Inpatient Hospitalizations and Emergency Department Visits for Mental Health and Substance Use Disorders Among Illinois Youth

January 2025

Illinois Department of Public Health
University of Illinois Chicago School of Public Health

Data Source:
Illinois Hospital Discharge Data - Illinois Department of Public Health

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Table of Contents

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Acknowledgements

We acknowledge the support of Dana Weiner, PhD, Senior Policy Fellow at Chapin Hall and Director of Governor Pritzker's Children's Behavioral Health Transformation Initiative, and Rhapsody Mason, LCSW, Program Coordinator at Illinois DocAssist, who reviewed and provided feedback on early drafts of this data brief.

Funding

The work represented in this report was funded by the following funding sources:

- Maternal and Child Health Services Block Grant to the States (Title V) program of the U.S. Department of Health and Human Services, Health Resources and Services Administration, FAIN #B0445211
- Illinois' MCH Data Use Academy grant of the U.S. Department of Health and Human Services, Health Resources and Services Administration, FAIN #H1827377
- State of Illinois General Revenue funding

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This data brief is also available online here: https://dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/child-health/youth-hospital-visits-for-mental-health-substance-use.html

Background and Purpose

Poor mental health among children and adolescents is a major public health concern with short- and long-term emotional and physical health, social, and economic consequences. As estimated by the 2023 National Survey of Children's Health, over 365,000 Illinois children and adolescents ages 3-17 have a current diagnosis of anxiety, depression, or behavior/conduct problems, representing 16% of Illinois youth (1). In 2022-2023, almost 15% of Illinois children and adolescents were reported by their parent/caregiver to need treatment or counseling from a mental health professional (1). The disruptions to in-person learning, stay-at-home orders, and increased isolation brought on by the COVID-19 pandemic exacerbated mental health issues among youth, prompting several pediatric health organizations to declare children's mental health a national emergency in 2021 (2).

Mental health and substance use (MHSU) disorders among youth are optimally treated in outpatient settings, and crises are best addressed by crisis response teams, with hospitalization serving as a last resort unless necessary for the child's safety and well-being (3). However, similar to most states, Illinois has a severe shortage of child and adolescent psychiatrists (4), and community resources are lacking. Therefore, emergency departments (ED) serve as safety nets where youth with unmet mental health needs seek care during crises; some of these youth may subsequently be hospitalized for MHSU disorders.

This data brief presents trends in hospitalization and ED visit rates for MHSU disorders among Illinois children and adolescents ages 3-17 ("youth") before (2018-2019) and after (2021-2022) the start of the COVID-19 pandemic. Illinois Hospital Discharge Data and census data were used to calculate population rates. Importantly, these data do not include hospitalizations or ED visits to Illinois resident children occurring in hospitals outside of Illinois, so rates are underestimated, especially among youth living in areas close to the state border.

For the purposes of this report:

- **Inpatient hospitalizations** ("hospitalizations") refer to admissions of youth to a behavioral health hospital or a general hospital with or without a behavioral health unit for a primary MHSU diagnosis and/or suicidal behavior, self-injury, or substance poisoning.
- **ED visits** refer to encounters in which youth present to an ED for the same set of diagnoses as listed above, then are discharged home. ED visits for those admitted or transferred from the ED are not included because they are represented in the count of hospitalizations.

Youth visiting an ED or hospitalized for MHSU disorders represent severe cases for which outpatient services may have been insufficient, unavailable, or underutilized for ongoing management and treatment. Hospitalizations involve treatment before discharge and may range from an overnight stay to a prolonged stay in a long-term treatment program. ED visits are for more acute needs and may involve short-term interventions to address the MHSU disorder, then a referral for outpatient treatment or a referral home to wait for an inpatient behavioral health bed to become available.

