



INFANT AND EARLY CHILDHOOD MENTAL HEALTH SERVICES

Guide to Accessing Publicly Funded Services in Illinois

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Abstract

This guide aims to explain the various parts of Illinois' publicly funded infant and early childhood mental health (IECMH) systems and how to access the services within them. It is intended for early childhood and mental health professionals to help them facilitate connections to services for families that seek mental health support for children under the age of six.

Introduction

There is a growing need for infant and early childhood mental health (IECMH) support, exacerbated by the COVID-19 pandemic.¹ Even before the pandemic, 1 in 6 U.S. children ages 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder (2016).² In 2018-2019, the National Survey of Children’s Health showed that only 36% of children ages 3-5 with a current mental or behavioral health condition received treatment or counseling from a mental health professional in the past year.³

While many publicly funded IECMH programs exist in Illinois, they are fragmented across different governing agencies, making it hard for families to know what mental health services are available for children under the age of six and how to access them.

This guide aims to outline, explain, and communicate the various parts of the publicly funded infant and early childhood mental health (IECMH) system in Illinois and how to access the services within them.¹

It is intended for the early childhood and mental health professionals working with families that seek mental health supports (e.g., home visitors, infant/early childhood mental health consultants, physicians, child care providers, etc.), to facilitate connections to these services for young children. The development of this guide was also a recommendation in the Illinois Children’s Mental Health Partnership Strategic Plan⁴, to bridge the strategic work between school age mental health (age 6-18) and early childhood mental health (age 0-5) by providing program leaders a more holistic understanding of the structure and resources currently available for children birth through five.

There are **six questions** that this guide is focused on:

1. *What are state-funded programs and services that support 0-5-year-old mental health?*
2. *Who administers these programs?*
3. *Who is eligible for them?*
4. *Where are the services provided?*
5. *How do families enroll in these programs and access the services?*
6. *What IECMH professional development is available for service providers?*

¹ *There are additional mental health programs and services that are free or subsidized by private donors and philanthropic organizations that have not been included in this guide as the focus is on publicly funded services.*

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1 Overview of Infant and Early Childhood Mental Health

From the US Department of Health and Human Services, “The underlying premise of a public health approach is that it is inherently better to promote health and to prevent illness before an illness begins. For children, mental health is not seen as residing solely within the child, but within the web of interactions among the individual child; the family; the school, health, and other child service systems; and the neighborhoods and communities in which the child lives. While a single risk factor may provide some influence, it is the accumulation and complex interaction of risk factors that increase the probability of mental health problems.”⁵

Infant and early childhood mental health is defined by Zero To Three⁶ as-

The developing capacity of a child from birth through age five to:

- 1. Experience, regulate and express emotions.**
- 2. Form close and secure interpersonal relationships.**
- 3. Explore the environment and learn.**

... all in the context of family, community, and cultural expectations for young children.

It is also commonly referred to as a child’s social and emotional development, behavioral health, and early relational health.

Signs of potential mental health needs in young children include:

- Changes in feeding, toileting, and sleeping habits.
- Excessive externalizing behavior problems, like crying, biting, tantrums, and aggression.
- Internalizing behavior problems, like social withdrawal and fearfulness.
- Regressions to earlier stages of development.

Everyone who engages in the life of a child can promote social and emotional well-being, and therefore this guide describes how infant and early childhood mental health is supported across a **mental health continuum** of Promotion, Prevention, Intervention, Treatment.

- **Promotion:** Strengthening social and environmental positive aspects of mental health and psychosocial well-being within the general population, including raising awareness, building healthy public policies, creating supportive environments, and empowering people to live healthy lives.
- **Prevention:** Creating a protective layer of support to stop problems from arising in the first place or from getting worse, for individuals or groups who are identified as being at risk for particular outcomes or problems, including reducing stigma so children can access early support.
- **Intervention:** Providing therapy at the earliest possible stage when problems occur.
- **Treatment:** Providing evidence-based and developmentally appropriate clinical support to address a mental health diagnosis.

For this cross-systems guide, publicly funded programs have been grouped into **eight service areas** that span this continuum, as shown in Figure 1. Figure 2 lists the programs that support 0-5-year-old mental health within each service area. Figure 3 identifies the agency responsible for governing these programs.

Figure 1. Service Areas for Infant and Early Childhood Mental Health (agencies²).

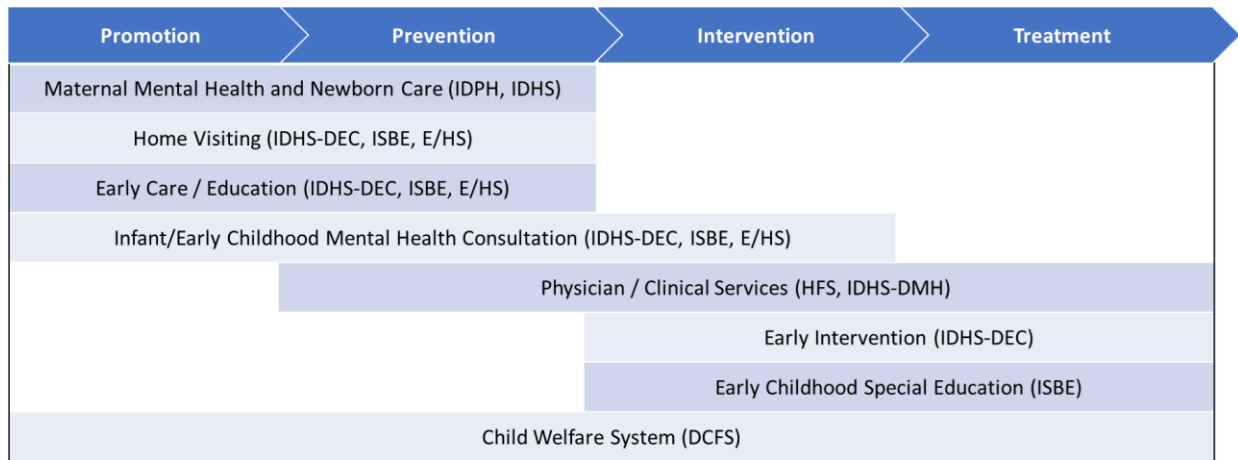


Figure 2. Publicly Funded Programs that Support IECMH by Service Area.

Maternal Mental Health and Newborn Care	Home Visiting	Early Care / Education	Infant/Early Childhood Mental Health Consultation
<ul style="list-style-type: none"> Moms & Babies (Medicaid/All Kids) Family Case Management Better Birth Outcomes High Risk Infant Follow Up Perinatal Hotline (NorthShore) DocAssist (UIC) Illinois Helpline for Opioids and Other Substances 	<ul style="list-style-type: none"> Prevention Initiative (home-based) IDHS Home Visiting <ul style="list-style-type: none"> MIECHV State Funded Home Visiting Maternal Child Health Programs Early Head Start / Head Start (home-based services) 	<ul style="list-style-type: none"> Child Care Assistance Program Prevention Initiative (center-based) Preschool for All Preschool for All Expansion Early Head Start / Head Start Migrant & Seasonal Head Start 	Embedded in: <ul style="list-style-type: none"> IDHS Home Visiting Prevention Initiative Preschool for All Preschool for All Expansion Early Head Start / Head Start Caregiver Connections Early Intervention-Social Emotional Consultants
Physician / Clinical Services	Early Intervention	Special Education	Child Welfare
<ul style="list-style-type: none"> Medicaid/All Kids Medicaid Managed Care Community Mental Health Centers Behavioral Health Clinics CARES Line (crisis response) DocAssist (UIC) Reach Out and Read (AAP) 	<ul style="list-style-type: none"> Early Intervention (Part C of IDEA) 	<ul style="list-style-type: none"> Early Childhood Special Education (Part B of IDEA) 	<ul style="list-style-type: none"> Intact Family Services Youth in Care (Placement) Teen Parenting Services Network Early Childhood Project (Erikson) School Readiness Unit YouthCare Health Plan HealthWorks of Illinois Family Advocacy Centers

² See section 12 for Acronyms and Abbreviations

Figure 3. Publicly Funded Programs that Support IECMH by Agency.

<p>IDHS-Division of Early Childhood</p> <ul style="list-style-type: none"> IDHS Home Visiting Early Intervention / Social Emotional Consultants Child Care Assistance Program Caregiver Connections Migrant & Seasonal Head Start 	<p>Healthcare and Family Services</p> <ul style="list-style-type: none"> Medicaid/All Kids <ul style="list-style-type: none"> All Kids programs Moms & Babies Medicaid Managed Care Behavioral Health Clinics CARES Line (crisis response) DocAssist (UIC) 	<p>IL State Board of Education</p> <ul style="list-style-type: none"> Prevention Initiative Preschool for All Preschool for All Expansion Early Childhood Special Education 	<p>Department of Children and Family Services</p> <ul style="list-style-type: none"> Intact Family Services Youth in Care (Placement) Teen Parenting Services Network Early Childhood Project (Erikson) School Readiness Unit YouthCare Health Plan HealthWorks of Illinois Family Advocacy Centers Community Mental Health Centers (Certification)
<p>IDHS-Other</p> <ul style="list-style-type: none"> Bureau of Maternal Child Health <ul style="list-style-type: none"> Family Case Management Better Birth Outcomes High Risk Infant Follow Up HealthWorks of Illinois Division of Substance Use Prevention & Recovery <ul style="list-style-type: none"> Illinois Helpline for Opioids and Other Substances 	<p>IDHS-Division of Mental Health</p> <ul style="list-style-type: none"> Community Mental Health Centers 	<p>The Office of Head Start</p> <ul style="list-style-type: none"> E/HS Programs E/HS Home Based E/HS IECMH Consultation 	<p>IDPH-Maternal and Child Health</p> <ul style="list-style-type: none"> Perinatal Hotline (NorthShore) DocAssist (UIC) Reach Out and Read (AAP)

2 Maternal Mental Health and Newborn Care

Research shows that maternal mental health is interrelated to the mental health of infants and toddlers. To promote and prevent mental health needs in children under six, it is important that new and expecting parents receive mental health screening and services so that they can form close relationships, attachment, and bonding with their children and create a healthy environment for social-emotional development.

State-funded programs that support maternal mental health can be grouped into four categories:

1. General Mental Health (concerns prior to pregnancy)
2. Substance Use
3. Perinatal Mental Health
4. Caring for Newborns

General Mental Health

The mental health concerns that new parents experienced prior to becoming pregnant will likely continue after birth. In addition, a doctor may recommend they stop taking their Psychotropic medicine to ensure a healthy pregnancy. Therefore, it is important that pregnant people with prior mental health concerns consult a medical professional to determine the right course of treatment during pregnancy and after.

Medicaid, the primary source of public-funded healthcare, covers mental health services for adults. In addition, for income eligible households (at or below 213% of FPL), regardless of immigration status, the State-run [Moms and Babies program](#) (under All Kids), provides

comprehensive, affordable health insurance for pregnant people through 12 months after the baby is born, including mental health assessment and treatment. Pregnant people can call the All Kids Hotline at 1-866-255-5437 for information on how to complete an application for the Moms and Babies program.

In addition, anyone can dial 988 to reach the suicide and crisis lifeline which is operated 24/7. 988 provides a connection to free, confidential support for someone having thoughts of suicide or experiencing a mental health or substance use crisis.

