliver high-quality, evidence informed services and be supported by training and reflective supervision. 2. Identify a cross-sector group that will advise the work of the entity and its efforts. 	<ol style="list-style-type: none"> 1. Collaborate with partners to identify cross-system funding, using the fiscal mapping to be carried out under the <i>Action Plan</i> as a resource for the partners. 2. Coordinate professional development planning and opportunities linked to core competencies. 3. Coordinate the provision of statewide, accessible reflective supervision. 4. Determine best practice recommendations to best mentor, recruit and retain culturally and linguistically diverse candidates and professionals of color (i.e., use cohort models or provide other incentives). 	<ol style="list-style-type: none"> 1. Determine the role of certification and/or credentialing in the expansion of a cadre of mental health consultants. 2. Establish mental health consultation as a component of every early childhood program within two years. 3. Advocate at the state and federal levels for dedicated funds for mental health consultation. 4. Examine how CCDBG language/guidance on social-emotional development can inform how Illinois improves pre-service education.

Outcome 2.3 – *Social and emotional development, trauma, toxic stress, and relationship-based approaches are embedded in pre-service education, beginning with community college programs and continuing through graduate programs.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Review comparative analysis done by ZERO TO THREE/Erikson Institute on early childhood mental health competencies to compare across levels of service delivery and other systems of competencies. 2. Review early scan done by Erikson Institute on mental health training programs to learn how institutions of higher education provide training on early childhood mental health. 3. Use the core knowledge and core competencies that will be defined as part of the planning process to complete an assessment of pre-service education practices. 	<ol style="list-style-type: none"> 1. Determine what recommendations need to be made to ensure that social and emotional development, trauma, toxic stress, and relationship-based approaches are part of higher education and pre-service programs. 2. Examine principal training programs as a model for pre-service training. 	<ol style="list-style-type: none"> 1. Establish relationships with institutions of higher education to encourage and work with them to embed early childhood mental health components into classroom curricula. Create circles of discussion with institutions of higher education – for example, Adler University, Loyola University, and the University of Illinois Urbana-Champaign School of Social Work. 2. Target social work programs in efforts to embed early childhood mental health topics into curricula, stressing that many social workers gravitate to working with young children and would benefit from studying these topics. 3. Encourage leaders and staff in institutions of higher education to arrange and sponsor occasional guest lectures on early childhood mental health. Suggest <i>Ghosts in the Nursery</i> as a pivotal reading assignment to transform students’ thinking about early childhood mental health. 4. Partner with institutions of higher education to of presentations focused on early childhood at conferences held at these institutions, or submit presentations on early childhood to such conferences. 5. Discuss how institutions can sponsor an adequate supply of both internships focused on early childhood mental health and supervision for these internships with a particular emphasis on providing internships to persons of color and providing bilingual supervision (to reflect on culturally and linguistically responsive practices).



Illinois Action Plan • Goal #2



Outcome 2.4 – *Advocacy organizations and advocacy tables work to ensure that the Illinois early childhood workforce is well equipped to provide comprehensive and effective mental health promotion, prevention/intervention, and treatment services to help address the mental health needs of young children.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Work to develop an advocacy plan that integrates mental health services and supports into maternal child health and early learning policies and strategies to ensure that these services are part of a broader advocacy agenda. 2. Partner with committees established through the <i>Action Plan</i> to align policy and advocacy efforts. 3. Collaborate with early childhood mental health advocates at the Ounce of Prevention Fund, Illinois Action for Children, Voices for Illinois Children, Latino Policy Forum, other Quality Alliance advocates, and ICMHP’s Advocacy workgroup to ensure that the advocacy efforts recommended by the Workforce Development Committee are aligned with other efforts. 	<ol style="list-style-type: none"> 1. Develop talking points for the early childhood mental health advocacy agenda including projected cost savings from intervening early. 	<ol style="list-style-type: none"> 1. Ensure that all early childhood mental health advocacy and public policy efforts continue to be aligned.

Goal 2 - Workforce Development - Priorities for Immediate Action

- Establish a cross-system approach to organizing all early childhood mental health workforce development programs, including trauma-informed practice, to allow for alignment among systems.
- Collect data on service professionals currently working in the early childhood mental health field (for example, consultants, therapists, and Early Intervention professionals) including the number of professionals, information on education background and experience, certifications, cultural and ethnic and racial background, second language proficiency, service area, and other relevant information.
- Fund an entity/organization to build a robust, cross-system early childhood mental health consultation network that will deliver high-quality, evidence informed services and be supported by training and reflective supervision.



Goal 3: Funding and Finance

Investments and policies for early childhood mental health efforts are carried out within the framework of equitable promotion, prevention/intervention, and treatment; are embedded in the Illinois comprehensive early childhood system; are designed to meet the needs of all children and their families with a focus on the most vulnerable; and are organized to demonstrate accountability.

