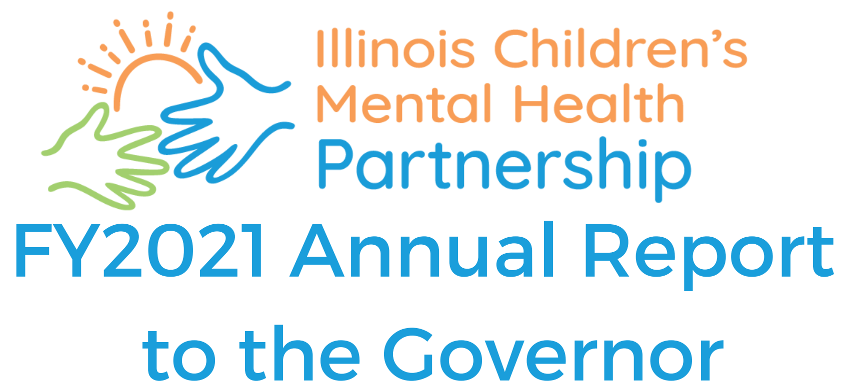


FY2021 Annual Report to the Governor

Dear Governor Pritzker, **September 30, 2021**

On behalf of the members and partners of the Illinois Children's Mental Health Partnership (ICMHP), it is with great purpose and privilege that we present you with our Annual Report. This Annual Report will be different from those in years past. The abbreviated report will focus less on the current state of children's mental health in Illinois and instead describe a process the Partnership has just started to build something better – a new Children's Mental Health Plan that strategically and with appropriate diversity and representation builds the supports and interagency partnerships necessary to build a brighter future for all children and their families in Illinois.

The Illinois Children's Mental Health Partnership, created by statute in 2003 by the *Children's Mental Health Act*, is a unique statewide public/private partnership tasked with developing a Plan using a public health approach focused on prevention, early intervention, and treatment. The purpose of the Plan is to build a comprehensive and coordinated mental health system to better address the needs of Illinois children, youth, and their families. By statute, ICMHP is comprised of each child-serving state agency, 25 experts representing a broad range of experiences (such as community mental health, children and family advocates, early childhood, education, health, substance use, violence prevention, and juvenile justice), and eight members of the General Assembly.

This first of its kind Children's Mental Health Plan was created in 2005, making Illinois a leader in children's mental health, especially in advancing standards to promote social and emotional learning. This Plan was slightly updated in 2012 with a focus on some new strategic priorities. However, the State of Illinois has been without a comprehensive Children's Mental Health Plan since the Partnership's founding legislation, a nearly 16-year period filled with rapid changes in the understanding of brain development, systemic racism, social and emotional learning, social determinants of health, and the effects of adverse childhood experiences, as well as the best practices necessary to build childhood and family safety, security, and prosperity.

With a once in a generation pandemic exacerbating and growing new challenges in children's mental health and wellness and the introduction of a new (Interim) Chair, the Partnership has begun a systematic, comprehensive, and interdisciplinary process to generate new recommendations, goals, and strategies to make Illinois once again a national leader in children's

mental health and wellness programs. Understanding the plan needed diverse and inclusive voices, appropriate evidence, and well-reasoned frameworks, the Partnership started this year-long process immediately following the conclusion of last year's report with a planned release of the Plan in March 2022.

The subsequent report describes our process up to this point, introducing our theory of change, our intentional focus on diversity and representation, trauma-informed practices, and building a system of care. We also review our Plan leadership, workgroup membership, and the actions we will take from now until March to finalize the Plan.

We want to thank your administration and you for all of your support. The energy and momentum that was necessary for this Plan to move forward would not have been possible without your administration's partnership and prioritization of children's mental health. Members of your administration, from Deputy Governors to Agency Directors, made significant efforts to elevate ICMHP, its members, and provide resources for our planning process. We are also thankful for the group of bipartisan members of the General Assembly who continue to advocate for ICMHP and our important work on behalf of Illinois children and their families.

Illinois and the entire country are facing a critical moment to invest in the types of programs and services that can build the brightest futures for our children and families. We look forward to working with your administration, legislators, and children and family advocates to turn our Plan into action, making Illinois the state most dedicated to growing and nurturing the health of our children and families.

Sincerely,

Sameer Vohra, MD, JD, MA, FAAP
Interim Chair, ICMHP
Founding Chair, Department of Population Science and Policy
Southern Illinois University School of Medicine

Amanda M. Walsh, JD, LLM, MSW
Director, ICMHP

Illinois Children's Mental Health Partnership Members

as of September 2021

Appointed Members

Governor's Office Liaison

Sol Flores, *Deputy Governor of Health & Human Services*

State Agency Representatives

Department of Children and Family Services
**Kimberly Mann* (italic)

Department of Healthcare and Family Services
**Kristine Herman*

Department of Human Services
**Lisa Betz*

Illinois Criminal Justice Information Authority
- *Reshma Desai*

Department of Juvenile Justice
**Jennifer Jaworski*

Department of Public Health
**Shannon Lightner*
- *Kenya McRae, Designee*
- *Kelly Vrablic, Designee*

Office of the Attorney General
- *Wendy Cohen*

State Board of Education
- *Jeff Aranowski*
**Cara Wiley, Designee*

Legislators

Illinois House of Representatives
- Representative William Davis (D-30)
- Representative David A. Welter (R-75)
- Representative Patrick Windhorst (R-118)

Illinois Senate
- Senator Donald DeWitte (R-33)
- Senator Dave Syverson (R-35)
- Senator Karina Villa (D-25)
- Senator Ram Villivalam (D-8)