Substance Use

Substance Use Disorder (SUD) – including opioids, alcohol, and other drug use – is a chronic disease that is characterized by the recurrent use of alcohol or drugs (or both) that results in problems such as being unable to control use of the substance; failing to meet obligations at work, home, or school; having poor health; and spending an increased amount of time getting, using, or recovering from the effects of using the substance⁷. Parental SUD during pregnancy and after can have negative implications on the general health and mental health development of young children.

There are various recovery supports and treatment available in Illinois for individuals dealing with substance use. The Illinois Department of Human Services supports a free and confidential helpline, available to everyone, that acts as a central hub to help people find services. The helpline is available online at <https://helplineil.org/app/home>, or by calling 833-234-6343, or texting "HELP" to 833-234. This website also includes a search tool to locate services and education on how to support someone struggling with substance use.

Perinatal Mental Health

Due to the physiological changes in a person's body during pregnancy and after birth, many birthing people can have postpartum mental health needs, which resolve anywhere from a few weeks after the baby is born and up to 36 months. The most common is Postpartum Depression, a mood disorder that causes feelings of extreme sadness, hopelessness, anxiety, or feelings of being a "bad" parent, and exhaustion that may make it difficult to complete daily activities. Less common, but also possible, are conditions of Postpartum Mania and Psychosis (e.g., Bi-polar, Schizophrenia), Maternal Dysthymia, Pregnancy and Postpartum OCD, and birth-related PTSD.

These conditions come on suddenly and go away after a period of time without intervention. However, infants of birthing people experiencing postpartum mental health needs may have adverse health outcomes, such as developmental or emotional delays. Therefore, it is important to recognize signs, screen for, and help parents seek treatment for these mental health diagnoses even though they may be temporary.

In addition to seeking help from a primary care provider via Medicaid and the Moms and Babies program described above, the State funds a couple of programs that can help birthing people and service providers identify and treat perinatal mental health concerns, including:

Program	Description	Eligibility	Service location	Where to find
NorthShore Perinatal Depression Hotline	24/7 hotline staffed by providers from NorthShore University Health System. Any person who desires more information about Perinatal Mental Health Disorder may use this Hotline to obtain general education, referral information, or provider support.	Available to everyone	Phone call / Hotline	Call 866.364.MOMS (866.364.6667)
Illinois DocAssist	A primary care psychiatric consultation line facilitated by the University of Illinois – Chicago, School of Psychiatry – for physicians to ask questions about pediatric and perinatal mental health.	Physician-to-physician consultation only	Phone call / Hotline	Call 1-866-986-2778

Caring for Newborns

The stress of caring for a newborn can greatly affect a new parent’s mental health and the early-relational health of their infant. The following are some State-funded programs that offer services for new and expecting parents to assist them in preparing for and caring for a newborn and facilitating connections to other social services that may benefit them.

Program	Description	Eligibility	Service location	Where to find
Family Case Management (FCM)	Provides comprehensive service coordination to help families obtain health care services and other assistance they may need to have a healthy pregnancy and to promote healthy development of their infant. Includes screening for perinatal mood disorders and developmental delays for newborn.	Statewide program for pregnant women and infants up to 12 months with family income <200% FPL	Services available at a DHS provider clinic. Includes at least one home visit during pregnancy and infancy.	Find a location using the IDHS Office Locator . Select Family Case Management for “Office Type” or call 1-800-843-6154 (voice) or 1-800-447-6404 (TTY)
Better Birth Outcomes (BBO)	A prenatal case management and education program to decrease infant mortality and morbidity, improve pregnancy outcomes, and reduce the incidence of prematurity and low birth weight. Includes screening for perinatal mood disorders.	For high-risk pregnant women and up to 6 weeks after birth in targeted areas of the state (higher than average premature infants or poor birth outcomes); requires a needs assessment	Services available at a DHS provider clinic and mother’s home; Includes a monthly face-to-face contact and at least 1 home visit per trimester of pregnancy	Find an office location using the IDHS Office Locator . Select Better Birth Outcomes for “Office Type”
Family Connects Chicago	Provides a home visit by a registered nurse around 3 weeks after a child is born to check on	All Chicago residents, regardless of	Face-to-face services in the home; at least	For more information, call 312-745-BABY

	birthing parent, baby, and the whole family. Completes health screening for birthing parent and baby, connects families to resources, and provides education on newborn care.	income, with newborn delivered at a hospital that partners with Family Connects	one visit, up to three visits if needed	(2229) or click here for website
High Risk Infant Follow Up (HRIF)	Provides education and supports parents in caring for medically fragile and/or at-risk infants, if infant has been diagnosed with a serious medical condition, or when maternal alcohol or drug addiction has been diagnosed, or when DCFS investigation indicates child abuse or neglect.	Statewide program for children age 0-2; requires referral from IDPH's Adverse Pregnancy Outcomes Reporting System (APORS), DCFS or Family Case Management Program	Face-to-face services available at a DHS provider clinic; at least 1 visit in the home, more if indicated	Contact a Family Case Management provider and they will refer/transfer to HRIF program if indicated
Fussy Baby Network	Fussy Baby Network offers free phone consultations to any family caring for a fussy baby.	Free to all; available in English and Spanish	Phone / hotline available M-F 9-5; returns messages left after hours	Call 1-888-431-2229

3 Home Visiting

Home visiting (HV) provides family support and coaching through planned, regular visits with a trained professional based on a family's needs and schedules. Home visiting is a free and voluntary program, and home visitors work with parents on practical parenting skills as well as family bonding before birth and as children grow up. In addition, home visiting helps families connect with other community services.

While there are different home visiting models, they all support the mental health of children under six in relatively the same way:

- Promoting positive attachment and social-emotional development to strengthen parent-child relationships.
- Providing child developmental screening and monitoring during their visits, using screening tools including but not limited to Ages and Stages Questionnaire (ASQ), Ages and Stages Questionnaire: Social Emotional (ASQ: SE), and Parent-Child Interaction Assessments (e.g., Cheers Check in, PICCOLO™).
- Linking families to community resources and services, including providing referrals to Early Intervention, Community Mental Health Centers, and other early childhood developmental services.
- Some home visitors also provide perinatal depression and substance use screening to identify concerning maternal mental health needs, using tools including but not limited to Edinburgh Postnatal Depression Screen and 4Ps Plus©, and demonstrate non-clinical techniques that parents can use to support their own mental health needs and/or their child's emerging mental health needs.

In addition, some home visiting programs include Infant and Early Childhood Mental Health Consultation (I/ECMHC), which provides home visitors access to a trained consultant who supports the program supervisor and home visitors to build their capacity and capability to coach parents on their child's mental health needs [see I/ECMHC section for details].

Which agencies oversee state-funded Home Visiting?

State and federal sources of funding for home visiting in Illinois are administered by different agencies:

- The Illinois State Board of Education (ISBE) oversees the Early Childhood Block Grant (ECBG) Prevention Initiative grant, which provides funding to programs offering services within an evidence-based home visiting program model to children birth to age 3 years who are at-risk of academic failure as determined by a screening procedure. A separate appropriation is awarded to the City of Chicago School District #299 for the initiatives funded under the ECBG Prevention Initiative grant. Chicago Public School District #299 contracts with the Department of Family and Support Services (DFSS) which oversees home visiting within the City of Chicago.
- The Office of Head Start (OHS) administers grant funding and oversight for all Illinois Early Head Start/Head Start agencies that provide services in communities across the state. This includes a home-based (home visiting) program option within Early Head Start programs and some Head Start programs. Every Early Head Start/Head Start program develops and implements a system to ensure identification and enrollment of children and families with the greatest need for Early Head Start/Head Start services. Pregnant people and children birth through age five from families whose income is within 100% of the federal poverty guidelines are eligible, as well as children experiencing homelessness and families receiving public assistance such as TANF or SSI. Foster children are eligible regardless of their foster family's income. Head Start programs also reserve 10% of their enrollment for children with disabilities.
- The Illinois Department of Human Services (IDHS), Division of Early Childhood (DEC) home visiting programs support pregnant people and parents with young children ages 0-5 who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. These programs prioritize the enrollment of families who are in priority populations identified by the federal [Maternal Infant and Early Childhood Home Visiting program \(MIECHV\)](#) and the [Illinois Early Learning Council](#). The core DEC home visiting programs are:
 - Maternal, Infant & Early Childhood Home Visiting (MIECHV)
 - DEC State-Funded Home Visiting (formerly Healthy Families Illinois)
 - Maternal Child Home Visiting (formerly Parents Too Soon)

Who is eligible for home visiting programs?

Eligibility varies by the home visiting model that is being used, with the age window for enrollment being one key differentiator. The primary, publicly funded models in Illinois are the following:

Program	Public Funder	Intended Audience	Age Window for Enrollment	Age For Services	Income Requirement	Other Eligibility Requirements
Nurse Family Partnership	ISBE	First-time, lower-income expectant parents	At or before 28 weeks prenatal	Prenatal up to age 2	Yes – focuses on families with lower income or limited resources	Must be first-time caregiver
Healthy Families America	ISBE, IDHS	Expectant and new parents who may be at risk for child abuse or neglect	Prenatal up to 3 months after birth; families referred from child welfare can be enrolled up to 24 months old at intake	Prenatal up to age 5	No. Income is included as a risk factor in eligibility screening but not a specific requirement	Eligibility based on a structured assessment that includes potential risk factors; assessment and first home visit must be completed within 3 months after birth
Baby TALK	ISBE	Family engagement model for community-based programming	Prenatal up to age 3	Prenatal up to age 6	No, but prioritizes lower income	No, but aims to identify families who are most vulnerable
Parents as Teachers	ISBE, IDHS	All families with young children	Prenatal through kindergarten	Prenatal through kindergarten	No	Local programs can set additional risk factors to meet community needs
Early Head Start / Head Start Home-Based	Office of Head Start	Home-based services included with enrollment in Early Head Start / Head Start programs	Prenatal up to age 5	Prenatal up to age 5	Yes - Income is within 100% of the federal poverty guidelines	Also eligible are homeless families, families receiving public assistance such as SNAP, TANF or SSI and children in foster care; EHS also prioritizes children with disabilities (at least 10% of enrollment)

Where are services provided?

IDHS and ISBE funded programs are delivered statewide through local implementing agencies (LIAs) such as community-based organizations, school districts, health departments, health clinics, and hospital settings with experience in providing educational, health, social and/or child development services to young children and their families. Through these local agencies, home visitors are assigned to a family and go to the family’s home to provide services. Some models also facilitate peer-parent group sessions.

Early Head Start is also statewide and oversees their own home visiting program. Each child enrolled in an Early Head Start program is assigned a home visitor for the duration of their enrollment [see *Early Care and Education* section for more on *Early Head Start*].

How do families enroll in a home visiting program?

All home visiting programs undergo an intake process to enroll families, which varies by the local implementing agency (LIA) in order to meet different funding and model requirements. The iGrow website: <https://igrowillinois.org/find-a-program> has an interactive map that families can use to search all ISBE and IDHS funded programs available in Illinois, which includes a phone number to call to begin the intake process.

In certain communities, IDHS supports trained Coordinated Intake (CI) staff to assist families in identifying the right home visiting program for them. The contact list for CI is maintained on the [iGrow website](#) as well.