Outcome 3.1 – *Sufficient funding and programming sustains effective, high-quality early childhood mental health, promotion, prevention/intervention, and treatment services and supports for young children and their families in their communities.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Identify public and private funding to create a fiscal map of current public investments in early childhood mental health promotion, prevention/ intervention, and treatment services and supports to determine how to more effectively allocate resources. The map would identify current state, federal, and county investments, show gaps and duplications in services, and help the state determine how to align and coordinate resources more effectively. 2. Secure public and private resources for a public/ private partnership to support a new position for an Illinois Early Childhood Mental Health Director within the GOECD or a similar position in another state agency as identified by state leaders and establish a plan for long-term cross-sector public funding for this position from multiple programs/agencies. 3. Secure public and private resources to support a new position for an Illinois Early Childhood Mental Health Director within the GOECD or a similar position in another state agency as identified by state leaders and establish a plan for long-term cross-sector public funding for this position from multiple programs/agencies. 4. Identify funding to support strengthening the mental health consultation network across the state. 5. Examine the potential for funding under private insurance and managed care. 	<ol style="list-style-type: none"> 1. Complete the fiscal mapping process and a strategy for communicating what is learned. 2. Identify and consult with other states that have increased and expanded public sector funding for early childhood mental health promotion, prevention/intervention, and treatment services and supports, particularly: funding from Medicaid, other insurance plans, public-private partnerships, the Mental Health Block Grant, and Title V. 3. Review federal funding opportunities to support mental health supports and services. 	<ol style="list-style-type: none"> 1. Communicate to the public at large, political leaders, policymakers, and other relevant audiences what has been learned about early childhood mental health funding using the fiscal map. 2. Make the case that all insurance benefit plans should cover mental health promotion, prevention/ intervention, and treatment services. 3. Reform the procurement and contracting process to allow for the use of pooled resources across agencies to realize shared goals set forth in this <i>Action Plan</i>. 4. Embed funds for promotion, prevention/ intervention, and treatment services and supports into programming funds. 5. Identify a compensation strategy to support the development and sustainability of a high-quality workforce. 6. Measure progress toward identified outcomes to understand the impact of investments. 7. Establish a process for data development reate data-sharing agreements across state and city agencies and offices.

Outcome 3.2 – *Sufficient funding and programming sustains effective, high-quality early childhood policies of state agencies (for example, IDEA Part C and 619, and EPSDT) that facilitate both the provision of early childhood mental health promotion, prevention/intervention, and treatment services and supports to young children and their families and their integration into other child- and family-serving systems.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<p>1. Identify existing state agency policies related to the provision and integration of early childhood mental health promotion, prevention/intervention, and treatment services and supports.</p>	<p>1. Strengthen current state agency policies related to the provision and integration of early childhood mental health promotion, prevention/intervention, and treatment services and supports.</p> <p>2. In conjunction with the workforce development efforts outlined in this <i>Action Plan</i>, ensure that sufficient funding and policies are in place to meet the mental health training and professional development needs of the early childhood workforce.</p>	<p>1. Develop state agency policies related to the provision and integration of early childhood mental health promotion, intervention/prevention, and treatment services and supports.</p>

Goal 3 - Funding and Finance - Priorities for Immediate Action

- Secure public and private resources to support a new position for an Illinois Early Childhood Mental Health Director within the GOECD, or a similar position in another state agency as identified by state leaders, and establish a plan for long-term cross-sector public funding for this position from multiple programs/agencies.
- Identify public and private funding to create a fiscal map of current public investments in early childhood mental health promotion, prevention/intervention, and treatment services and supports to determine how to more effectively allocate resources; and begin the fiscal mapping process.





Goal 4: Public Awareness and Education

The people of Illinois have a shared understanding of what early childhood mental health consists of and support the healthy social-emotional development of young children and families.

Outcome 4.1 – *The general public has increased awareness and understanding of what constitutes healthy social-emotional development, why it matters, and how a promotion, prevention/intervention, and treatment framework is necessary for children to achieve healthy social-emotional development, school readiness, and success in life.*

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Identify and secure funding for a social marketing firm to develop the core and related messages to help the public reach this common understanding, ensuring that efforts to increase awareness include strategies to reach diverse communities and engage them in message development. Secure resources needed for dissemination of the message via strategies like bulk printing of materials. 2. Develop a social marketing plan that is culturally and linguistically responsive and includes a unifying message. 3. Once the ELC Committee on Early Childhood Mental Health is created, establish a public awareness workgroup to inform the development of the social marketing plan. 	<ol style="list-style-type: none"> 1. Implement the social marketing plan. 	<ol style="list-style-type: none"> 1. Secure agreement of public and private partners to merge or link existing early childhood/family support help lines (and the resources that fund them) into an easily accessible phone number, website, and/or database that parents can seek out to obtain advice on a range of issues related to young children. 2. Identify resources for developing the website and an organization to host it. 3. Create a marketing campaign to expand the audience for the messages conveyed on the website and through other related outlets to encompass not only parents but the general public, the business sector, and non-traditional groups. 4. Analyze the success of the marketing campaign and establish a continuous quality improvement approach to improving it, using relevant data and follow-up for communications with targeted outreach.