Gubernatorially Appointed Experts

- Heather Alderman, *Illinois Children's Healthcare Foundation*
- Christina Bruhn, *Aurora University School of Social Work*
*Colleen Cicchetti, *Ann & Robert H. Lurie Children's Hospital of Chicago*
- Betsy Clarke, *Juvenile Justice Initiative*
*Ray Connor, *Mental Health America of Illinois*
- Regina Crider, *Youth and Family Alliance*
- Andrea Durbin, *Illinois Collaboration on Youth*
*Karen Freel, *Illinois Association for Infant Mental Health*
*Carol Gall, *Sarah's Inn*
*Gaylord Gieseke, *Illinois Childhood Trauma Coalition*
- Gene Griffin, *ICMHP Past Chair*
- Debbie Humphrey, *Association of Community Mental Health Authorities of Illinois*
- Alexa James, *NAMI Chicago*
Jen McGowan-Tomke, Designee
- Ginger Meyer, *SIU School of Medicine*
- Jennie Pinkwater, *Illinois Chapter, American Academy of Pediatrics*
- Quinn Rallins, *Northwestern Pritzker School of Law*
- Carla Marquez Ripley, *Your Story Counseling*
- Joel Rubin, *National Association of Social Workers, Illinois Chapter*
- Mary Satchwell, *Illinois School Psychologists Association*
- Nneka Jones Tapia, *Chicago Beyond*
- Sameer Vohra, *Department of Population Science and Policy, SIU School of Medicine*
- Marlita White, *Chicago Department of Public Health*
*Paula Wolff, *Illinois Justice Project*

Interim Chair

Sameer Vohra

Staff

Amanda M. Walsh
Director
Katelyn Kanwischer
Program Director, Early Childhood Initiatives
Julianna Mitrius
Program Coordinator

Management Team

- Colleen Cicchetti
- Nell McKitrick
- Amanda M. Walsh
- Sameer Vohra

Committee Co-Chairs*

Advocacy
- Heather O'Donnell, *Thresholds*
- Carol Gall, *Sarah's Inn*

Early Childhood
- Karen Freel, *Illinois Association for Infant Mental Health*
- Gaylord Gieseke, *Illinois Childhood Trauma Coalition*

School-Age Policies and Practices
- Colleen Cicchetti, *Ann & Robert H. Lurie Children's Hospital of Chicago*
- Michael Kelly, *Loyola University School of Social Work*

** = Executive Committee member*

NOTE: *The Partnership represents multiple parties and interests. Some Partnership members, such as those representing state agencies and legislators, may recuse themselves from taking official positions on public policy. Opinions taken by the Partnership as a whole do not necessarily reflect all members of the Partnership.*

TABLE OF CONTENTS

I. INTRODUCTION 5

II. CURRENT STATUS OF CHILDREN'S MENTAL HEALTH IN ILLINOIS 6

III. NEW CHILDREN'S MENTAL HEALTH PLAN 9

a. Plan Foundation 9
b. Stakeholder Engagement 10

IV. CONCLUSION 12

APPENDIX A – CHILDREN'S MENTAL HEALTH ACT 13

APPENDIX B – STEERING COMMITTEE 16

APPENDIX C – WORKGROUP MEMBERSHIP 17

1. Social Determinants of Health 17
2. Promotion and Prevention 18
3. Early Intervention 19
4. Treatment 20

ACKNOWLEDGMENTS 21

ENDNOTES 22

I. INTRODUCTION

The Illinois Children's Mental Health Partnership (ICMHP or the Partnership) was created by statute in 2003 by the *Children's Mental Health Act*, a unique statewide public/private partnership. ICMHP was charged with developing a Plan using a public health approach focused on prevention, early intervention, and treatment to build a comprehensive and coordinated mental health system to better address the needs of Illinois children, adolescents, and their families. By statute, ICMHP is comprised of each child-serving state agency, 25 experts representing a broad range of experiences (such as community mental health, children and family advocates, early childhood, education, health, substance use, violence prevention, and juvenile justice), and eight members of the General Assembly.

The 2003 statute outlined nine categories that the Plan should address at a minimum, including coordinated provider services, the development of social emotional learning standards, recommendations regarding a state budget, and a plan to address stigma through a comprehensive and multi-faceted public awareness campaign (see Appendix A for the full statute). In 2021, recognizing the increased needs being seen by the education system, the statute was updated to add a tenth category for a new Children's Mental Health Plan to address:

> 10. Recommendations for ensuring all Illinois youth receive mental health education and have access to mental health care in the school setting. In developing these recommendations, the Children's Mental Health Partnership created under subsection (b) shall consult with the State Board of Education, education practitioners, including but not limited to, administrators, regional superintendents of schools, teachers, and school support personnel, health care professionals, including mental health professionals and child health leaders, disability advocates, and other representatives to ensure the interests of all students are represented.[i]

Per statute, ICMHP is required to submit an annual report to the Governor on the progress of the Children's Mental Health Plan implementation and recommendations for revisions in the Plan. This year's annual report will be different from those in years past. Instead of focusing in depth on the current landscape of children's mental health and providing recommendations, this year's Annual Report provides a brief description of the current landscape and then focuses on our efforts to create a new Children's Mental Health Plan for Illinois, the first such process since 2005.

II. CURRENT STATUS OF CHILDREN'S MENTAL HEALTH IN ILLINOIS

As we have identified in our previous reports, there is no centralized data center that houses all relevant data for child, youth, and family mental health in Illinois, so it is impossible to identify the true depth of the children's mental health challenges in Illinois.[1] However, recent evidence emanating from the pandemic describes a uniquely challenging time for the mental health and wellness of Illinois children and families. This section of the report focuses on the current landscape of children's mental health in Illinois.