Home Visiting models also maintain their own search engines, which families can use to find Illinois-based programs as well:

- Nurse Family Partnership: <https://www.nursefamilypartnership.org/>
- Healthy Families America: <https://www.healthyfamiliesamerica.org/sites/>
- Baby TALK: <https://babytalk.org/learning-institute/program-locator/>
- Parents as Teachers: <https://parentsasteachers.org/program-locator/>

See Early Care and Education section for information on enrolling in Early Head Start/Head Start programs, which include home visiting services.

What State-funded IECMH professional development is available for service providers?

Each home visiting model has its own professional development requirements and training programs. There are also a number of professional development providers that offer free training and technical assistance to home visitors at no cost to programs, supported by grant funding.

In Illinois, state-funded training on the Parents as Teachers and Healthy Families America national models is provided by Start Early's Professional Learning Network, which is available [here](#) and includes modules specific to supporting infant early childhood mental health, such as:

- Foundations of Infant Mental Health Practice in Home Visiting
- Ages and Stages Questionnaire: Social Emotional-2 (ASQ: SE-2)
- Observing the Parent-Child Relationship: What You See, Feel, and Think
- The Impact of Trauma in Home Visiting

In addition, many ISBE funded home visiting programs access training through Baby TALK, StarNET and Early Choices, which all offer a variety of professional learning on reflective practice or using a reflective practice lens to support children's mental health and well-being. Additional information on grant-funded early childhood professional development projects can be found at <https://www.isbe.net/Pages/Early-Childhood-Professional-Development.aspx>.

4 Early Care and Education

Early care and education sites provide a secure, stimulating environment where children under six are helped to develop physically, emotionally, mentally, and socially. In addition to benefiting from peer interactions, children in these settings have access to a trained workforce and additional resources that promote mental health development. This includes:

- **Developmental and social emotional screening:** Most public-funded early care and education programs complete developmental screenings during their intake process, and often on-going as part of their program design, that include social-emotional categories. In addition, through training and experience, the early childhood workforce can recognize signs of social-emotional delays or mental health concerns in children under six, increasing opportunities for early detection.
- **Referrals to mental health services:** If a mental health concern is identified, these programs can advise, and often will assist, the family in seeking additional support, such as Early Intervention, Special Education, or community-based mental health resources. The program collaborates with the additional service provider and family to help the child receive services, which may involve transportation or be at the program site.
- **Evidence-based practices:** Since 2017, Illinois has been promoting and supporting the adoption of [The Pyramid Model](#)⁸ in public-funded early care and education sites, which is a tiered intervention framework of evidence-based practices for supporting social-emotional competence in infants and young children. The Pyramid Model, or other social-emotional learning focused curricula, helps the early childhood workforce apply strategies in the child care or preschool setting to prevent and moderate challenging behaviors and other mental health concerns.



- **Infant and Early Childhood Mental Health Consultation (I/ECMHC):** I/ECMHC provides child care professionals access to mental health consultants who can build their skills and capacity to promote social-emotional well-being for the children in their care

through training, reflective consultation, and technical assistance. Program funding streams provide access to I/ECMHC in different ways. Visit the Governor's Office of Early Childhood Development's website bit.ly/IL-IECMHC to learn more. Child care professionals can also access I/ECMHC at no cost through IDHS's Caregiver Connections program [see I/ECMHC section for more details].

- **Comprehensive family services:** Many programs, especially those focused on children and families who would benefit from intensive researched comprehensive early childhood services, also offer services that support the family well-being, which in turn support a child's mental health. These services include mental health and parenting supports, as well as referrals to other State family support services.
- **Crisis response:** Early care and education programs typically have protocols to follow when a child is having a psychiatric emergency while in their care. They can also call the State-funded mobile crisis response hotline, called the CARES line: phone number 1-800-345-9049. The recipient of this call will advise on how to respond to the crisis, including dispatching a mobile crisis response to assist in hospitalization or stabilizing the child at home.

School and community-based programs funded by the Early Childhood Block Grant (ECBG), and licensed child care providers, are also required by law to leverage the above mental health resources before removing a child from their program for behavior concerns. Research suggests that the expulsion of toddlers and preschoolers from early childhood settings is occurring at alarmingly high rates, disproportionately to African Americans, boys, and those with prior documented developmental or learning delays, and that expulsion in the earliest years leads to higher expulsion and suspension rates in later grades⁹. In response to this, Illinois passed the [Public Act 100-105](#) in 2018, aimed at ending this practice so that children age zero through five have access to environments that can support their behavioral health needs and help them thrive long-term.

Which agencies administer programs or funding for these services?

Three agencies administer programs that increase access to early care and education for children under six.

- **The Illinois State Board of Education (ISBE):** The Early Childhood Block Grant (ECBG) provides funding for early care and education programs throughout Illinois. A separate appropriation is awarded to the City of Chicago School District #299 for the initiatives funded under the ECBG including Prevention Initiative, Preschool for All and Preschool. Outside the City of Chicago, funding is distributed for three programs using a competitive grant process that prioritizes applicants that propose to serve children and families who would benefit from participation in a researched based comprehensive early childhood program:
 - Prevention Initiative (PI) provides at least 12.5 hours a week of quality DCFS-licensed center-based care for children birth to age 3 years. DCFS-licensed center-based infant/toddler care is provided to improve the growth and

development of children before they transition to Preschool for All or Head Start by providing early, continuous, intensive, and comprehensive child development and family support services.

- Preschool for All (PFA), provides at least 12.5 hours a week of high-quality preschool for 3–5-year-olds, which includes comprehensive developmental screening, teachers who hold a professional educators license with an early childhood, special education or multilingual endorsement, and standards-aligned, research-based curriculum that includes social-emotional learning.
- Preschool for All Expansion (PFAE), provides high-quality full-day preschool for 3–5-year-olds in high-need communities that includes comprehensive services in the areas of medical, dental, and mental health supports. This program includes targeted supports regarding family engagement, instructional practices, and positive behavioral and social-emotional development through the inclusion of a family educator, instructional leader, and mental health consultant in every program.
- The Office of Head Start (OHS) oversees Early Head Start and Head Start (E/HS) federally funded programs for children and their families who meet eligibility. Program options include part-day and/or full-day, comprehensive programming that promote individualized educational and health services, and family-centered services to support family well-being. These programs emphasize the role of parents as their child's first and most important teacher and assist them in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security.
- The Illinois Department of Human Services (IDHS), Division of Early Childhood (DEC) oversees 2 programs that aim to increase access to early care and education:
 - Child Care Assistance Program (CCAP) helps income-qualifying families that are involved in a qualifying event, such as working or going to school, afford quality child care by paying a portion of their cost directly to their child care provider. Families are responsible for a monthly co-payment based on their family size and income.
 - Migrant & Seasonal Head Start, provides comprehensive Head Start child development programs to children ages six weeks to six years from migrant and seasonal farm-worker families in Illinois.

Who is eligible for these programs and where are the services provided?

These programs are offered statewide but eligibility requirements and the location where services are provided vary by program.

Program	Age for services	Intended audience	Income requirement	Other eligibility requirements	Service location
PI (Centers)	Expecting parents and children birth to age 3 years	Expecting parents and children birth to age 3 years who are determined to be the most in need	Income can be used as part of the weighted eligibility criteria	Programs will serve children and families most in need in the community determined by those having the most points based on an established weighted criteria form	DCFS-licensed center-based program that receives Early Childhood Block Grant Prevention Initiative grant funds
PFA	3-5 years old	3- to 5-year-old children who are determined to be the most in need and whose families choose to participate	Income can be used as part of the weighted eligibility criteria	The program has established weighted eligibility criteria and prioritizes children who are most at risk of academic failure to determine eligibility. Multiple risk factors used for program eligibility are weighted and are based on factors in the community. Screening procedures are required as part of the enrollment process and include a research-based screening and a parent/guardian interview to determine risk factors	Preschool programs in a variety of settings: public and private schools, child care centers, and other community-based agencies
PFA-E	3-5 years old	3- to 5-year-old children who are determined to be the most in need and whose families choose to participate	Income can be used as part of the weighted eligibility criteria.	Programs enroll highest need children using the state issued weighted eligibility criteria. Priority populations include homeless, youth in care, children with IEP, and family income at or below 50% FPL	Preschool programs in a variety of settings: public and private schools, child care centers, and other community-based agencies
Early Head Start	0-3 years old	Lower-income infants, toddlers, pregnant women, and their families. Also prioritizes children with disabilities, homeless families, and children in foster care	Yes – at or below 100% FPL	Categorically eligible if: homeless, in foster care, or in receipt of TANF or SNAP, or SSI	Center-based and home-based programs in a variety of settings; community-based agencies, school districts, government, and health departments
Head Start	3-5 years old	Preschool age children from lower-income families. Also prioritizes children with disabilities, homeless families, and children in foster care	Yes - at or below 100% FPL	Categorically eligible if: homeless, in foster care (Youth in Care), or in receipt of TANF or SNAP, or SSI	Center-based and home-based programs in a variety of settings; community-based agencies, school districts, government, and health departments

Migrant & Seasonal HS	Six weeks to six years	Lower-income, agricultural workers (any ethnicity or race)	Yes - at or below 100% FPL ³	Must verify that their primary income (51% or more) is from agricultural labor as defined by IMSHS here , and must be doing agricultural work at the time of enrollment or shortly thereafter	In one of 7 delegate centers and child care partner locations listed on the DHS website here , each with a defined service area
CCAP	Birth through 12 years (or up to 18 years with special needs)	Families that need child care while working, going to school, or other qualifying event, and priority populations	Yes - Income requirement is based on family size, available here ; gross, non-exempt monthly family income must be below 225% FPL for family size	Must be involved in a qualifying event, such as both parents living in the home are going to work or school, or searching for work; homelessness; transfer from DCFS/Intact family	Services can be provided in a day care center or a home-based day care center, and by a relative or non-relative in the adult's or child's home

How do families access or enroll in programs to receive these services?

- **Early Care Centers and Preschool Programs:** Enrollment in early care and preschool programs is unique to each program. Resources to help families find state-funded early care or preschool programs include:
 - Families can search for programs across Illinois at <https://www.illinoiscaresforkids.org>.
 - Local school districts can explain how to find and enroll in their school-based preschool program.
 - Child Care Resource and Referral agencies (CCR&Rs) can also help families identify quality child care providers using a locally maintained referral database. CCR&Rs can be located via the [DHS Office locator](#) or the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) [search engine](#).
- **Early Head Start / Head Start / Migrant & Seasonal Head Start:** Families must also apply directly to the Head Start affiliated program they are interested in. Programs can be located at the national Early Childhood Learning and Knowledge Center: <https://eclkc.ohs.acf.hhs.gov/center-locator>.
- **CCAP:** Families submit a paper application and supporting documentation to their local Child Care Resource and Referral agency (CCR&Rs) to apply to CCAP. CCR&Rs can be located via the [DHS Office locator](#), or the Illinois Network of Child Care Resource and Referral Agencies (INCCRRA) [search engine](#). The family must include a child care provider in their application. More information on applying to CCAP is available [here](#).

³ For Migrant & Seasonal HS, up to 10% of the children who are enrolled may be from families that exceed the lower-income guidelines, but who meet the criteria that the program has established for selecting such children and who would benefit from Head Start services. An additional 35% of children may be from families whose gross cash incomes do not exceed 130% of the FPL, if all under-income children are already being served.

What State-funded IECMH professional development is available for service providers?