Key Findings

- MHSU disorders were the cause of almost 50% of hospitalizations among Illinois youth during the time period from 2018 to 2022.
- For every 10,000 Illinois youth (ages 3-17), there were approximately 90 hospitalizations and 70 ED visits for MHSU disorders each year, corresponding to over 20,000 hospitalizations and 17,000 ED visits annually.
- Rates of hospitalizations and ED visits for MHSU disorders among Illinois youth decreased at the onset of the COVID-19 pandemic in 2020, but increased thereafter.
- From before (2018-2019) to after the start of the pandemic (2021-2022), girls experienced an increase in hospitalizations and ED visits for MHSU disorders, while boys experienced a decrease.
- Hospitalization and ED visit rates for MHSU disorders were highest among youth ages 15-17 years, girls, Black youth, and youth residing in rural counties.
- Almost three-quarters of youth MHSU hospitalizations in 2021-2022 had a primary diagnosis of a mood disorder, such as depression or bipolar disorder.
- Hospitalization rates for non-fatal suicide attempts nearly doubled for girls and rose by 50% for boys from 2018-2019 to 2021-2022; rates for non-suicidal self-injury increased by 80% over the same time period for youth of both sexes.
- Approximately two-thirds of youth MHSU hospitalizations were paid for by public insurance (primarily Medicaid) in 2021-2022.
- From 2018 to 2022, there was a 10% reduction in the number of pediatric behavioral health hospital beds available in Illinois, leading to increased geographic disparities in access and increased drive times to admitting hospitals, particularly for rural youth.
- One in ten youth hospitalizations for MHSU disorders in Illinois resulted in a length of stay over two weeks, with behavioral health hospitals recording more of these long stays than general hospitals with or without pediatric behavioral health hospital beds.

Detailed Findings

What were the rates of hospitalizations and ED visits for MHSU disorders among Illinois youth during 2018 to 2022?

MHSU disorders were the cause of almost 50% of all hospitalizations for Illinois youth during 2018 to 2022. For every 10,000 Illinois youth (ages 3-17), there were approximately 90 hospitalizations for MHSU disorders, corresponding to over **20,000 hospitalizations annually.** Additionally, in that same time period, there were over **70 ED visits per 10,000 youth** who were subsequently discharged home. This represents over **17,000 ED visits for MHSU disorders annually.**

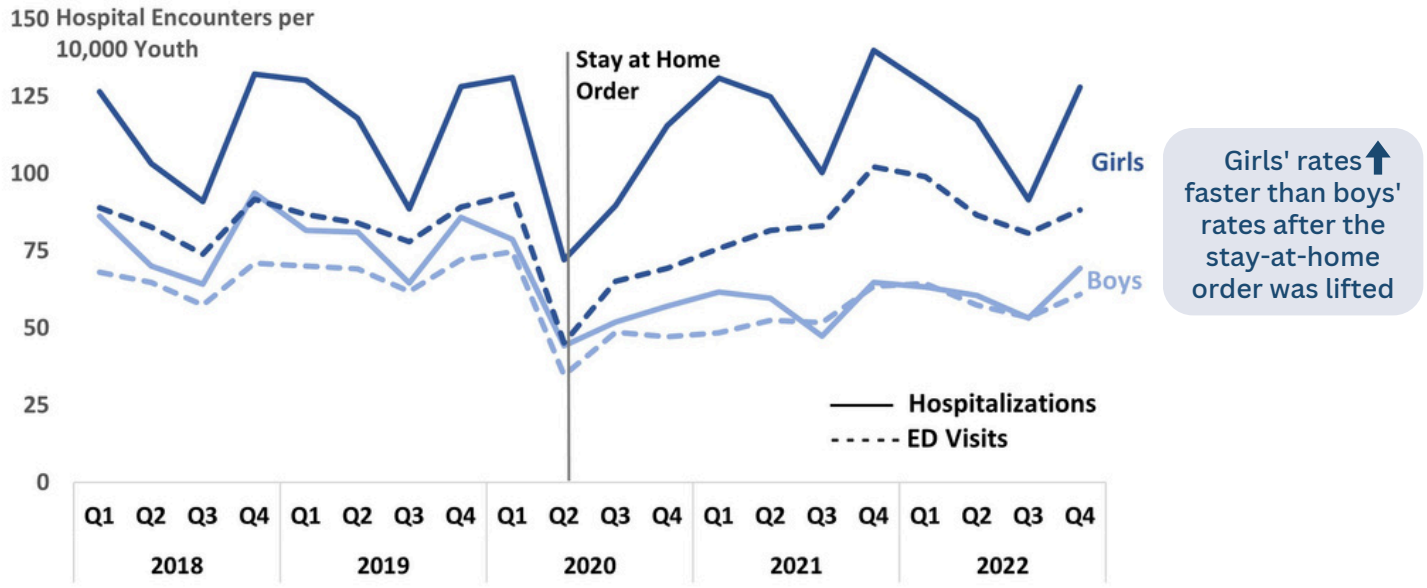
What were the trends over time in hospitalization and ED visit rates for MHSU disorders among Illinois youth?