Today, we face a mental health crisis for our children and families, one that has come to the forefront to most Illinois citizens because of the COVID-19 pandemic. During the pandemic alone, we have seen an increase in mental health emergencies for children and youth. Data from the Centers for Disease Control and Prevention (CDC) found that:

> [T]he proportion of children's mental health-related emergency department (ED) visits among all pediatric ED visits increased and remained elevated through October 2020. Compared with 2019, the proportion of mental health-related visits for children aged 5-11 and 12-17 years increased 24 percent and 31 percent, respectively.[ii]

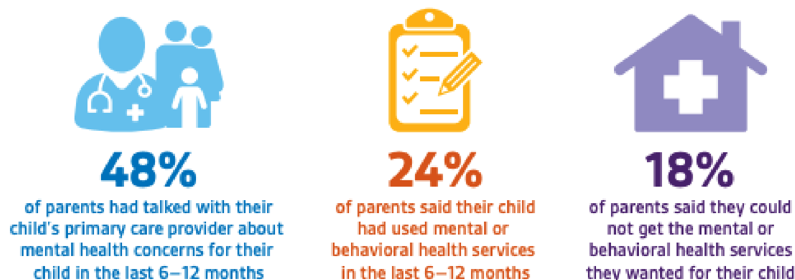
Although the pandemic exacerbated the many issues fueling this children's mental health crisis, Illinois has been on a downward slope for children's mental health for the last several years, a trend that we have noted in our previous Annual Reports[iii] and has been noted at the national level. Mental Health America, a national non-profit that promotes mental health for all, annually publishes "The State of Mental Health in America." This report includes rankings for all 50 states, including youth-specific rankings. In 2015, Illinois ranked #19 for youth mental health; in 2021, just 6 years later, we have dropped to #36. More details on measures included in those rankings and their shift over time for Illinois are included in Table 1.

[1] Due to the abbreviated nature of this Annual Report, we did not conduct a complete assessment of data that is available. The data presented in the report provides an overview of the state of mental health for Illinois children, youth, and families but does not necessarily represent the complete status across all Illinois counties and of all ages.

Table 1: Mental Health America State Rankings - Illinois

Illinois Youth Mental Health Ranking	2015[iv]	2020[v]	2021[vi]
Overall State Rank for Youth Mental Health	19	27	36
Youth With At Least One Major Depressive Episode in The Past Year	8.86% 94,000	14.00% 141,000	14.86% 148,000
Youth With Major Depressive Episodes in The Past Year Who Did Not Receive Treatment	(Not Asked)	56.1% 80,000	62.1% 90,000
Youth With Severe Major Depressive Episodes in The Past Year	(Not Asked)	10.1% 98,000	11.0% 104,000
Youth With Severe Major Depressive Episodes Who Received Some Consistent Treatment	(Not Asked)	27.40% 26,000	25% 26,000
Students Identified with Emotional Disturbance for an IEP	10.87% 20,192	10.17% 18,373	10.19% 18,237
Youth With Private Insurance That Did Not Cover Mental or Emotional Problems	36.4% 82,513	5.8% 28,000	7.2% 34,000
Youth With Substance Use Disorder in The Past Year	5.83% 62,000	4.67% 47,000	4.04% 40,000

These national concerns around worsening child and youth mental health are also clear in state and local data. Through research conducted by the Voices of Child Health in Chicago, led by Ann & Robert H. Lurie Children's Hospital of Chicago and the Chicago Department of Public Health, a report on youth mental health during the pandemic stated that "nearly half of Chicago parents had talked with their child's primary care doctor about mental or behavioral health concerns they had for their child within the last 6 to 12 months."[vii] This statistic only identified those parents that had been able to see their primary care physician. The survey also found that 18% of parents said they could not access services they wanted for their child.

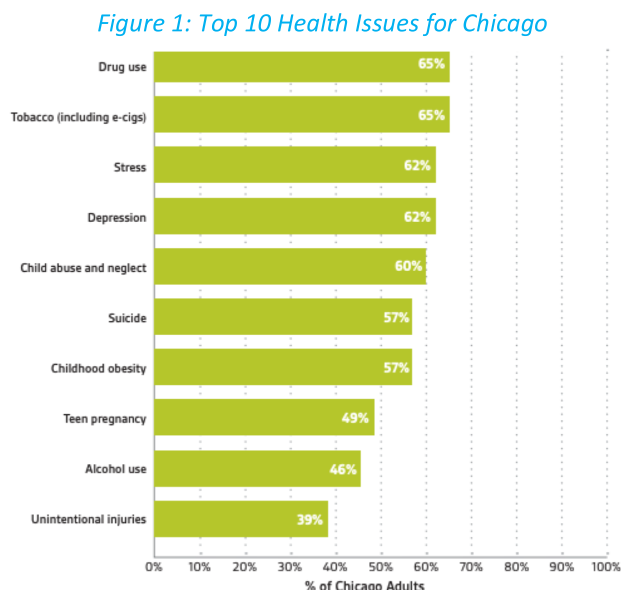


When Chicago parents were asked their top health concerns for youth (non-COVID-19), mental health related concerns were the top issues: seven of the top 10 were mental health (stress, depression, and suicide), substance use (drug use, tobacco and vaping, and alcohol), and trauma