- Early Head Start/Head Start: Grantees have access to nationally provided training available via the Early Childhood Learning & Knowledge Center. Information and resources for IECMH, and incorporating I/ECMHC services into E/HS programs, is available at <https://eclkc.ohs.acf.hhs.gov/mental-health/article/infant-early-childhood-mental-health-consultation-your-program>.
- Training on the Pyramid model:
 - ISBE funded technical assistance providers, Early Childhood Professional Learning (ECPL) and STAR NET, offer training on the Pyramid Model and social emotional skill development throughout the calendar year. Programs may also access free e-modules through ECPL.
 - Gateways to Opportunity: INCCRRA is currently aligning Pyramid Model training credentials within the state's professional development registry to increase the availability of qualified providers and to help align data systems.
 - Illinois Pyramid Model State Leadership Team: Partners with non-profit organizations to implement the Pyramid Model statewide, including professional development sessions, online training opportunities, and implementation coaches.

5 Infant/Early Childhood Mental Health Consultation

Infant and Early Childhood Mental Health Consultation (I/ECMHC) is a nationally recognized practice that aims to build the capacity of the professionals who work with, or on behalf of, children and families to promote healthy social-emotional development within the families and communities in which children learn, grow, and play. The foundation of the model is based on Infant Mental Health principles, focusing on relationship-based, culturally responsive, reflective practice. I/ECMHC is an indirect approach that offers training, technical assistance, and reflective consultation to enhance the overall quality and equity of the program.

The Illinois Model of I/ECMHC is flexible and adapts to meet the local programmatic needs.

Typical services that an I/ECMH consultant may provide are:

- Reflective consultation to professionals to create a safe opportunity to communicate and reflect on aspects of the system, program, practices and situations, concerns, and the impact of their work.
- Trainings to provide information in the context of reflective practice.
- Support with observation, screening, and assessment of young children, as requested.
- Co-facilitation of groups with program staff by utilizing infant/early childhood mental health knowledge.
- In some cases, a consultant may also temporarily support staff and families in responding to a child-specific situation.

I/ECMHC is a growing field that has been nationally designated as a best practice by the Association for Maternal and Child Health Programs (AMCHP). In 2021, the funders of Illinois home visiting released a [joint statement](#) in support of I/ECMHC as a critical proactive support for home visiting and other early childhood programs in Illinois.

Which agencies administer programs or funding for I/ECMHC?

Three agencies in Illinois administer programs that include funding for I/ECMHC. It is a required component of many early childhood education and care programs, while others encourage the use of I/ECMHC by stipulating this as an allowable use of funds.

- The Illinois State Board of Education (ISBE): The Early Childhood Block Grant (ECBG) provides funding for I/ECMHC services to grantees of three programs: Preschool for All Expansion, Preschool for All, and the Prevention Initiative. The Preschool for All Expansion program requires grantees to make I/ECMHC services readily available to staff by contracting or collaborating with a qualified mental health practitioner. Preschool for All and the Prevention Initiative encourage ECBG funds be used for this service but it is at each program's discretion.
- The Illinois Department of Human Services (IDHS), Division of Early Childhood (DEC): IDHS-DEC funds I/ECMHC to three types of Early Childhood Education and Care programs:
 - All IDHS Home Visiting programs, including Maternal Infant Early Childhood Home Visiting (MIECHV), require grantees to provide their home visitors access to I/ECMHC and allocates funding to do so.
 - Early Intervention (EI), allocates funding from IDEA Part C (based on the local child enrollment) to each of the Child and Family Connection Offices (CFCs) to employ or contract a Social Emotional Consultant (also known as an I/ECMHC) for programmatic consultation to professionals in the Early Intervention system (CFC Program Managers, CFC Service Coordinators, EI Providers).
 - Caregiver Connections, is a statewide program that provides I/ECMHC services at no cost to any interested center-based, family child care professional, or family friend and neighbor provider in Illinois who care for children ages birth through five.
- The Office of Head Start (OHS): Includes I/ECMHC as a requirement in all Early Head Start and Head Start programs. Each site must have an I/ECMH Consultant on staff (as an employee or contractor) who supports all staff associated with their program (teachers, home visitors, administrators, etc.).

Who is eligible for these services?

The intended audience and way that staff access I/ECMHC varies by program:

Program	Funder	Service providers supported by I/ECMHC	Accessibility	Staffing model; accessing I/ECMHC services
Preschool for All	ISBE	Program administrators and staff that engage with children and families	Allowable use of funds	Grantees individually contract with an I/ECMHC
Preschool for All Expansion	ISBE	Program administrators and staff that engage with children and families	Requirement	Grantees individually contract with an I/ECMHC
Prevention Initiative	ISBE	Program administrators and staff that engage with children and families	Allowable use of funds	Grantees individually contract with an I/ECMHC
IDHS Home Visiting	IDHS-DEC	Home Visitors, Supervisors	Requirement	Grantees individually contract with an I/ECMHC
Early Intervention (Social Emotional Consultants)	IDHS-DEC	Early Intervention Providers, CFC staff members and leadership	Requirement	Child and Family Connections offices (CFC) are allocated funding to employ or contract for consultation based on the number of children receiving services in a CFC region
Caregiver Connections	IDHS-DEC	Birth through 5 Center- and home-based child care providers	Free to child care professionals who are interested	Child Care Professional or Parents/Guardians can contact Intake Coordinator at 217-592-0389
Early Head Start / Head Start	Office of Head Start	Program administrators and staff that engage with children and families	Requirement	Each program site includes at least 1 I/ECMH Consultant, employed or contracted

Where are the services provided?

Consultation services are delivered in person at the program site or coordinating office (e.g., in the case of Early Intervention and Home Visiting where services are provided in the child’s home), by phone, or virtually, which became more common during the COVID-19 pandemic.

All these programs offer services statewide. There is a higher concentration of trained I/ECMHC living in urban settings, but the shift to virtual consultation during the COVID-19 pandemic improved access to consultants by removing geographic barriers and reducing travel time for consultants. The shift to virtual consultation also enabled them to provide more services in a single day. The State continues to be focused on promoting diversity in the I/ECMHC workforce, to meet multi-lingual and cultural needs of the families being served.

How do service providers access these services?

Sites recruit, interview, and hire their own I/ECMHC provider. The State maintains a few tools to help them find pre-screened I/ECMH consultants:

- The [Gateways to Opportunity Database](#), maintained by Illinois Network of Child Care Resource and Referral Agencies (INCCRRA), is a state-funded and statewide database, created in 2021, where all I/ECMH Consultants that meet the Illinois Model qualifications across programs are encouraged to register and indicate the various programs they support.
- Caregiver Connections: Child care providers can locate a consultant on the [Caregiver Connections website](#), which lists I/ECMHC providers by Service Delivery Area (SDA) in the program’s contracted network.
- Early Intervention: Child and Family Connections (CFC) maintains a list of Social-Emotional Consultants for Early Intervention providers specifically, arranged by CFC, available [here](#).

What Public-funded IECMH professional development is available for I/ECMH Consultants?

- **Infant/Early Childhood Mental Health Consultant Reflective Learning Group (RLG)**: A statewide professional development opportunity that occurs monthly or quarterly, facilitated by Start Early and specially trained facilitators supported by INCCRRA. These RLGs provide Continuing Education Units (CEUs), take attendance, and offer a community of support for the consultants.
- INCCRRA supports professional development of I/ECMH Consultants in several other ways as well, including:
 - Mental Health Consultation Quarterly Meetings
 - Annual Symposium for Infant/Early Childhood Mental Health Consultants
 - Orientation to the Illinois Model of Infant/Early Childhood Mental Health Consultation Curricula
 - Asynchronous training modules

6 Physician / Clinical Services

Through Medicaid’s All Kids healthcare program, children from lower-income households in Illinois can access public-funded mental health services from general and specialized physicians, regardless of citizenship or immigration status. While there are different health programs and plans under All Kids [*see eligibility section below for details*], the mental health benefits and services are the same for all and include:

1. Preventative screening, during well-visits.
2. Assessment and diagnosis, to understand strengths and needs.
3. Treatment (or early intervention), for a diagnosis or at risk of a diagnosis.

Preventative screening - Primary Care Providers (PCP)

With All Kids health coverage, children are provided wellness visits at 9 months, 18 months, and 24/30 months of age. During these visits their primary care provider (PCP) will use the Ages

and Stages Questionnaire to screen for developmental concerns, including mental health. If a concern is identified during a well-visit or otherwise, some PCPs will conduct additional screening, primarily using the [Healthy Kids Mental Health Screen](#), which is an additional list of questions they can ask to probe on the concerning behavior.

If initial screening indicates a potential mental health need, they will refer the child for an assessment with Early Intervention (EI) [see *Early Intervention section for details*] or with a mental health professional when the child doesn't qualify for EI (e.g., they are over the age limit of three) or may need more specialized treatment.

Additional mental health support during child well-visits include:

- **Autism Spectrum Disorder screening:** A child is also screened for autism at their 18-month and 24-month well visits. If autism is a concern, doctors will refer the child to a specialized network of providers.
- **Postpartum Depression screening:** To promote early identification and treatment of postpartum depression, providers are encouraged to screen birthing people during well visits prior to the infant's first birthday and make appropriate referrals.
- **Reach Out and Read Program:** Run by the Illinois Chapter - American Academy of Pediatrics (ICAAP), participating clinics give children a book during each well visit, from ages 6 months to 5 years, encouraging families to read together to support early-relational health and school readiness.

Assessment and diagnosis

With or without a referral, children with All Kids healthcare can see a mental health professional for a mental health assessment to determine a diagnosis and treatment plan.

In Illinois, mental health professionals are required to complete an Integrated Assessment and Treatment Plan (IATP) for all individuals needing behavioral health services, which ensures an individual's assessment of needs and strengths is comprehensive, clearly documented, and leads to specific treatment recommendations. The Department of Healthcare and Family Services (HFS) has designated the [Illinois Medicaid Comprehensive Assessment of Needs and Strengths \(IM+CANS\)](#) as the approved IATP instrument for this.

Per Illinois Public Act 101-0654, if necessary to provide a diagnostic code for behavioral health services for children ages 5 and under, providers must also utilize a developmentally appropriate and age-appropriate diagnostic assessment system to provide a diagnosis and treatment plan, such as the DC:0-5™. The DC:0-5 recommends meeting with the child for 3-5 sessions to make a developmentally appropriate diagnosis, which can be reimbursed by Medicaid as a service of integrated assessment and treatment planning.

When documenting the child/family's needs and strengths in the IM+CANS, the clinician provides the narrative clinical summary and 5 Axis DC:0-5 diagnosis in the Mental Health Assessment Summary section. Upon completion of this section, the provider will then be able

to utilize the [DC:0-5/ICD-10/DSM5 crosswalk](#), created by Zero to Three, to identify the diagnosis code that can be used when submitting claims for reimbursement.

Treatment (or early intervention)

For children under six, All Kids health plans cover mental health services to treat children with a diagnosis and those at risk of a diagnosis (i.e., they have 1 or more criteria of a diagnosis) to offset the trajectory of reaching a full diagnosis. Most children will receive treatment at the same location that the assessment was completed. For more specialized diagnoses, they will be referred to another provider. To help families get to and from appointments, Medicaid Managed Care Organization (MCO) can coordinate and pay for transportation when needed.