Data represented below are organized into quarters of the calendar year:
Quarter 1: January - March
Quarter 2: April - June
Quarter 3: July - September
Quarter 4: October - December

From Quarter 1 of 2018 to Quarter 1 of 2020, youth hospitalization and ED visit rates for MHSU disorders followed a consistent seasonal pattern, with the highest rates in Quarters 1 and 4 and the lowest rates in Quarter 3 of each year, the latter loosely corresponding to the timing of summer vacation from school. However, with the onset of the COVID-19 pandemic in March 2020, hospitalization and ED visit rates for MHSU disorders dropped substantially from Quarter 1 to Quarter 2 of 2020. This was likely related to the stay-at-home order, when seeking care in hospitals was avoided by many for fear of contracting COVID-19. **In Quarter 3 of 2020 (when the stay-at-home order was lifted) and beyond, MHSU youth hospitalization and ED visit rates increased, nearing pre-pandemic rates by Quarter 4 of 2022 and rising at a faster pace for girls than for boys** (**Figure 1**).

Note: The hospital discharge dataset used for these analyses includes only female and male sex, referred to here as girls and boys, respectively. This is a limitation, since gender is nonbinary and nonbinary youth are reported to have higher rates of MHSU disorders.

Figure 1. Seasonal Trends in Youth Hospitalization and ED Visit Rates for MHSU Disorders in Illinois were Disrupted by the COVID-19 Pandemic