(child abuse and neglect) (see Figure 1).[viii] These concerns were already increasing prior to the pandemic,[2] particularly concerns around childhood trauma, suicide, and substance use/vaping.[ix]

In suburban and rural parts of the state, the concerns are similar but come with unique challenges and barriers to address them. A barrier in both physical and mental healthcare is the significant shortage of child-serving providers. One critical example is the ongoing shortage and complete lack of child and adolescent psychiatrists for the majority of counties in Illinois: 81 of Illinois's 102 counties[3] lack a child or adolescent psychiatrist.[x] This lack of providers is made even worse by barriers families face to accessing those providers that are available. In a recent policy brief authored by Southern Illinois University (SIU) School of Medicine (SOM) Department of Population Science and Policy, University of Illinois Chicago (UIC) School of Public Health, SIU SOM Center for Rural Health and Social Service Development, and SIU Paul Simon Policy Institute titled "COVID-19 and Rural Children's Growth and Development: Recommendations to Improve Health in Illinois," these barriers were described more fully:

Figure 1: Top 10 Health Issues for Chicago



> Children in rural areas also face multiple barriers to accessing health care, including long travel times to clinics, parents who cannot take time off work to drive to an appointment and/or no reliable mode of transportation to get to and from an appointment. Additionally, rural children are less likely to visit a dentist, receive information on exercise or healthy eating and understand the risks associated with smoking. Children in rural areas are also less likely to attend a wellness checkup. In fact, rural America was distinct compared to urban and suburban areas in not showing any improvement over time on rate of children attending wellness checkups.[xi]

A detailed analysis of the mental health concerns and barriers facing children and families across Illinois needs to be completed to fully understand the scope of the problem. Yet, even without the specific data, government has responded. The federal government announced in August 2021 an investment of $74.2 million (for the first year) to strengthen child and youth mental health for two major grant projects (with more funding provided in later years).[xii] The grants include Project AWARE (Advancing Wellness and Resilience in Education), which will help build

[2] Prior to the onset of the pandemic, the ICMHP 2019 report included recommendations in these areas.

[3] The American Academy of Child and Adolescent Psychiatrists (AACAP) found that as of 2019, 81 of the 102 Illinois counties, representing 540,000 children, do not have a single child and adolescent psychiatrist. In the 21 counties that do have one, there were only 310 child and adolescent psychiatrists for 2.45 million children.

or expand state and local governments' coordination to increase awareness of mental health issues among school-aged youth, and the Comprehensive Community Mental Health Services for Children and their Families Program (Children's Mental Health Initiative), which aims to improve the mental health outcomes of young people up to age 21. For 2021, seventeen and eleven states are recipients of Project AWARE and Children's Mental Health Initiative funding, respectively. For Project AWARE, Illinois was already an award recipient in 2020,[4] receiving a $1.8 million grant to run a five-year initiative, so we were not a recipient again in 2021.[xiii] While Illinois is a Project AWARE recipient, the state was not chosen for the Children's Mental Health Initiative funding despite the application submitted by the Illinois Department of Human Services Division of Mental Health in partnership with the Illinois State Board of Education.

III. NEW CHILDREN'S MENTAL HEALTH PLAN

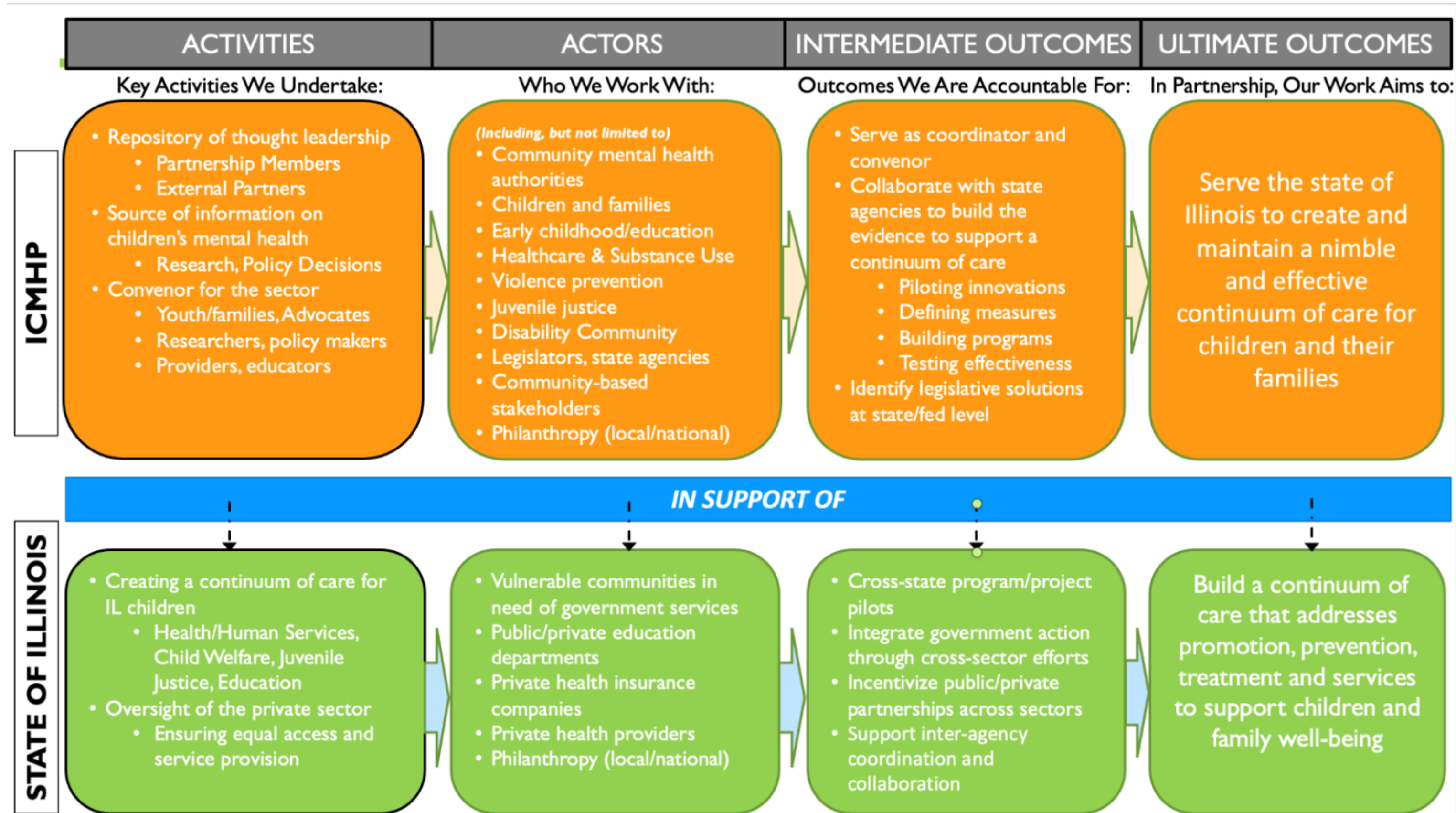
The mental health and wellness challenges for children and their families in Illinois are a problem that requires action. In order to create an appropriate strategy for that action, ICMHP formally began the process to develop a new Illinois Children's Mental Health Plan in Winter 2020. After reviewing different frameworks to help guide the Plan, it was clear that the public health approach emphasized in the original Children's Mental Health Act – promotion and prevention, early intervention, and treatment – was and continues to be the most comprehensive framework to address mental health. However, that framework needed some updating to acknowledge the effects of the conditions in places where people, live, learn, work, and play that affect children's mental health (i.e. social determinants of health). A deeper emphasis on addressing the social determinants of health was added to the framework. By focusing our recommendations in these four domains, our goal is for the Plan to address the unique needs that a child and their family may face at different points across their lifespan, throughout the entire wellness and mental health continuum, and across different child and family service systems.