Because of their age, the first few sessions will often be focused on gathering clinical and assessment information, then about 12-16 sessions for practice depending on the evidence-based model being used, and finally a few closing sessions. Also because of their age, parents and caregivers have an integral role in this practice, which is outlined in the treatment plan.

In the case of a psychiatric emergency, children receiving mental health services should have a crisis safety plan to enact. Otherwise, lower-income families with Medicaid, and those who may be eligible for Medicaid, can call the state-funded mobile crisis response hotline, called the CARES line: phone number 1-800-345-9049. The recipient of this call will conduct a screening process to determine how to respond to the crisis, which may include dispatching a mobile crisis response to assist in hospitalization or stabilizing the child at home.

Which agencies oversee state-funded physician / clinical mental health services?

The Department of Healthcare and Family Services (HFS) is the primary agency responsible for providing comprehensive healthcare coverage for adults and children who qualify for Medicaid. They administer and, in conjunction with the federal government, fund Medicaid medical services.

Other agencies that collaborate with HFS to provide children's mental health services via Medicaid include:

- The Illinois Department of Human Services (IDHS), Division of Mental Health (DMH): As the State Mental Health Authority, DMH is responsible for ensuring that children, adolescents, and adults, throughout Illinois, have the availability of and access to public-funded mental health services for those who are diagnosed with a serious mental illness or serious emotional disturbance which includes an impaired level of functioning based on a mental health assessment. IDHS certifies Community Mental Health Centers (~200 locations).
- The Department of Children and Family Services (DCFS): DCFS also certifies Community Mental Health Centers (~100 locations) and maintains the public facing Service Provider Identification & Exploration Resource (SPIDER) search engine for Illinois healthcare providers.

Who is eligible for state-funded healthcare?

The All Kids healthcare programs are available to all children living in Illinois, under the age of 19, regardless of citizenship or immigration status. There are four tiers of income eligibility, which determine the monthly premiums and co-pays the family is responsible for, [as described here](#). Current income eligibility guidelines (in 2022) are as follows:

- All Kids Assist: <=147% FPL
- All Kids Share: 147-157% FPL
- All Kids Premium Level 1: 157-209% FPL
- All Kids Premium Level 2: 209-318% FPL

They must also meet the [insurance requirements for All Kids](#), which explains that children can qualify for All Kids Assist Share and Premium Level 1 even if they have other insurance, and All Kids Premium Level 2 in some circumstances.

Where are services provided?

There are many types of mental health providers in Illinois that accept Medicaid. Some offer comprehensive healthcare services, including pediatric well-visits and mental health services, while others specialize in mental health specifically. The following are the primary, statewide providers of mental health that accept Medicaid, which a family can see with or without a referral. The number of locations that serve children under six varies.

Provider Type	Population of focus	Services	How to find a location
Federally Qualified Health Center (FQHC)	Nonprofit or public facility that is required to provide services to persons of all ages, regardless of their ability to pay or health insurance status, with charges based on a sliding fee scale; they are often located in lower-income or underserved communities without sufficient access to primary care	Provides comprehensive primary care and preventive care, including (at minimum) maternity & prenatal care, preventive care, behavioral health, dental health, emergency care, and pharmaceutical services	Community health center maps created annually by Illinois Primary Health Care Association, or the National Provider Identifier Database NPI Registry ; or the HRSA Find A Health Center data warehouse
Rural Health Clinics (RHC)	Public, nonprofit, or for-profit healthcare facility located in rural areas that are designated as a shortage area	Provides primary care to underserved and lower-income populations; required to provide outpatient primary care services and basic laboratory services	SPIDER website , sponsored by DCFS
Hospital Networks	Public and private hospitals have become comprehensive healthcare systems on their own, and are required to serve anyone who comes to their emergency room for emergency services	Comprehensive Healthcare: outpatient clinics/centers provide general physician services and hospitals provide specialized care	SPIDER website , sponsored by DCFS

Community Mental Health Centers (CMHC)	Nonprofit or local government entity that is part of a comprehensive coordinated continuum of community-based programs, offering specialty services for persons with or at risk for a diagnosis of a serious mental illness or emotional disturbance	Specializes in Mental Health	There are ~300 locations in Illinois certified by IDHS and DCFS. The IDHS office locator includes CMHCs that are certified by IDHS - select "Mental Health" for Office Type
Behavioral Health Clinics (BHC)	BHCs are designed to serve individuals with low-to-moderate intensity needs, and therefore are intended to be smaller entities that focus on specific populations or diseases to meet the needs of their community	Specializes in Mental Health	SPIDER website
Independent Practitioners (IP)	Private therapists: some accept a small percentage of Medicaid clients	Specializes in Mental Health	SPIDER website

How do families enroll in Medicaid and find a mental health provider?

Steps to enroll in Medicaid/All Kids

1. Families can apply for All Kids online using the [ABE Portal](#), or they can request that an application be mailed or emailed to them on the Healthcare and Family Services (HFS) website (available in English and Spanish).
2. After qualifying for All Kids, families will need to enroll in one of the HealthChoice Illinois Managed Care Organization (MCO), which determines their network of providers. They can do this online, by phone, or by mail as described at <https://enrollhfs.illinois.gov/en/enroll>. If they don't choose an MCO, the child will be assigned one.
3. Families also need to identify a Medical Home in their MCO, which serves as their primary care physician and be the location where their child will receive well-visits and mental health screening. They can select this or be assigned to one via their Medicaid Managed Care Organization. Often families will identify a Medical Home first, who will assist them in the process of applying for Medicaid.

For questions on Medicaid and All Kids, families can call the All Kids Hotline: 1-866-ALL-KIDS (1-866-255-5437) (TTY: 1-877-204-1012).

Finding a mental health professional (that accepts Medicaid/All Kids)

- Typically, the first place families should go when they have a mental health concern is their Medical Home and PCP. Their PCP should provide a list of recommended mental

health professionals as part of their referral to specialized care, and in some cases, may assist them in scheduling an appointment.

- Otherwise, the parent should contact their Medicaid Care Coordinator if they have one or call their MCO for assistance in finding an in-network provider (this phone number is located on the back of their medical card). If desired, any family enrolled in Medicaid can also request to have a care coordinator assigned to their case to help them find and manage mental health services.
- To search on their own, families can use the links provided in the table above, or the Service Provider Identification & Exploration Resource (SPIDER) website: <https://spider.dcf.illinois.gov/> sponsored by DCFS, which includes most physicians in Illinois using self-reported information.
- For children experiencing a mental health crisis, lower-income families can call the CARES Line to dispatch a mobile crisis response, phone number 1-800-345-9049.

What State-funded IECMH professional development is available for service providers?

- DocAssist (UIC): The University of Illinois Chicago, School of Psychiatry, facilitates a primary care psychiatric consultation hotline that provides direct physician-to-physician support to ask questions about pediatric and perinatal mental health. Physicians can call 1-866-986-2778.
- DC:0-5 Training (DMH): IDHS-Division of Mental Health (DMH) leads a training program for Community Mental Health Center clinicians to learn how to use the DC: 0-5 to make a developmentally appropriate mental health diagnosis for a child age 0-5. Interested providers should contact DMH directly for more information.
- IM+CANS training and certification (UIUC-SSW): Providers must attend a one-day, in-person training, coordinated through UIUC-SSW, and complete annual certification in order to utilize the IM+CANS. Go to <https://go.uillinois.edu/MTAC> to register for a class.

7 Early Intervention

Early Intervention (EI) is an educational right ensured by Part C of the Individuals with Disabilities Education Act (IDEA). It is a voluntary, statewide program that supports children from birth through 3 to meet developmental milestones if they have a disability or delay in any of 5 domains: Physical, Cognitive, Communication, Social and Emotional, and Adaptive. The program emphasizes learning and growing within the context of parent-child relationships, and therefore focuses on developing the caregivers' capability to promote their child's optimal development.

Mental health is aligned to the Social and Emotional domain of Early Intervention and includes problems in areas such as:

- Changes in feeding, toileting, and sleeping habits.
- Externalizing behavior, like excessive crying, biting, tantrums, and aggression.
- Internalizing behavior, like social withdrawal, and fearfulness.

- Regressions to earlier stages of development due to a traumatic experience.

The EI program is delivered through local Child and Family Connections (CFC) offices, which provide four types of services:

1. Service coordination: All families are assigned a service coordinator to assist them throughout their participation in the EI program. The service coordinator completes an intake process, schedules the child's evaluations, helps to develop the Individualized Family Service Plan (IFSP), identifies and facilitates selection of service providers to meet with the family, and may refer families to other community resources that meet their needs.
2. Evaluation and assessment: Each child referred to EI will participate in a comprehensive evaluation, including all five domains, to understand their strengths and needs compared to developmental milestones. They will also have a more detailed evaluation in the area(s) of concern. This is done by an evaluation team, including their service coordinator and at least two other EI professionals representing different disciplines (e.g., developmental therapy, physical therapy). There are a number of tools that can be used to complete this evaluation. The Division of Early Childhood maintains a list of approved EI evaluation and assessment instruments [here](#).
3. Individualized Family Service Plan (IFSP): If a child is eligible for EI services (see eligibility below), and the family chooses to participate, the family will meet with an EI team to create an IFSP. This plan describes what services are to be delivered, how often, and by whom. It also describes goals and outcomes for the family and child. The plan is reviewed and updated at least every six months.
4. Professional services: The IFSP for children with social-emotional delays or disorders will typically include, but not limited to, services with a Developmental Therapist, Occupational Therapist, Licensed Clinical Social Worker, Psychologist or Psychiatrist to support their mental health needs. They will work with the child in a natural environment for the child's development (see below for details). To build caregiver capability, these providers will actively engage the caregivers in the planning and implementation of services, including embedding intervention strategies into family life, such as routines, activities, and interactions with their child. For more severe medical diagnoses, EI refers families to clinical services.

Families are not charged for EI Service Coordination, Evaluations/Assessments, or the development of an IFSP. For professional services, they will have to pay a monthly family fee as determined by a sliding scale based on income. A family's healthcare plan may also help to cover costs associated with EI professional services.

In addition, all CFC offices have on staff a Social-Emotional Consultant, which ensures EI providers have access to Infant / Early Childhood Mental Health Consultation (I/ECMHC) that focuses on building their capacity and capability to help parents support their child's mental health needs *[see I/ECMHC section for details]*.

Which agency oversees state-funded Early Intervention services?

All Early Intervention services are administered by the Illinois Department of Human Services (IDHS), Division of Early Childhood (DEC).

Since the State is reimbursed by Medicaid for EI services, the Department of Healthcare and Family Services (HFS) approves the tools that can be used for EI eligibility.

Who is eligible for Early Intervention services?

Any family living in Illinois, regardless of income, can access EI services for their infant or toddler from birth through three years old. This includes service coordination and assessments to verify a need for intervention. A child will have to qualify to receive professional services and the development of an Individualized Family Service Plan (IFSP), which requires that they meet one of the following requirements:

1. Demonstrate a 30% or more delay in at least one area of development.
2. Have a medical condition that is known to cause a disability or delay.
3. Is at high risk for a substantial developmental delay.

