

# Child & Adolescent Services

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# Outcomes Measurements

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# Outcomes System

- Outcomes Analysis System , Illinois Child and Adolescent Mental Health Services Client Management Console , developed by DMH. The web-based database system (DAT-STAT) allows tracking of treatment responses by individual client and allows provider agencies to track clinical outcomes per clinical provider, per clinical service, per region, gender, ethnicity, and EBP (Evidenced-based Provider Certified), and the agency as a whole.

<https://ilcmh.datstathost.com/ClientManagement/default.aspx>

# Outcomes Instruments

- CIS-Columbia Impairment Scale  
(youth & parent)
- Ohio Scales (Youth ages 5-18)
- Goal Attainment Scale (GAS)  
(tracking of child specific treatment goals)
- DECA-Devereux Early Childhood Assessments (ages 0-5)

# Resource Links in DatStat

## **Project Educare**

<http://weblog.niu.edu/educare/>

## **Practicewise**

<https://www.practicewise.com/MyServices/tabid/93/Default.aspx>

# Project Educare

- Project Educare is a web-based learning system for both provider and families. This system includes links to other mental health websites, family support and education websites, family education programs/modules. It also includes links to the Journal of Clinical Child and Adolescent Psychology (JCCAP), education modules, free CEU's for licensed clinicians and evidence-informed practices (EIP) resources for providers. The DECA and Ohio Trainings are also available on this website.

# Project Educare

- Web-based learning system (virtual classroom)
- Family
  - Mental Health Resources
  - Links to Family Support and Education websites
  - Family Education Programs/Modules
- Provider
  - Education Modules
  - CEU credit or a certificate of training participation
  - Links to the *Journal of Clinical Child and Adolescent Psychology* (JCCAP)
  - *Evidence-Informed Practices (EIP)* resources
  - Ohio Scales and DECA trainings

# PracticeWise

- “PracticeWise offers innovative tools and services to help clinicians and organizations improve the quality of health care for children and adolescents.” The Datstat Practicewise link will provide access to the following three elements of Practice Wise.

# Three Elements to Practicewise

1. Practitioner Guides: PracticeWise has developed a set of treatment materials that summarize the most common elements of evidence-based treatments for youth. Each practice and process is summarized in a convenient handout format to guide therapists in performing the main steps.

2. MATCH-ADTC is a bold redesign of evidence-based treatment of childhood anxiety, depression, trauma, and conduct problems. Extensively tested in community mental health settings as part of the Child STEPs clinical trials, this innovative system is the ultimate practitioner's toolbox: a wealth of well-organized resources that can be deftly adapted for a diverse array of children and problems. The program combines 33 procedures—drawn from the most successful evidence-based treatments—into a single, flexible system. Comprehensive flowcharts guide the process of care, streamlining treatment to fit the child's needs while fostering individualization to address co-morbidity or therapeutic roadblocks. The system provides clear step-by-step instructions, activities, example scripts, time-saving tips, monitoring forms, and easy-to-read explanatory handouts and worksheets for children and their caregivers.



3. The PracticeWise database includes hundreds of randomized clinical trials of treatments for children's mental health problems, making it the most comprehensive dynamic decision-support tool available for reviewing the evidence base in children's mental health. Using this online searchable database, professionals can access summaries of the best and most current scientific research, and results can be customized to match an individual child's characteristics. The database currently covers research in the areas of childhood anxiety, attentional problems, autistic spectrum, depression, disruptive behavior, eating, elimination, mania, substance use, suicidality, and traumatic stress disorders.

# Mental Health & Schools

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# Why address Mental Health Services in Schools

- To effectively address barriers to learning, schools must weave resources into a cohesive and integrated continuum of interventions that promote healthy development and prevent problems; allow for early intervention to address problems as soon after onset as feasible; and that provide assistance to those with chronic and severe problems.

(Adelman & Taylor, 2006)

# Illinois' Interconnected Systems Model for School Mental Health

## Tier 3: Intensive Interventions

*Individual Student and Family Supports*

- System Planning Team coordinates decision rules, referrals for this level of services and progress monitors.
- Individual team developed to support each student.
- Individual plans may have an array of interventions and services.
- System in place for each team to monitor student progress
- Plans can range from one to multiple domains.

## Tier 2: Early Intervention

*Coordinated Systems for Early Detection, Identification, and Response to Mental Health Concerns*

- System Planning Team identified to coordinator referral, process, decision rules and progress monitor impact of interventions.
- Staff and family training to support skill development across settings
- Communication system for staff, families, and the community.
- Early identification of students who may be at risk for mental health concerns due to specific risk factors.
  - Skill-building at the individual and group level as well as support groups
  - Array of interventions/services available

## Tier I: Universal/Prevention

*Coordinated Systems, Data, Practices for Promoting Healthy Social and Emotional Development for ALL Students*

- School Improvement team gives priority to Prevention and Promotion of Mental Wellness.
- Behavioral Health Skills development for students, staff, families and communities
- Safe & Caring learning Environments that reduce barriers to teaching and learning, and engages or re-engages students in the academic process.
- Partnerships between school, home, and the community
- Decision making framework used to guide and implement best practices that consider unique strengths and challenges of each school community.