a. Plan Foundation

The first important step was to identify the appropriate Theory of Change that would guide the Plan development process. Recognizing the need for the Plan to simultaneously identify the change needed for the State as well as the role of ICMHP in implementing that change, the final Theory of Change for the Children's Mental Health Plan in Figure 2 was developed.

[4] This initiative will aid in the expansion of our state's capacity to aid schools in identifying and responding to mental health issues among youth. Illinois will work towards increasing awareness of mental health issues among school-aged youth, providing training for those who interact with school-aged youth, and connecting youth to needed services. Illinois chose three strategically positioned partners to represent the diverse needs of school districts in Illinois. The three local education agencies (LEAs) that ISBE has chosen to work with are Eldorado CUSD #4, Bloomington District 87, and the City of Chicago School District #299. In addition to our LEAs, ISBE has collaborated with the Illinois Department of Human Services, Division of Mental Health to expand our framework of evidence-based practices and develop sustainable systems at the state level. IL-AWARE also aligns with ISBE's strategic plan to create optimal learning environments in which all students are able to have all of their needs met. Goals include using our partnerships to improve school climate, safety, and social emotional learning within a Multi-Tiered System of Support model to build capacity for high impact school interventions and supports, which can be applied to not only our partner schools, but other schools throughout the state that are well beyond the constraints of funding and timelines.

Figure 2: Theory of Change



This Theory of Change is the foundation for the Plan, allowing the Plan to identify both recommendations for the state at large as well as build the type of organizational structure necessary for ICMHP to oversee and guide the implementation of that plan.

b. Stakeholder Engagement

With the Plan's public health framework and Theory of Change established, the next step was to establish the workgroups that would come up with the final recommendations. The workgroups align with the four public health domains – social determinants of health, promotion and prevention, early intervention, and treatment – and are charged with creating a series of cross-sector and interagency recommendations for how the State of Illinois can improve mental health and wellbeing for children and their families across the entire state. In order to fully address the issues highlighted in our most recent reports, the workgroups will also incorporate the following themes into their recommendations: 1) diversity, equity, and inclusion, 2) trauma, 3) human development and the life-course perspective, and 4) the unique needs present in the public versus the private systems. More detailed descriptions of the four workgroups are seen in Figure 3.

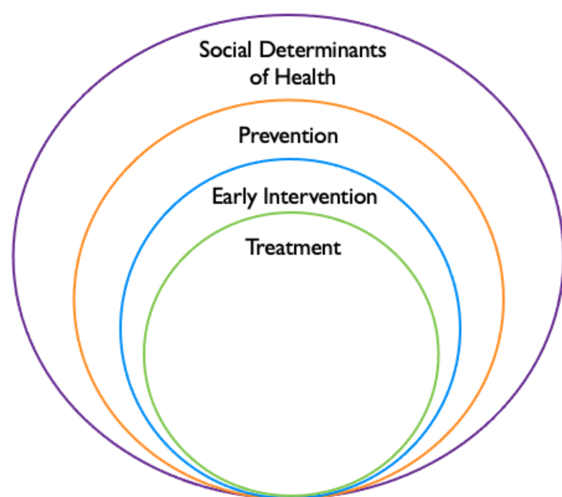


Figure 3: Workgroups

- **Social Determinants of Health** – recommendations will focus on the social, economic, and physical conditions where children and their families live, learn, work, and play and their unique impact on mental health and well-being.
- **Promotion and Prevention** - recommendations will focus on maximizing mental health and wellness for all children and their families prior to the emergence of a mental, behavioral, or developmental disorder while also minimizing mental health challenges for high-risk populations.
- **Early Intervention** – recommendations will focus on addressing mental health concerns as early in life as possible when early signs or symptoms have emerged, including how to best target those children and families with the highest risk for significant mental, behavioral, or developmental disorders.
- **Treatment** – recommendations will focus on addressing the needs of all children with mental, behavioral, or developmental disorders and their families with targeted interventions to address identified mental health concerns in the least restrictive setting.