Goal 4 - Public Awareness and Education - Priorities for Immediate Action

- Identify and secure funding for a social marketing firm to develop the core and related messages to help the public reach a common understanding of healthy social-emotional development.
- Create a public awareness workgroup that includes parents to inform the development of the social marketing plan.

Illinois Action Plan • Goal #5

Goal 5: Governance and Implementation

An accountable structure for governance and an approach that generates dedicated leadership are established to oversee the effective implementation of the *Action Plan*.

Outcome 5.1 – A state government leadership position (such as Early Childhood Mental Health Director) is established in the GOECD, or another state agency as identified by state leaders, and the leader collaborates and coordinates with state agency leaders in the different child- and family- serving systems in Illinois -- the health system (primary care and public health), the early learning and care system, the mental health system, the Early Intervention system, the special education system, the child welfare system, the family support system, and others -- to lead the implementation of the *Action Plan* with guidance and input from a new cross-sector committee of the ELC.

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Obtain approval/endorsement/ implementation authority for the <i>Action Plan</i>. 2. Secure buy-in for establishing the position of Illinois Early Childhood Mental Health Director within the GOECD or a similar position in another state agency as identified by state leaders. 3. Create the ELC Committee on Early Childhood Mental Health that includes ELC members, other state and city agencies and offices, and other early childhood mental health and trauma experts, including the Illinois Children’s Mental Health Partnership, the Illinois Childhood Trauma Coalition, service providers, advocates, parents, and philanthropic partners to manage and make decisions about the work outlined in the <i>Action Plan</i> and to direct the work of the state government early childhood mental health position. 	<ol style="list-style-type: none"> 1. Establish the position of Illinois Early Childhood Mental Health Director within the GOECD, or a similar position in another state agency as identified by state leaders, to work closely with the Partnership and the ELC to coordinate implementation of the <i>Action Plan</i> and to serve as a member of the Partnership, the ELC executive committee, and the inter-agency team. 	<ol style="list-style-type: none"> 1. Measure and report on progress made in implementing the <i>Action Plan</i> priorities.
Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Create buy-in from state and city agencies and offices to work toward more effective integration of priorities identified through the <i>Action Plan</i> into existing programs. 	<ol style="list-style-type: none"> 1. Create and advocate for an early childhood mental health policy agenda for the 2016-2018 legislative sessions. 2. Work through local and regional community systems-building entities to prioritize the integration of early childhood mental health services into all aspects of local early childhood systems. 	

Outcome 5.3 – Parents of young children with social-emotional concerns have a defined and supported role in the governance and implementation of the *Action Plan*.

Short-Term (By December 31, 2016)	Medium-Term (By December 31, 2017)	Long-Term (2 years+)
<ol style="list-style-type: none"> 1. Create buy-in from state and city agencies and offices to work toward more effective integration of priorities identified through the <i>Action Plan</i> into existing programs. 	<ol style="list-style-type: none"> 1. Create and advocate for an early childhood mental health policy agenda for the 2016-2018 legislative sessions. 2. Work through local and regional community systems-building entities to prioritize the integration of early childhood mental health services into all aspects of local early childhood systems. 	

Goal 5 - Governance and Implementation - Priorities for Immediate Action

- Submit the *Action Plan* to the Governor for approval/endorsement/implementation authority.
- Secure buy-in for and establish the position of Illinois Early Childhood Mental Health Director within the GOECD or a similar position in another state agency as identified by state leaders.
- Create the ELC Committee on Early Childhood Mental Health that includes ELC members, other state and city agencies and offices, and other early childhood mental health and trauma experts, including the Illinois Children’s Mental Health Partnership, the Illinois Childhood Trauma Coalition, service providers, advocates, parents, and philanthropic partners to manage and make decisions about the work outlined in the *Action Plan* and to guide the work of the state government early childhood mental health position.



The Illinois Action Plan to Integrate Early Childhood Mental Health into Child- and Family-Serving Systems is made possible through the generous support of the Irving Harris Foundation.



The Irving Harris Foundation's strategic investments and field leadership in early childhood aim to improve the likelihood that all children receive equal access to comprehensive, high quality care in nurturing environments from birth to ensure their successful development and school readiness. The Foundation intentionally focuses on integrating early childhood mental health into child- and family-serving systems.