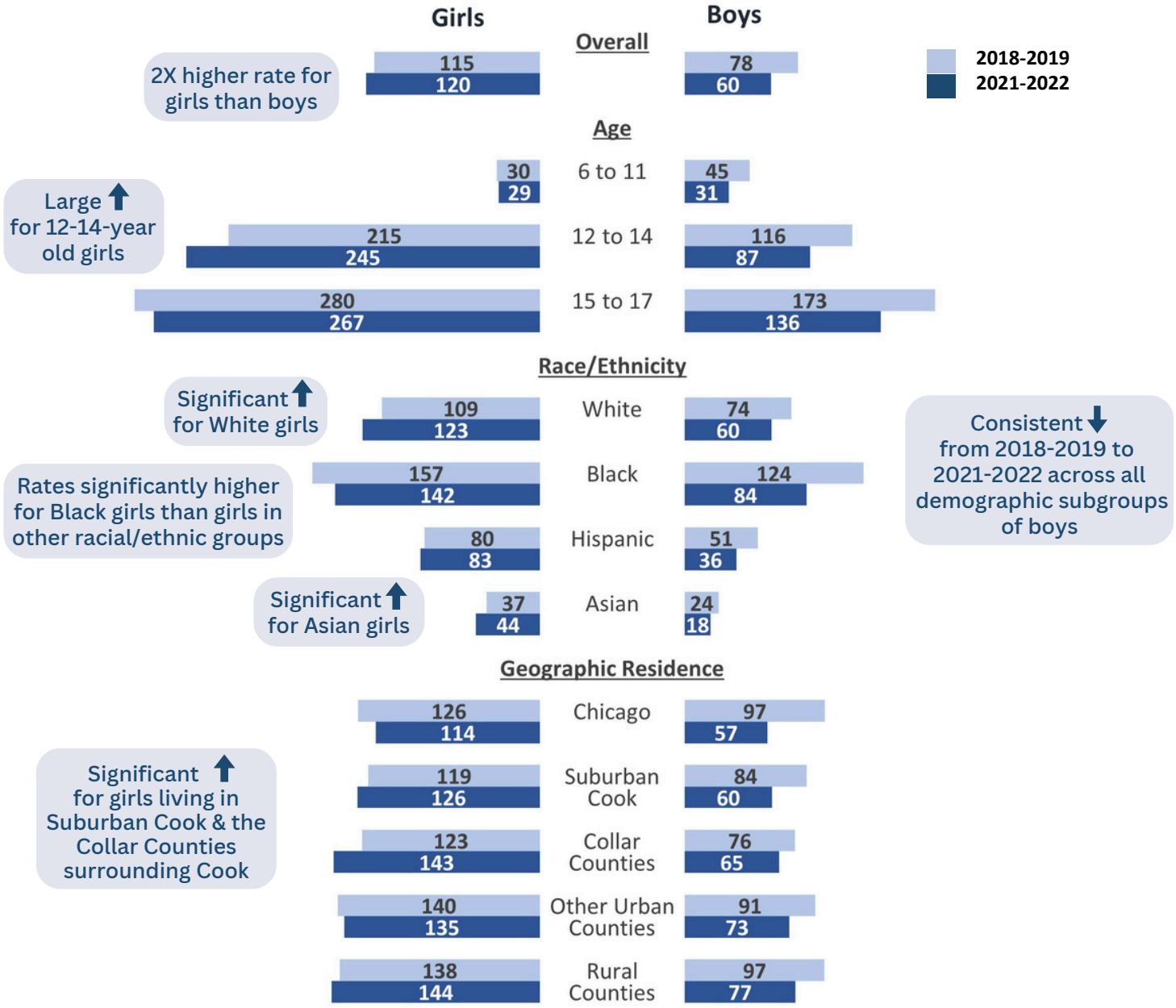
Data represent hospitalization and ED visit rates per 10,000 youth in each quarter (Q).

Given the stark differences between girls and boys for both hospitalization and ED visit rates, the next set of results are shown separately for girls and boys. Since rates were artificially lower during 2020 due to avoidance of hospitals at the beginning of the COVID-19 pandemic, further time comparisons exclude data for 2020.

Did changes in hospitalization rates for youth MHSU disorders from before to after the start of the COVID-19 pandemic in Illinois differ by sex, age, race/ethnicity, and geographic residence?

Due to a statistically significant increase for girls and decrease for boys from before (2018-2019) to after (2021-2022) the start of the pandemic, **by 2021-2022 girls had double the rate of hospitalizations for MHSU disorders compared to boys**. Hospitalization rates were further estimated by age group, by race/ethnicity as a marker of exposure to systemic racism, and by geographic residence. Hospitalization rates decreased significantly from before to after the start of the pandemic for all demographic subgroups of boys. However, hospitalization rates increased significantly for girls in specific subgroups, including 12–14-year-old girls, White and Asian girls, and girls who reside in suburban Cook or the collar counties surrounding Cook County. While Black girls and 15–17-year-old girls experienced significant declines in MHSU hospitalization rates from before to after the start of the pandemic, they remained the groups with the highest hospitalization rates during both time periods. **Racial/ethnic and age-related disparities for boys were similar to those observed for girls; additionally, youth of both sexes living in rural counties had significantly higher hospitalization rates than their counterparts residing in other areas of the state (Figure 2)**.