Medical conditions

Medical diagnoses that qualify children for EI can be found [here](#). Examples of social emotional disorders include Sensory Processing Disorders, Anxiety Disorders, Separation Anxiety Disorders, Mood Disorders, Obsessive Compulsive and Related Disorders, Eating Disorders of Infancy/Early Childhood, Crying Disorders of Infancy/Early Childhood, Trauma, Stress, and Deprivation Disorders, Relationship Disorders and Relationship Specific Disorder of Infancy/Early Childhood.

Children with medical conditions that are not listed may also be determined eligible by a qualified family physician, pediatrician or pediatric subspecialist who provides written verification that the child's medical condition is associated with a high probability of developmental delay.

High risk

In addition, children are eligible for EI services if there is a consensus by professional service providers that a delay is probable because a child is experiencing either:

1. A parent medically diagnosed with a mental illness or serious emotional disorder that has resulted in a significant impairment in their level of functioning, or
2. Three or more risk factors described [here](#), which includes but is not limited to alcohol or substance abuse by the primary caregiver.

Families of children who have been assessed and determined not eligible for EI, can have their child assessed again if the developmental concern worsens or a new one is identified while they are still under the age of three.

Where and how are services provided?

Early Intervention is a statewide program with services provided through 25 local Child and Family Connections (CFC) offices that are the entry point to the Early Intervention program. There are ~4,500 EI professionals in Illinois, who are independent, fee-for-service providers. EI professionals can select the geographic range in which they will provide services, which can limit access for some communities.

Services are delivered in the child's natural environment defined by IDEA as, "settings that are natural or normal for the child's same age peers who have no disabilities." This can be in their home, a child care setting, or other natural environment selected by the family.

How do families access/enroll in Early Intervention services?

1. Families can contact a Child and Family Connections (CFC) office directly to inquire about EI services. Search for a Child and Family Connections (CFC) office using the IDHS Office Locator: <https://www.dhs.state.il.us/page.aspx?module=12>. Enter "Early Intervention" as the Office type. Or they can call 1-800-843-6154 (Voice/TTY).
2. They can also be referred to EI by someone else contacting the CFC office. While anyone can refer a family to EI, [primary referral sources](#) (including but not limited to physicians, home visitors, educators) are required by federal law to make referrals to the CFC office no more than five working days after a potentially eligible child is identified.
3. The Child and Family Connections (CFC) office will then assign the family a service coordinator who will complete their intake process, including confirming if the family wants to participate in the case of a referral (as EI is a voluntary program). Then they schedule the initial evaluation.
4. If the evaluation determines that services are needed, an Individualized Family Service Plan (IFSP) will be written to set goals and identify needs. This is done in collaboration between the family and EI Evaluator/Provider to align with family considerations.
5. After the IFSP is written, it is the role of the CFC service coordinator to help the family identify service providers to support the child's needs defined in the IFSP.

What State-funded IECMH professional development is available for service providers?

- [Early Intervention Training Program \(EITP\) at the University of Illinois](#): Provides low-cost training opportunities for early intervention professionals in Illinois, including a number of modules on IECMH, subsidized by State funding.
- [Provider Connections](#): Helps to credential, enroll, and provide technical support to EI providers interested in the State's credentialing and enrollment process.
- [Illinois Early Intervention Clearing House](#): Identifies and collects research-based and best-practice early intervention information to share with families and providers.

- El Care Coordination Provider Toolkit: Aimed at enhancing care coordination between the early childhood service providers (e.g., primary care physician, home visitors, child care providers, homeless services), this document includes an explanation on how other service providers can initiate a referral to EI services and receive information back from EI about the outcome of the referral, available [here](#).

8 Early Childhood Special Education

Special education is an educational right ensured by Part B of the Individuals with Disabilities Education Act (IDEA). It is federal legislation that supports children from age 3 through 21 with disabilities that adversely affect educational performance. While Early Intervention is focused on growth within the context of the parent-child relationship, special education focuses on growth through educational environments and peer interactions. Preschool children who are eligible or potentially eligible for special education and related services have the same rights as other school-age children.

IDEA lists 14 different eligibility categories under which children may be eligible for services, which can be found under IDEA 34 CFR 300.8(c). While mental health could be a component of any eligibility based on the needs of the child, two categories align to mental health specifically:

1. **Developmental Delay**, includes social or emotional development delays as measured by appropriate diagnostic instruments and procedures.
2. **Emotional Disability**, defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a degree that adversely affects a child's educational performance:
 - An inability to learn that cannot be explained by intellectual, sensory, or health factors.
 - An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
 - Inappropriate types of behavior or feelings under normal circumstances.
 - A general pervasive mood of unhappiness or depression.
 - A tendency to develop physical symptoms or fears associated with personal or school problems.
 - Emotional disability includes schizophrenia.

Special education is delivered statewide through local school districts and includes the following types of services that help to support mental health related disabilities:

1. Screening (Child Find): School districts are responsible for actively locating, identifying, and evaluating all children who live within the district boundaries who may be potentially eligible for special education and related services, including social or emotional disabilities. This is referred to as Child Find and includes providing access to free early childhood developmental screenings for children birth to five (to identify

needs early), ongoing review of all children in general education classes, coordination with early intervention programs (EI and child care programs) and referrals for evaluation.

2. Evaluation: Based upon a parent's request, referral from a school professional, or a Child Find screening activity, school districts determine if an evaluation is necessary based on a review of relevant data and information. If determined necessary, an Individualized Education Plan (IEP) team will complete a domain review to decide which domains to evaluate and what information needs to be collected. For mental health purposes, this may include a mental health assessment, interview with parent(s)/guardian(s), classroom observation, or functional behavior assessment.
3. Individualized Education Plan (IEP): An IEP will be developed if the child qualifies for special education in any of the fourteen categories of eligibility and it is determined that the student meets the criteria to receive special education and related services. This is a written statement of the educational program that is designed to meet the student's needs, including what supports and services will be provided to help the student be successful in the classroom. For early childhood mental health needs, examples of extra support include, but are not limited to, implementing a positive behavioral intervention plan, modifying the environment to promote positive behavior and avoid triggers, instructional strategies, time with a social worker, and staff support.
4. Classroom Placement: The IEP team, which includes the parents/guardians, decides the educational placement for each student (see details below). The law requires that preschoolers receive their services together with children without disabilities, to the maximum extent appropriate, to benefit from a regular classroom experience, including social-emotional development. General early childhood teachers are trained on evidence-based strategies that support mental health development and prevent concerns from escalating. Classroom staff may also use a social-emotional curriculum such as the Pyramid Model framework, which includes more specific training.
5. Professional services: In accordance with their IEP, some children may have access to special education teachers and/or paraprofessionals for individualized instruction and support, which may include school psychologists, counselors, or social workers for mental health related needs. The school may also contract with an infant / early childhood mental health consultant to help support the teachers as they work to help the child with social-emotional development.
6. Behavioral Assessments and Intervention Plan: If a child's behavior disrupts their learning and/or the learning of other students, their IEP may include a Behavioral Intervention Plan that describes the positive behavioral interventions and supports needed to help the child participate successfully in the classroom. This plan is created by the IEP team and is informed by a Functional Behavioral Assessment (FBA), which is a process for gathering data and information regarding a target behavior such as what causes it and what could be done to modify the student's environment and promote positive behavior.

All of these supports and services, if outlined in the IEP, are available at no cost to the family.

Which agency oversees early childhood special education services?

All special education services are administered by the Illinois State Board of Education (ISBE) based on the stipulations and funding from Part B of Individuals with Disabilities Education Act (IDEA).

Who is eligible for these services?

All children residing in Illinois ages 3-21, regardless of income, may be eligible for special education services if they have a disability and it impacts the child educationally, as determined through an evaluation and eligibility determination. While IDEA provides definitions for these categories, individual school districts may develop their own criteria to qualify for special education services within each category within the Illinois administrative code.

The disability must adversely affect the child's educational performance and necessitate specially designed instruction and/or related services for the student to make progress in the general education curriculum. Therefore, after determining that a student has a disability, the evaluation team also determines if the disability adversely affects educational performance, and if specialized instruction is required to address the child's deficit areas. Only when the team has identified the disability, the adverse effect, and the need for specialized instruction, will the child be found eligible for special education.

Where and how are services provided?

Early childhood special education services for children three through five years of age are provided through local school districts or special education cooperatives. They can be provided in a variety of settings such as preschools, child care, prekindergarten/Preschool for All, Head Start and other early childhood settings, as determined by the local school district to meet the developmental learning needs of these children.

The IEP team, which includes the parent(s)/guardian(s), decides the educational placement and services for each student. Decisions are made at least once a year at the IEP annual review meeting and are based on the student's individual needs. The IDEA presumes that the first placement option considered for each child with a disability is the Least Restrictive Environment (LRE), which is a regular education classroom that the child would attend if he or she did not have a disability, that provides supplemental aids and services as needed. Special classes, separate schooling, or other placements that remove students from the regular education classroom occur only when specified by a student's IEP.

How do families access/enroll in early childhood special education?

Children need to be evaluated to determine if they qualify for special education. This evaluation is completed by their local school district. The procedures to determine eligibility for

preschool-aged students are the same as elementary or high school students, and includes six steps:

1. Request for evaluation: A parent must submit a request for evaluation, preferably in writing, to their local school district to have their child considered for special education services.
2. Decision to proceed: Within 14 school days after receiving the written request, the district will decide whether to evaluate the child or not. If the district determines an evaluation is warranted, they will provide the parent a consent form to proceed. If the district determines that the evaluation is not necessary, it must notify the parent in writing of this decision and the reasons for the decision. Parents/guardians have a right to request a due process hearing to challenge this decision.
3. Consent to evaluate: The parent must provide written consent for the district to begin the evaluation.
4. Evaluation: Once consent is received, the school district has 60 school days to complete the evaluation, which may consist of formal and informal assessments to ensure a thorough and holistic look at each student's strengths and needs. The evaluation is individualized for the child and may be conducted by one person or a team of professionals at the child's home, preschool, or school district.
5. Eligibility conference and IEP: The results of the evaluation are discussed with the IEP team, including the parent(s)/guardian(s) along with next steps. If eligible, the evaluator will work with the parent(s)/guardian(s) to create an IEP to communicate the special education and related services and supports needed, including placement determination.
6. Consent for Initial Provision of Special Education and Related Services: Before special education services can begin, the parent(s)/guardian(s) must consent to initial provision of special education and related services.

Transitioning from Early Intervention (EI)

Children who are in the Early Intervention (EI) program must be evaluated prior to their third birthday to determine if they qualify for early childhood special education when they turn 3. The EI service coordinator will initiate the transition process when the child is 2 years, 6 months of age by asking the parent to sign consent for a referral packet to be sent to the local education agency (LEA). By the time the child is 2 years and 9 months, they work with the family to create or update transition steps in their Individualized Family Service Plan (IFSP) and connect them with a representative from their local school district to explain the special education services, evaluation, and eligibility for children over 3.

An IEP team will be formed, including the parent/guardian, to conduct an evaluation and write an IEP for early childhood special education and related services if the child is eligible. If the child is not eligible, the EI service coordinator will refer the family to other resources that may help their child continue to develop.

In addition, beginning January 1, 2022, Senate Bill 820 (Public Act 102-0209) allows children to continue EI services until the beginning of the next school year if their 3rd birthday is between May 1 and Aug. 31. This law was designed to prevent a gap in services for children with summer birthdays who receive Early Intervention (EI) services. Additional eligibility requirements and details on the new law are available at <https://dsc.uic.edu/new-law-extends-illinois-early-intervention-services/>.