In order to promote even more engagement with stakeholders across the state, ICMHP decided that each workgroup would be led by two co-chairs, one an ICMHP appointee and the other a non-appointee partner, reflecting diverse and inclusive voices. The co-chairs and systems experts, working alongside the ICMHP Interim Chair and staff, make up an overarching Steering Committee responsible for overseeing, leading, and aligning the efforts of each workgroup in one coordinated Plan. The full Steering Committee is available in Appendix B.

Similar to the Steering Committee, our top priority for our workgroup membership is to ensure full representation and diversity to match our communities across the state. Our workgroup members represent diversity across race, lived experience, geography, and subject matter expertise. The full lists of workgroup members are available in Appendix C.

Although the workgroups bring broad representation of our communities, we kept the workgroups to no more than 30 members each to better allow for consensus and decision making. Before the workgroups begin their work, slated for October 2021, our priority was to provide an opportunity for broad community input. This was done through a series of four town hall style webinars that were available for youth, families, and professionals and advocates working with children and families. We received input from over 200 community members across the state. This community input, along with the foundational framework, Theory of Change, and initial thoughts from workgroup members, will be used to begin developing the Plan recommendations. Once the draft Plan has been completed, ICMHP will bring the Plan back to

the community at large for final input, ensuring that the final Children's Mental Health Plan reflects the needs that were identified and provides specific recommendations to address them.

Putting all of these pieces together, the complete Plan development process will take approximately 16 months to complete, as shown in Figure 4. This timeline will ensure diverse and inclusive voices are being heard to identify the needs of the current children's mental health crisis, as well as the recommendations and action steps that can move Illinois forward in solving this crisis.

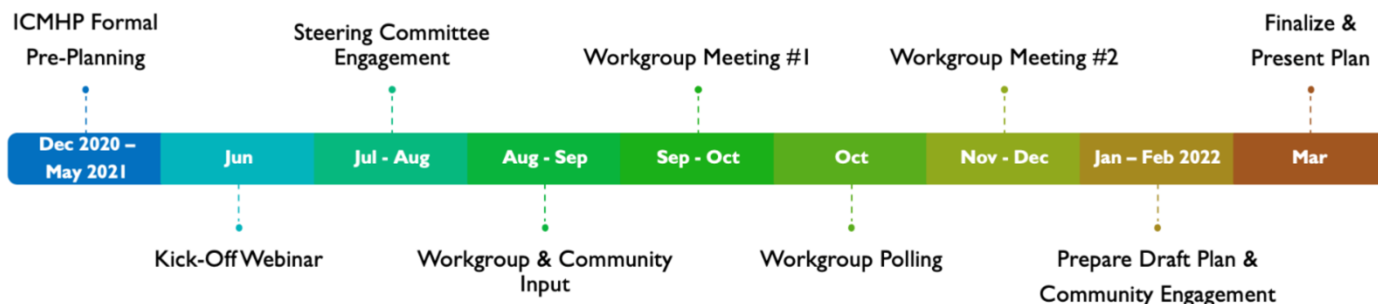


Figure 4: Timeline

IV. CONCLUSION

With a once in a generation pandemic exacerbating and creating new challenges in children's mental health and wellness, the time is now for Illinois to create a systematic, comprehensive, and interdisciplinary process to generate new recommendations, goals, and strategies. ICMHP believes that creating and implementing a new inclusive and ambitious Children's Mental Health Plan provides the opportunity to make Illinois once again the national leader in children's mental health and wellness programs. As we continue to gather input, draft recommendations, and finalize our strategy, ICMHP continues to look forward to working with our public, private, and social service partners to complete the new Children's Mental Health Plan by March 2022.

However, the Plan is just the first step. We know that changing the children's mental health and wellness system will require dedicated commitment from individuals, organizations, and corporations all across Illinois. It will require alignment and coordination of existing efforts working on these issues. Together, we can build pathways for every Illinois child and their family to build the brightest of futures. The goal is a worthy and necessary one. ICMHP looks forward to working with you and your administration, our appointed members, and all those who care for children, youth, and families to build that future here in Illinois.

APPENDIX A

Children's Mental Health Act

Public Act 102-0116

HB0212 Enrolled LRB102 10171 CMG 15493 b

AN ACT concerning education.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Children's Mental Health Act of 2003 is amended by changing Section 5 as follows:

(405 ILCS 49/5)

Sec. 5. Children's Mental Health Plan.

(a) The State of Illinois shall develop a Children's Mental Health Plan containing short-term and long-term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth through age 18. This Plan shall include but not be limited to:

(1) Coordinated provider services and interagency referral networks for children from birth through age 18 to maximize resources and minimize duplication of services.

(2) Guidelines for incorporating social and emotional development into school learning standards and educational programs, pursuant to Section 15 of this Act.