Figure 2. Youth Hospitalization Rates (per 10,000) for MHSU Disorders in Illinois Before and After the Start of the COVID-19 Pandemic Differed by Sex, Age, Race/Ethnicity, and Geographic Residence



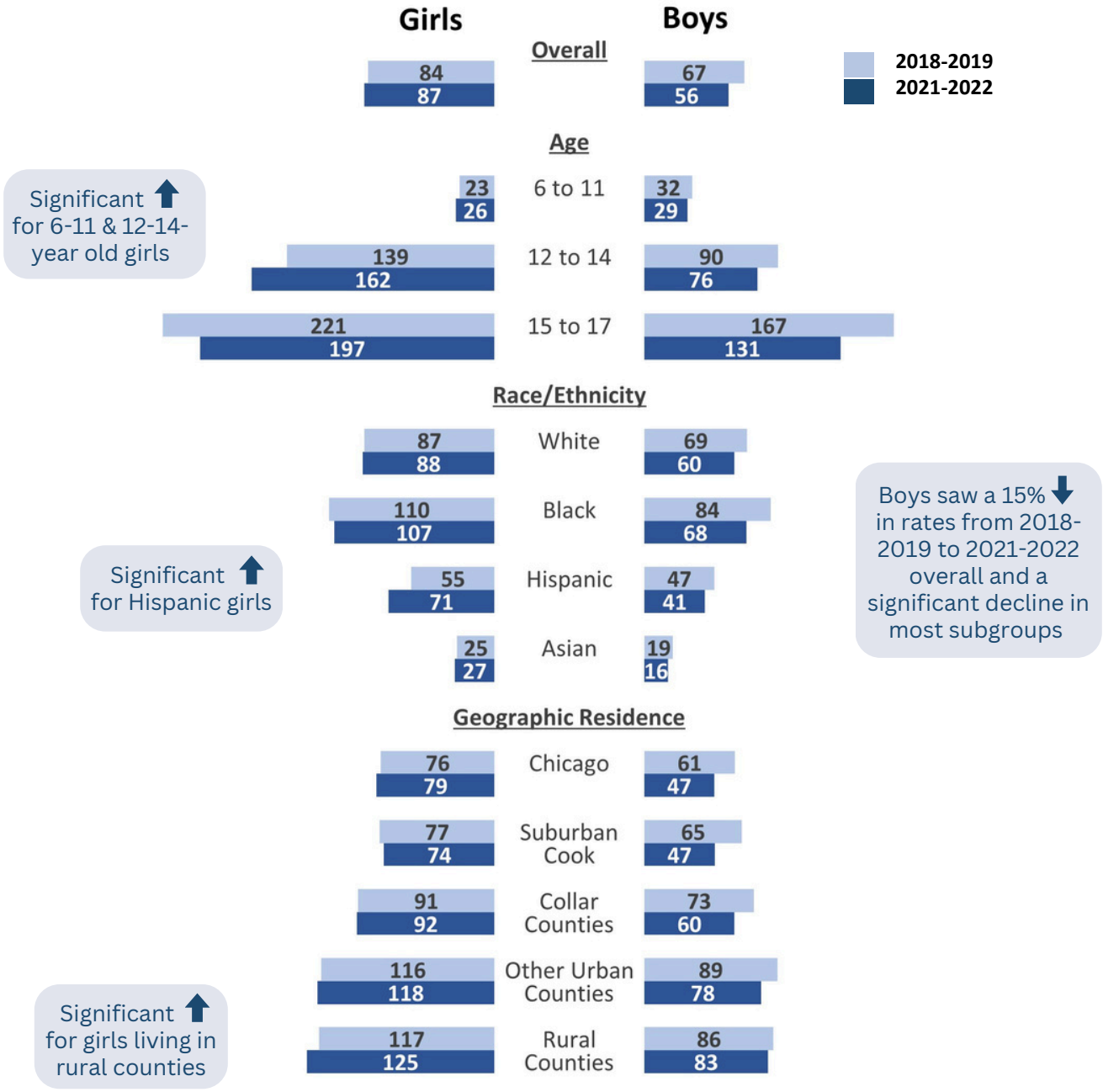
Data represent subgroup-specific hospitalization rates per 10,000 youth. For example, for every 10,000 girls 12-14 years old, there were 215 hospitalizations during 2018-2019.