More information about transitioning from Early Intervention to Special Education can be found in the “When I’m 3 Where Will I Be?” transition workbook available on the IDHS website.

English Learners

Sometimes school districts refuse evaluations for English learners until they speak English fluently. This is not allowed. When a child is suspected of having a disability an evaluation must not be delayed because a child is an English learner. In addition, sometimes a child is referred for special education services only because that child cannot speak fluent English. Not speaking English or not speaking fluent English cannot be a determinant factor in providing special education services.

Through the evaluation process, the team will determine if the student’s suspected disability is due to English learner status. If the answer is “yes,” with evidence provided, then the student is not eligible for services under IDEA. If the child does not have a disability, English language supports should be provided through bilingual education and not through special education.

What State-funded IECMH professional development is available for service providers?

Special education staff have access to free professional development through STAR NET and Early CHOICES. STAR NET offers training on the Pyramid Model, behaviors, and social emotional supports throughout the calendar year.

9 Child Welfare System

The Department of Children and Family Services (DCFS) intervenes when children are reported to have experienced child abuse or neglect. When deemed necessary by a DCFS investigation, many families with young children are assigned a Family Case Manager from DCFS or Purchase of Service (POS) agency to develop service plans and link families to services. Recognizing that adverse early childhood experiences can have a long-term impact, DCFS has dedicated resources to support the developmental and mental health needs of children under their care or close observation.

Children ages birth to five who have an open case with DCFS may be served by one of three child welfare programs:

1. Intact Family Services
2. Youth in Care (Placement Family Services or Foster Care)

3. Teen Parenting Services Network

Intact Family Services

In Illinois, the Intact Family Services Program works with families who have been referred for continuing assistance and monitoring following a child abuse or neglect investigation. To avoid separation, this program provides short-term, voluntary services intended to stabilize and strengthen family life in a way that ensures the safety and well-being of children to remain in the home. Services may include counseling, domestic violence prevention, substance abuse treatment, mental health treatment, parenting coaching/classes or housing.

The Family First Prevention Services Act (FFPSA), signed into federal law in 2018, was enacted by the federal government to turn the focus of the child welfare system toward keeping children safely with their families to avoid the trauma that results when children are placed in out-of-home care. Illinois' FFPSA plan includes funding of additional services to meet the mental health needs of families served by Intact Family Services. As part of this plan, Child Parent Psychotherapy (CPP), Nurturing Parenting Program (NPP), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Positive Parenting Program (Triple P), and Multi-Systemic Therapy (MST) are evidence-based interventions that serves children and their parents, throughout the State.

Youth in Care (also known as Foster Care or Placement Family Services)

Foster families provide a temporary home for children who have been removed from their families and placed in DCFS care by local courts. While DCFS strives to reunite children with their birth families, if the courts determine that reunification simply is not possible, a child may be adopted or stay with foster families until the age of 18. Foster parents receive training and actively collaborate with the family's case worker to support the mental health needs of the children in their care.

Teen Parenting Services Network (TPSN)

The Teen Parent Service Network (TPSN) is responsible for providing oversight and service coordination to pregnant and parenting youth in care, and their children, statewide by linking youth and their children to an array of services, including: parenting education, therapy, clinical consultation, education and employment support, comprehensive discharge planning, advocacy, statewide provider training and consultation, health care, early learning, home visiting, day care coordination for their children and other specialty services. Youth in care participate in developmental screenings for their children through a home visitor, parenting coach, New Birth Assessor, local WIC office or pediatrician. TPSN coordinates young parents and children being linked to home visiting through the Illinois Pregnant and Parenting Youth in Care Home Visiting project.

How do children in the care of DCFS access services that support mental health?

DCFS policies and procedures prioritize young children involved with the system to receive a developmental screening that includes a mental health assessment, which is the first step to identifying their needs. DCFS also invests resources in early childhood mental health through the Erikson Institute DCFS Early Childhood Project. Any young child and their family with an open child welfare case is automatically eligible for the DCFS Early Childhood Project, which supports young children and their families and caregivers in accessing early childhood services based on their individual needs.

- For Youth in Care, policy requires developmental screening for young children and linkage to services as needed. DCFS’ statewide Integrated Assessment program assures families receive an in-depth assessment which includes a developmental and mental health screening for young children, and the appropriate early childhood referrals are assured by the Erikson DCFS Early Childhood Project (details below).
- For Intact Family Services, the Erikson DCFS Early Childhood Project ensures all Intact Family Services cases with children birth through three receive individual outreach offering developmental screening and/or linkage to early childhood services. The Erikson DCFS Early Childhood Project can also make mental health assessment referrals to early childhood services for children in Youth in Care and Intact Families.
- As stated above, the Teen Parenting Services Network ensures that young children born to parenting youth in care receive health and developmental screening and connects them to services directly.

Once needs are identified, the DCFS Family Case Manager is responsible for connecting the young child to mental health services that can help them, in collaboration with their parent/guardian. Finding and enrolling in early childhood mental health services can be complex. There are a number of statewide DCFS-funded programs that help the case worker and family access support, including the following:

Program Name	General description	Mental health services	Population of focus
DCFS Early Childhood Project (a partnership with Erikson Institute)	Aims to increase equitable access to quality early childhood services for children involved in the child welfare system. The project provides Early Childhood Developmental/Infant Mental Health Specialists, experienced professionals with a deep understanding of the developmental and mental health needs of infants and young children, who proactively support child welfare case managers to identify needs and facilitate connections to early childhood and mental health services for children up to age 5.	<ul style="list-style-type: none"> • Early childhood and mental health referrals and service linkage (e.g., to Early Intervention, Home Visiting, Special Education, and Clinical services) • Clinical assessments for ages birth to 3; trauma, attachment, and social-emotional issues are major components of the assessment • Early childhood and mental health consultation for child welfare professionals (e.g., Case Managers, CIPP meetings, Early Childhood Court team) • Early childhood developmental and mental health trainings 	Birth to 5 children statewide in care of DCFS; Birth to 3 children in Intact Family Services

School Readiness Unit	Illinois DCFS policy stipulates that all children for whom the Department is legally responsible for should be enrolled in an early childhood education program. The School Readiness Unit proactively supports the family case worker to facilitate the enrollment of children aged 3-5 in Head Start, Preschool for All, or accredited/Gold Circle of Quality child care programs.	<ul style="list-style-type: none"> • Enrollment in early childhood education program to promote social-emotional development • Facilitate strategies to avoid expulsion (e.g., referral to Caregiver Connections and other resources to help the early childhood program's staff support the welfare child's mental health needs) 	All Child Welfare involved children age 3 until kindergarten enrolled (Youth in Care and Intact Family); Children with parents in TPSN are strongly encouraged to participate as well
Illinois Action for Children	Illinois Actions for Children offers targeted support for child welfare involved families to support accessing quality early child care programs.	Routine, consistency, and strong supportive relationships with multiple adults are essential to early childhood mental health. Through supporting young children in accessing programs, this program supports infant/early childhood mental health.	Children birth to five Youth in Care and in Intact Family Services in Cook County
YouthCare Health Plan	Beginning 2020, all DCFS Youth in Care are enrolled in the statewide YouthCare Health Plan, which provides health coverage and care coordination for the child's physical, behavioral, dental and vision care. Former youth in care are also eligible but may opt out. YouthCare has its own network of providers, which it actively expands to include physicians and clinicians interested in providing services to children in the welfare system, including early childhood mental health providers.	As an Illinois Medicaid Managed Care plan, they provide coverage and care coordination for mental health services as defined by Medicaid, which includes: <ul style="list-style-type: none"> • Preventative screening • Mental health diagnosis • Development of a treatment plan • Comprehensive therapy • Mobile crisis response, in coordination with SASS 	Youth in Care (Placement only) and former Youth in Care from birth until 21 years old
HealthWorks of Illinois	Assures that DCFS birth to six and pregnant Youth in Care receive comprehensive quality health care services, as mandated by the B.H. Consent Decree . DHS contracts with agencies across the state to implement the HealthWorks program. These agencies provide follow-up services and communicate regularly back to the DCFS Lead Agencies regarding issues pertaining to these cases and to maintain complete medical records for the child.	Coordinates with YouthCare to provide medical case management and facilitate access to mental health services.	Birth to 6 and pregnant Youth in Care
Family Advocacy Centers	Family Advocacy Centers (FACs) provide support to parents to follow through on their goals that allow them to preserve and reunite their families. There are 30 FACs across the state, operated by 25 service providers. They tailor their services to the individual needs of the communities they serve. Services typically include counseling, referral, and training, among others.	Services across the mental health continuum may include: <ul style="list-style-type: none"> • 24-hour crisis response and systematic support services • Parent coaching, mentoring • After-school, summer, and out-of-school programs 	Parents of children under the age of 18 who are involved in the child welfare system; may serve families not DCFS involved, with children birth-6 years of age who may be at risk for abuse or neglect

The Family First Prevention Services Act (FFPSA) Services for children under six (for Intact families and some permanency cases; additional services for children older than six not included)	Nurturing Parenting Program (NPP) is a family centered intervention that focuses on increasing parent’s knowledge of age appropriate expectations while enhancing skills to support attachment, nurturing and healthy parenting.	Support for caregivers is a critical intervention in serving the mental health of young children	Supports parents and caregivers with children age 0-19 years
	Child Parent Psychotherapy (CPP) is a trauma informed, relationship-based therapy focused on healing trauma by supporting the child and their primary caregiver attachment. This supports the child’s return to an age appropriate trajectory which is derailed when they experience trauma.	This is one of the few evidenced-based interventions for young children, available in multiple parts of the State	Target population is a parent-child dyad, children 0-5 years of age who have experienced trauma and their primary caregiver

10 Closing

There are many mental health services in Illinois to support young children across the mental health continuum of promotion, prevention, intervention, and treatment, as described in this report. However, families are struggling to find and benefit from these services given the fragmentation and complexity of public systems. Undoubtedly, more can be done to promote program information to families directly, but feedback from community members stressed the critical role of service providers to guide and assist families to access the support that is available. Therefore, we hope this report helps Illinois families by equipping the professionals that work with young children with the knowledge to promote mental health and well-being of all children, intervene with vulnerable and at-risk populations, and refer out for targeted treatments.