# School Based M.H. should:

- Promote social-emotional development, prevent mental health and psychosocial concerns, and enhancing resiliency and protective buffers.
- Interventions should occur as early after the onset/identification of emotional, behavior, and learning concerns as is feasible.
- Address systemic matters at schools that affect both student and staff well-being, such as bullying, alienation, student disengagement from classroom learning and staff burnout.
- Establish guidelines, standards, and accountability for mental health in schools.
- Build the capacity of all school staff to address emotional, behavioral, and learning concerns and promote healthy development.
- Draw on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address emotional, behavioral, and learning concerns.

# Mental Health and School Collaboration

## Cohort 2 Grant Sites

During FY 13 Six Community Mental Health Providers partnered with 15 schools to implement the Illinois Interconnected Systems Model of School Based Mental Health.

- Universal Mental Health Awareness Activities: 5185 students and 389 adults
- 1995 students and 140 adults participated in classroom level skill building activities
- 615 students and 101 adults participated in small group/skill building interventions
- 85 students and 77 adults received family support, including linkage to community mental health services.
- 242 adults received consultation and education to support 1420 students in the regular education classroom.

# Screening Assessment and Support Services (SASS)

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**SASS is a multi-department (DMH, HFS, DCFS) crisis intervention program for children and adolescents, who are experiencing a psychiatric emergency, which may result in a psychiatric hospitalization or intensive community based services.**

# Process

- **Crisis and Referral Entry Service (CARES):** The single point of entry to the Screening Assessment and Support Services Program that handles calls for children and youth in Illinois.
- **CARES is a 24 hours a day, seven days a week hotline 1-800-345-9049 ,TTY 1-866-794-0374**
- **CARES should be called when a child is a risk to himself or others and at any time you or others think a child is having a mental health crisis.**
- **CARES purpose is to ask questions of the child's parents, caregivers, or other callers about the child's behavior. CARES will then either send the local area SASS agency to see the child and guardian, or refer the child the guardian to community mental health or other services .**

# Who Can Receive SASS Services ?

## Eligibility

- **Any child or youth in a mental health crisis who qualifies or may qualify for public funding.**

**Ex: Medicaid, DCFS wards or Illinois All Kids**

## Services

- **SASS will work with the guardian and child for at least 90 days.**
- **If the child is hospitalized SASS will join the hospital team to care for the child.**
- **SASS will help the hospital team plan for the child's return home and will provide services when the child is home.**
- **If the child is not hospitalized, SASS will provide mental health services and supports to help the child stay at home.**

# How Will Families Be Involved in Their Child's Care?

- To assure that services in the State of Illinois are both family-driven and youth-guided, families are the primary decision makers for their child's treatment.
- SASS will work closely with families to learn about the child's strengths and needs. Families/parents/guardians collaborate in the child's treatment.
- SASS will provide and/or link the child and family to services, resources and supports to address the immediate crisis and begin to assist with building resilience.
- Parents will be offered the services of a Family Resource Developer (FRD). A FRD is a parent or guardian who has previously navigated the mental health system successfully for a child who has been diagnosed with a Serious Emotional Disturbance (SED).

# Family Consumer Specialists



# Family Consumer Specialists

- Highly visible and accessible parent representatives, focused on leading collaborative efforts to change the system toward family driven and youth guided care.
- Represent parent voice in all DMH policy and program development discussions.
- Provide technical assistance to the community mental health agencies around family driven care .

# Family Consumer Specialists

- Host Parent Empowerment Calls: educational calls offered to all parents in Illinois who have a child with an emotional and/or behavioral concern. They focus on giving parents information they need to advocate for and support their children
- Parent Empowerment call is held every first Thursday of every month from 12:00pm – 1:00pm. The toll-free number is (800) 260-0702.

# Family Consumer Specialists

- Monthly trainings for Family Resource Developers and other parent peers
- Provide support and assistance to parent peers in obtaining Certified Family Partnership Professional credential (CFPP)
  - Assures services in the State of Illinois are family-driven, youth-guided
  - Provision of competency-based credentialing

# Client Assistance

(773) 794-4895

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- DHS/DMH Child & Adolescent Services provides free phone assistance to aid consumers in locating the appropriate mental health services in their community.

Monday-Friday 8:30 AM – 5:00 PM  
excluding Holidays  
(773) 794-4895

All Information will be kept confidential.

# Individual Care Grant (ICG)

Contact:

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# Individual Care Grant (ICG)

- The Individual Care Grant provides a financial subsidy to assist parents or guardians to obtain residential treatment services or intensive community-based mental health services for a child/youth who is diagnosed with a serious, chronic mental health condition with symptoms of psychosis.
- The ICG Program services youth age 17-21 years old. A complete applications must be submitted prior to the youth's 17 ½ birthday.

# ICG Application

- To request an ICG application a parent/guardian must be a resident of the State of Illinois.

Toll-free (866) 359-7953