Note: Children ages 3-5 are included in the overall and subgroup rates, but are not shown separately for the age subgroup because their rates were <5 per 10,000.

Did changes in ED visit rates for youth MHSU disorders from before to after the start of the COVID-19 pandemic in Illinois differ by sex, age, race/ethnicity, and geographic residence?

Changes in ED visit rates for Illinois boys and girls from before (2018-2019) to after (2021-2022) the start of the pandemic were generally similar to changes observed above for hospitalization rates. Specifically, for all but one demographic subgroup of boys, ED visit rates decreased significantly from before to after the start of the pandemic; only rates for boys living in rural counties remained stable over time. **For girls, ED visit rates increased significantly overall and within specific subgroups, including 6-11-year-old and 12-14-year-old girls, Hispanic girls, and girls living in rural counties.** While 15–17-year-old girls experienced significant declines in ED visit rates from before to after the start of the pandemic, they remain the group with the highest ED visit rate for MHSU disorders. **For both boys and girls, racial and geographic disparities are evident, with Black youth and residents of rural counties having significantly higher ED visit rates for MHSU disorders than their counterparts in other racial/ethnic groups or geographic areas** (**Figure 3**).

Figure 3. Youth ED Visit Rates (per 10,000) for MHSU Disorders in Illinois Declined from Before to After the Start of the COVID-19 Pandemic for Boys in all Subgroups, but Increased Overall and in Specific Subgroups for Girls



Data represent subgroup-specific ED visit rates per 10,000 youth. For example, for every 10,000 girls living in rural counties, there were 125 ED visits during 2021-2022.

Note: Children ages 3-5 are included in the overall and subgroup rates, but are not shown separately for the age subgroup because their rates were <5 per 10,000.

What were the primary reasons for hospitalizations and ED visits related to MHSU disorders among Illinois youth?

For both girls and boys, almost three-quarters of MHSU hospitalizations in 2021-2022 had a primary diagnosis of a mood disorder, such as depression or bipolar disorder (**Figure 4**), with the vast majority of these also having a diagnosis of suicide ideation documented on their record.

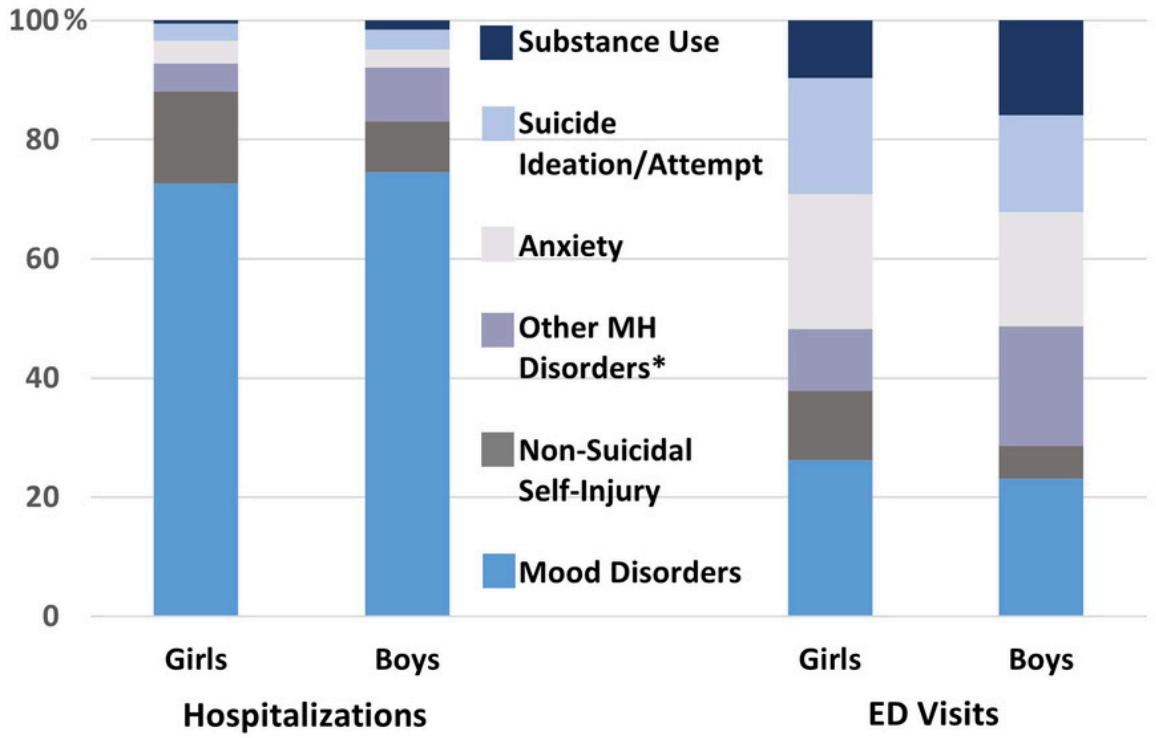
Note: The primary reason for the hospitalization is coded in the first diagnosis data field on the hospital discharge record, indicating the primary diagnosis. In addition to primary diagnoses, MHSU "events," including suicidal behavior (ideation or attempt), non-suicidal self-injury, and substance poisoning, were included if present in any of the 24 secondary diagnosis fields on the record. For the statement above, youth had a primary diagnosis of a mood disorder, with suicidal ideation also coded as a secondary diagnosis.