Illinois recognizes that there are opportunities to improve the state’s IECMH systems and is committed to doing so. The following resources may be helpful to learn more about IECMH and how Illinois is working to strengthen support for children’s mental health:

- Zero To Three: www.zerotothree.org
- Center on the Developing Child at Harvard University: www.developingchild.harvard.edu
- Governor’s Office of Early Childhood Development: www2.illinois.gov/sites/OECD/Pages/default.aspx
- Illinois Children’s Mental Health Partnership: www.icmhp.org
- Illinois Association for Infant Mental Health: www.ilaimh.org
- Illinois Childhood Trauma Coalition: www.theictc.org
- National Center for Children in Poverty (NCCP)/Promoting Research-informed State IECMH Policies and Scaled Initiatives (PRISM): Illinois State Profile: <https://www.nccp.org/illinois/>

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Project Leadership Team

- Benjamin Delgado, IDHS-Division of Early Childhood
- Christine Brambila, Governor's Office of Early Childhood Development
- Heather Hofferkamp, IDHS-Division of Early Childhood
- Dr. Jamilah Jor'dan, Governor's Office of Early Childhood Development
- Jean Davis, Governor's Office of Early Childhood Development
- Kelly Vrablic, IDPH-Division of Maternal Health
- Kisha Davis, IDHS-Division of Early Childhood
- Kristen Kennedy, HFS-Bureau of Behavioral Health
- Kristina Doan, Illinois State Board of Education
- Kristine Herman, HFS-Bureau of Behavioral Health
- Lauri Frichtl-Morrison, Illinois Head Start Association
- Lesley Schwartz, IDHS-Division of Early Childhood
- Lisa Betz, IDHS-Division of Mental Health

Subject Matter Experts

- Allison Lowe-Fotos, Start Early
- Ann Freiburg, IDHS-Division of Early Childhood
- Dr. Arvind Goyal, HFS-Medical Programs
- Delreen Schmidt-Lenz, Infant/Early Childhood Mental Health Consultant
- Jenny Metcalf, Illinois State Board of Education
- Dr. Kenya McRae, IDPH-Division of Maternal Health
- Dr. Kimberly Mann, IDCFS Clinical Services Division
- Lori Orr, IDHS-Division of Early Childhood
- Dr. Mark Minier, Esperanza Health Centers
- MaryBeth Corrigan, IDCFS-Office of Education and Transition Services
- Natalie Bullock, IDHS-Maternal Child Health
- Penny Smith, Illinois State Board of Education
- Pfeffer Eisin, Erikson Institute
- Samantha Olds Frey, IL Association of Medicaid Health Plans

12 Acronyms and Abbreviations

ABE	Application for Benefits Eligibility
APORS	Adverse Pregnancy Outcomes Reporting System
ASQ	Ages and Stages Questionnaire
ASQ: SE	Ages and Stages Questionnaire: Social Emotional
BBO	Better Birth Outcomes
BHC	Behavioral Health Clinics
CARES	Crisis and Referral Entry Services
CCAP	Child Care Assistance Program
CCR&R	Child Care Resource and Referral
CFC	Child and Family Connection Offices
CPP	Child Parent Psychotherapy
CMHC	Community Mental Health Center
DCFS	Department of Child and Family Services
DEC-C&P	Division of Early Childhood-Community & Partnerships
DEI	Diversity, Equity, and Inclusion
DFSS	Department of Family and Support Services (City of Chicago)
EC	Early Childhood
ECBG	Early Childhood Block Grant
ECEC	Early Childhood Education and Care
E/HS	Early Head Start / Head Start
EHS	Early Head Start
EI	Early Intervention
FAC	Family Advocacy Centers
FBA	Functional Behavioral Assessment
FCM	Family Case Management
FFPSA	Family First Prevention Services Act
FPL	Federal Poverty Level
FQHC	Federally Qualified Health Center
GOECD	Governor's Office of Early Childhood Development
HFS	Healthcare and Family Services
HRIF	High Risk Infant Follow Up
HRSA	Health Resources & Services Administration
HS	Head Start
HV	Home Visiting
IATP	Integrated Assessment and Treatment Plan
ICAAP	Illinois Chapter - American Academy of Pediatrics
IDEA	Individuals with Disabilities Education Act
IDHS/DHS	Illinois Department of Human Services
IDHS-DEC	Illinois Department of Human Services, Division of Early Childhood
IDHS-DMH	Illinois Department of Human Services, Division of Mental Health

IDPH/DPH	Illinois Department of Public Health
IECMH	Infant and Early Childhood Mental Health
I/ECMHC	Infant/Early Childhood Mental Health Consultation
IEP	Individualized Education Plan
IFSP	Individualized Family Service Plan
IM+CANS	Illinois Medicaid Comprehensive Assessment of Needs and Strengths
IMSHS	Illinois Migrant and Seasonal Head Start
INCCRRA	Illinois Network of Child Care Resource and Referral Agencies
IP	Independent Practitioners
ISBE	Illinois State Board of Education
LEA	Local Education Agency (LEA)
LIA	Local Implementing Agencies
LRE	Least Restrictive Environment
MCO	Managed Care Organization (Medicaid)
MH	Mental Health
MIECHV	Maternal Infant and Early Childhood Home Visiting program
NCPMI	National Center for Pyramid Model Innovations
PCP	Primary Care Provider
PFA	Preschool for All
PFAE	Preschool for All Expansion
PI	Prevention Initiative
PICCOLO	Parent Interactions with Children-Checklist of Observations Linked to Outcomes
RHC	Rural Health Clinics
SDA	Service Delivery Area
SE	Social Emotional
SNAP	Supplemental Nutrition Assistance Program
SPIDER	Service Provider Identification & Exploration Resource
SSI	Supplemental Security Income
SUD	Substance Use Disorder
TANF	Temporary Assistance for Needy Families
TPSN	Teen Parenting Services Network
UIC	University of Illinois Chicago
WIC	Women, Infants, and Children

13 Website Links Embedded in Guide

Section	Description	Link
2	Medicaid Moms and Babies program	https://www2.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/MomsAndBabies.aspx
2	Illinois Helpline for Opioids & Other Substances	https://helplineil.org/app/home
2	IDHS Office Locator	https://www.dhs.state.il.us/page.aspx?module=12
2	Family Connects Chicago	https://www.healthychicagobabies.org/family-connects/
3	MIECHV HRSA Orientation Guide	https://mchb.hrsa.gov/sites/default/files/mchb/programs-impact/miechv-orientation-guide.pdf#:~:text=MIECHV%20programs%20must%20prioritize%20serving%20the%20populations%20identified,the%20Armed%20Forces%2C%20including%20those%20with%20multiple%20deployments
3	Illinois Early Learning Council priority populations	https://www2.illinois.gov/sites/OECD/Events/Documents/Priority%20Populations%20updated%202021.pdf
3	iGrow website	https://igrowillinois.org/find-a-program
3	Nurse Family Partnership	https://www.nursefamilypartnership.org
3	Healthy Families America	https://www.healthyfamiliesamerica.org/sites
3	Baby TALK	https://babytalk.org/learning-institute/program-locator
3	Parents as Teachers	https://parentsasteachers.org/program-locator/
3	Start Early HV professional development	https://www.startearly.org/resources-professionals/professional-development/essentials-home-visiting/course-catalog
4	Pyramid Model	https://challengingbehavior.org/
4	Public Act 100-0105 (regarding expulsion)	https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0105
4	Migrant & Seasonal HS agricultural labor definitions	https://www.dhs.state.il.us/page.aspx?item=30353
4	Migrant & Seasonal HS delegate centers	https://www.dhs.state.il.us/page.aspx?item=31432
4	CCAP income requirements	https://www.dhs.state.il.us/page.aspx?item=118832
4	Early care and education locations	https://www.illinoiscaresforkids.org
4	INCCRRA search engine for CCR&Rs	https://www.inccrra.org/about/sdasearch
4	Head Start Early Childhood Learning & Knowledge Center	https://eclkc.ohs.acf.hhs.gov/center-locator
4	Information on applying to CCAP	https://www.dhs.state.il.us/page.aspx?item=104995

5	Illinois home visiting funders statement supporting use of I/ECMHC	https://www2.illinois.gov/sites/OECD/Documents/DHS%20MIECHV%20ISBE%20IHSA%20DFSS%20Statement%20on%20HV%20and%20IECMHC%202021.03.10.pdf
5	The Gateways Opportunity Database	https://registry.ilgateways.com/component/consultantsearch
5	Caregiver Connections website	https://www.caregiverconnections.org/sda-il-map
5	Social-Emotional Consultants for Early Intervention providers	https://www2.illinois.gov/sites/OECD/Documents/9_22_List%20of%20Social%20%20Emotional%20Consultants.pdf
6	Healthy Kids Mental Health Screen	https://www2.illinois.gov/hfs/SiteCollectionDocuments/hk200a.pdf
6	Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)	https://www2.illinois.gov/hfs/MedicalProviders/behavioral/CommunityMentalHealthCenter/Pages/IATP.aspx
6	DC: 0-5/ICD-10/DSM5 crosswalk	https://www.zerotothree.org/resource/crosswalk-from-dc0-5-to-dsm-5-and-icd-10/
6	All Kids tiers of income eligibility	https://www2.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/income.aspx
6	Insurance requirements for All Kids	https://www2.illinois.gov/hfs/MedicalPrograms/AllKids/Pages/about.aspx#insurance
6	Illinois Primary Health Care Association community health center maps	https://www.iphca.org/mapping
6	National Provider Identifier Database NPI Registry	https://npidb.org/organizations/ambulatory_health_care/federally-qualified-health-center-fqhc_261qf0400x/il/
6	HRSA Find A Health Center data warehouse	https://findahealthcenter.hrsa.gov/
6	DCFS SPIDER website	https://spider.dcf.illinois.gov/
6	ABE Portal	https://abe.illinois.gov/abe/access/jsp/access/Home.jsp
6	HealthChoice MCO enrollment	https://enrollhfs.illinois.gov/en/enroll
7	DEC list of approved EI evaluation and assessment instruments	https://www.dhs.state.il.us/page.aspx?item=86067
7	Medical diagnoses that qualify children for EI	https://www.dhs.state.il.us/page.aspx?item=144029
7	Risk factors for EI eligibility	https://www.dhs.state.il.us/page.aspx?item=96963
7	EI primary referral sources	https://www.dhs.state.il.us/page.aspx?item=112945
7	Early Intervention Training Program (EITP) at the University of Illinois	https://eitp.education.illinois.edu/
7	Provider Connections	https://providerconnections.org/
7	Illinois Early Intervention Clearinghouse	https://eiclearinghouse.org/

7	EI Care Coordination Provider Toolkit (referrals)	https://www2.illinois.gov/hfs/SiteCollectionDocuments/NovemberCoordinatingMedicalHomes.pdf
9	B.H. Consent decree	https://clearinghouse.net/doc/49776/

14 Endnotes

¹ The U.S. Surgeon General’s Advisory. (2021). Protecting Youth Mental Health: The U.S. Surgeon General’s Advisory. Retrieved from <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>

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³ HRSA Maternal and Child Health. (2020). Mental and Behavioral Health, National Survey of Children’s Health Data Brief, October 2020. Retrieved from <https://mchb.hrsa.gov/sites/default/files/mchb/data-research/nsch-data-brief-2019-mental-bh.pdf>

⁴ Illinois Children’s Mental Health Partnership. (2022). ICMHP 2022 Children’s Mental Health Plan. Retrieved from <https://www.icmhp.org/our-work/childrens-mental-health-plan/>

⁵ Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. (2007). Promotion and Prevention In Mental Health: Strengthening Parenting and Enhancing Child Resilience, DHHS Publication No.CMHS-SVP-0175. Rockville, MD. Retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/svp07-0186.pdf>

⁶ Zero To Three. (n.d.). Retrieved from www.zerotothree.org

⁷ Lipari, Rachel N., and Struther L. Van Horn. (2017). Children living with parents who have a substance use disorder. SAMHSA: The CBHSQ report on August 24, 2017. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.pdf

⁸ Developed by The Center for the Social and Emotional Foundations for Early Learning (CSEFEL) and Technical Assistance Center on Social Emotional Intervention for Youth Children (TACSEI) (n.d.). Retrieved from <https://challengingbehavior.org/>

⁹ Illinois General Assembly. (2018). Public Act 100-105. Retrieved from <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0105>