(3) Protocols for implementing screening and assessment of children prior to any admission to an inpatient hospital for psychiatric services, pursuant to subsection (a) of Section 5-5.23 of the Illinois Public Aid Code.

(4) Recommendations regarding a State budget for children's mental health prevention, early intervention, and treatment across all State agencies.

(5) Recommendations for State and local mechanisms for integrating federal, State, and local funding sources for children's mental health.

(6) Recommendations for building a qualified and adequately trained workforce prepared to provide mental health services for children from birth through age 18 and their families.

(7) Recommendations for facilitating research on best practices and model programs, and dissemination of this information to Illinois policymakers, practitioners, and the general public through training, technical assistance, and educational materials.

(8) Recommendations for a comprehensive, multi-faceted public awareness campaign to reduce the stigma of mental illness and educate families, the general public, and other key audiences about the benefits of children's social and emotional development, and how to access services.

(9) Recommendations for creating a quality-driven children's mental health system with shared accountability among key State agencies and programs that conducts ongoing needs assessments, uses outcome indicators and benchmarks to measure progress, and implements quality data tracking and reporting systems.

(10) Recommendations for ensuring all Illinois youth receive mental health education and have access to mental health care in the school setting. In developing these recommendations, the Children's Mental Health Partnership created under subsection (b) shall consult with the State Board of Education, education practitioners, including, but not limited to, administrators, regional superintendents of schools, teachers, and school support personnel, health care professionals, including mental health professionals and child health leaders, disability advocates, and other representatives as necessary to ensure the interests of all students are represented.

(b) The Children's Mental Health Partnership (hereafter referred to as "the Partnership") is created. The Partnership shall have the responsibility of developing and monitoring the implementation of the Children's Mental Health Plan as approved by the Governor. The Children's Mental Health Partnership shall be comprised of: the Secretary of Human Services or his or her designee; the State Superintendent of Education or his or her designee; the directors of the departments of Children and Family Services, Healthcare and Family Services, Public Health, and Juvenile Justice, or their designees; the head of the Illinois Violence Prevention Authority, or his or her designee; the Attorney General or his or her designee; up to 25 representatives of community mental health authorities and statewide mental health, children and family advocacy, early childhood, education, health, substance abuse, violence prevention, and juvenile justice organizations or associations, to be appointed by the Governor; and 2 members of each caucus of the House of Representatives and Senate appointed by the Speaker of the House of Representatives and the President of the Senate, respectively. The Governor shall appoint the Partnership Chair and shall designate a Governor's staff liaison to work with the Partnership.

(c) The Partnership shall submit a Preliminary Plan to the Governor on September 30, 2004 and shall submit the Final Plan on June 30, 2005. Thereafter, on September 30 of each year, the

Partnership shall submit an annual report to the Governor on the progress of Plan implementation and recommendations for revisions in the Plan. The Final Plan and annual reports submitted in subsequent years shall include estimates of savings achieved in prior fiscal years under subsection (a) of Section 5-5.23 of the Illinois Public Aid Code and federal financial participation received under subsection (b) of Section 5-5.23 of that Code. The Department of Healthcare and Family Services shall provide technical assistance in developing these estimates and reports.
(Source: P.A. 94-696, eff. 6-1-06; 95-331, eff. 8-21-07.)

Section 99. Effective date. This Act takes effect July 1, 2021.

Effective Date: 7/23/2021

APPENDIX B
Steering Committee

Workgroup / Role	Name	Title / Organization
Social Determinants of Health - Co-Chair	Andrea Durbin*	CEO Illinois Collaboration on Youth
Social Determinants of Health - Co-Chair	Niya Kelly	Director of State Legislative Policy, Equity, and Transformation Chicago Coalition for the Homeless
Promotion & Prevention – Co-Chair	Marlita White*	Director, Office of Violence Prevention and Behavioral Health Chicago Department of Public Health
Promotion & Prevention – Co-Chair	Kathy Swafford	Assistant Professor and Pediatric Specialist Southern Illinois University School of Medicine
Early Intervention – Co-Chair	Jennie Pinkwater*	Executive Director Illinois Chapter, American Academy of Pediatrics
Early Intervention – Co-Chair	Kristine Argue-Mason	Executive Director Partnership for Resilience
Treatment – Co-Chair	Regina Crider*	Executive Director Youth and Family Peer Support Alliance
Treatment – Co-Chair	John Walkup	Chair, Pritzker Department of Psychiatry and Behavioral Health Ann and Robert H. Lurie Children's Hospital of Chicago
System Expert	Julie Hamos	Senior Policy Advisor Office of Medicaid Innovation University of Illinois
System Expert	Barbara Shaw	Founding Chair Illinois Children's Mental Health Partnership

**ICMHP Appointee*

APPENDIX C
Workgroup Membership

**ICMHP Appointee*

Social Determinants of Health	
Name	Organization / Affiliation
Angela Bolden	LISC Central Illinois
Becky Brasfield	Community Counseling Centers of Chicago (C4)
Colleen Burns	Greater Chicago Food Depository
Inhe Choi	HANA Center
Wendy Cohen*	Office of the Attorney General
David Esposito	Supportive Housing Providers Association
Carol Gall*	Sarah's Inn
Tanya Gassenheimer	Shriver Center on Poverty Law
David Goins	Mayor, Alton, IL City Council
Teresa Haley	Springfield NAACP, Illinois Department of Transportation
Julia Howland	Illinois Department of Public Health – Office of Women's Health and Family Services
Nadeen Israel	AIDS Foundation
Nneka Jones Tapia*	Chicago Beyond
Kristen Kennedy	Illinois Department of Healthcare and Family Services
Mark Klaisner	Illinois Association of Regional Superintendents of Schools
Mitch Lifson	Non-Profit Consultant
Helen Margellos-Anast	Sinai Urban Health Institute
Nancy Mullen	Youth Outlook
Curtis Peace	Illinois AfterSchool Network
Joel Rubin*	National Association of Social Workers – Illinois
Anne Saw	DePaul University Department of Psychology; Asian American Psychology Association
Susan Scherer	Child, Adolescent, and Adult Psychiatrist
Tracey Smith	Illinois Public Health Association
Audrey Soglin	Illinois Education Association
Lisa Thompson	Project Oz
Cindy Wall	Illinois Department of Human Services, Bureau of Quality Initiatives
Anita Weinberg	Loyola University Chicago School of Law – ChildLaw Center

Promotion and Prevention	
Name	Organization / Affiliation
John Albright	Illinois Department of Juvenile Justice
Heather Alderman*	Illinois Children's Healthcare Foundation
Lia Daniels	Illinois Health and Hospital Association
Maria Degillo	Voices of Youth in Chicago Education
Donzell Franklin	Partnership for Resilience; University Park Village Trustee
Karen Freel*	Illinois Association for Infant Mental Health
Phyllis Glink	Irving Harris Foundation
Jamie Hamill	Rush Medical Center, Department of Community Systems and Mental Health Nursing
Angie Hampton	Egyptian Health Department
Kristine Herman*	Illinois Department of Healthcare and Family Services
Jacqueline Herrera	Enlace
Debbie Humphrey*	Madison County Mental Health Board; Association of Community Mental Health Authorities of Illinois
Lori James-Gross	Unity Point School District 140
Rebecca Langan	Youth Guidance
Lori Longueville	Southern Illinois Coalition for Children and Families
Kim Mann*	Illinois Department of Children and Family Services
Carla Marquez Ripley*	Your Story Counseling
Kenya McRae*	Illinois Department of Public Health
Austa Murray	La Rabida Children's Hospital
Chi Chi Okwu	EverThrive Illinois
Elias Palacios	Illinois Department of Human Services
Quinn Rallins*	Northwestern Pritzker School of Law
Julie Spielberger	Chapin Hall
Cara Wiley*	Illinois State Board of Education
Kate Zinsser	University of Illinois Chicago, Community and Prevention Research

Early Intervention	
Name	Organization / Affiliation
Icy Cade-Bell	University of Chicago Medicine
Arturo Carrillo	Brighton Park Neighborhood Council
Colleen Cicchetti*	Center for Childhood Resilience, Ann & Robert H. Lurie Children's Hospital of Chicago
Betsy Clarke*	Juvenile Justice Initiative
Amanda Cunningham	Hillsboro School District
Reshma Desai*	Illinois Criminal Justice Information Authority
Mary Dobbins	Southern Illinois University School of Medicine
Pfeffer Eisin	Illinois Department of Children and Family Services
Marc Fagan	Thresholds
Gaylord Gieseke*	Illinois Childhood Trauma Coalition
Jolene Harbaugh	Illinois Department of Juvenile Justice
Sherrie Harlow	Southern Illinois Healthcare
Aimee Hilado	RefugeeOne
Kristen Kennedy	Illinois Department of Healthcare and Family Services
Jennifer Martin	Illinois Department of Public Health
Amanda Moreno	Erikson Institute
Mike Msall	University of Chicago Medicine
Lori Orr	Governor's Office of Early Childhood Development
Jill Reedy	Macon-Piatt Regional Office of Education #39
Darren Reisberg	Joyce Foundation; Illinois State Board of Education
Carla Rubalcava	Mikva Challenge
Mary Satchwell*	Illinois School Psychologists Association
Lesley Schwartz	Illinois Department of Human Services
Barbara Shaw	Systems Expert, Founding Chair of ICMHP
Vince Walsh-Rock	Illinois School Counselor Association
Barbara Wilson	Presbytery of Chicago, Council of Religious Leaders of Metropolitan Chicago
Paula Wolff*	Illinois Justice Project

Treatment	
Name	Organization / Affiliation
Erin Alexander	Illinois Department of Children and Family Services
Bri Beck	Disability Lead; Thresholds
Frank Belmonte	Advocate Children's Hospital
Lisa Betz*	Illinois Department of Human Services
Chris Bruhn*	Aurora University School of Social Work
Matt Buckman	Stress and Trauma Treatment Center
Lynn Canfield	Champaign County Mental Health Board
Tina Carpenter	Boys and Girls Clubs of Southern Illinois
Michelle Churchey-Mims	Community Behavioral Healthcare Association
Barb Cohen	Legal Council for Health Justice
Ray Connor*	Mental Health America – Illinois
Gene Griffin*	ICMHP, Immediate Past Chair
Julie Hamos	Systems Expert; UIC Office of Medicaid Innovation
Kristine Herman*	Illinois Department of Healthcare and Family Services
Jennifer Jaworski*	Illinois Department of Juvenile Justice
Alaina Kennedy	Illinois Association of Medicaid Plans
Diana Knaebe	Memorial Behavioral Health
Jen McGowan-Tomke (on behalf of Alexa James*)	NAMI Chicago
Ginger Meyer*	Children's Medical and Mental Health Resource Network, SIU School of Medicine
Kimberly Moore	Illinois Alliance of Administrators of Special Education
Debbie Reed	Chaddock
Karen Simms	Trauma and Resilience Initiative
Debbi Smith	Community and Residential Services Authority
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ENDNOTES

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