An additional 15% of hospitalizations among girls and 8% among boys in 2021-2022 were for non-suicidal self-injury, the rate of which increased by 80% for youth of both sexes from before to after the start of the pandemic (trend data not shown). Non-suicidal self-injury is a self-inflicted act that causes pain or superficial damage but is not intended to cause death. It is important to recognize and address non-suicidal self-injury, as it may be a distinct mental health disorder, a criteria or symptom of another disorder, or a response to trauma or stress. The three most common mechanisms for non-suicidal self-injury hospitalizations among Illinois youth were: intentional drug poisonings, unspecified mechanisms, and cutting/piercing with a sharp object.

Hospitalizations for suicide attempts, while less common, represent more severe outcomes due to the intentionality and risk of death. **In 2021-2022, there were 480 hospitalizations for suicide attempts among girls and 142 among boys in Illinois, corresponding to a doubling of the hospitalization rate for suicide attempts among girls and a 50% increase among boys** compared to the time period before (2018-2019) the pandemic (trend data not shown). Fortunately, the youth reported here all survived to hospital discharge. Hospital staff have an important role in treating and referring these youth to appropriate follow-up care in order to prevent future suicide attempts.

The primary causes for ED visits in 2021-2022 were more variable and differed significantly for boys and girls (Figure 4). For girls, the top three primary reasons for ED visits were mood disorders (26%), anxiety (23%), and suicide ideation or attempt (19%; vast majority for ideation). For boys, the top three primary reasons for ED visits were mood disorders (23%), other mental health disorders (20%, defined in footnote for Figure 4), and anxiety (19%).

Figure 4. In Illinois during 2021-2022, Mood Disorders were the Primary Reason for MHSU Hospitalizations among Girls and Boys, followed by Non-Suicidal Self-Injury, while Reasons for ED Visits Varied



**Other MH disorders include schizophrenia spectrum and other psychotic disorders; disruptive, impulse-control and conduct disorders; personality disorders; feeding and eating disorders; somatic disorders; and miscellaneous disorders.*

Data represent the percent of all hospitalizations and ED Visits for each MHSU disorder for girls and boys. For example, non-suicidal self-injury (dark gray bar) was the reason for 12% of ED visits for girls and 6% of visits for boys. (For other percentage estimates, see Technical Appendix.)

Note: Deaths due to suicide or injuries that did not result in a hospital encounter are not included.

In 2021-2022, the total number of hospitalizations for **suicide attempts** among 3-17-year-olds in Illinois was **142 for boys** and **480 for girls**.

From 2018-2019, the rate of hospitalizations for suicide attempts **increased** almost **1.5X for boys** and **2X for girls**.

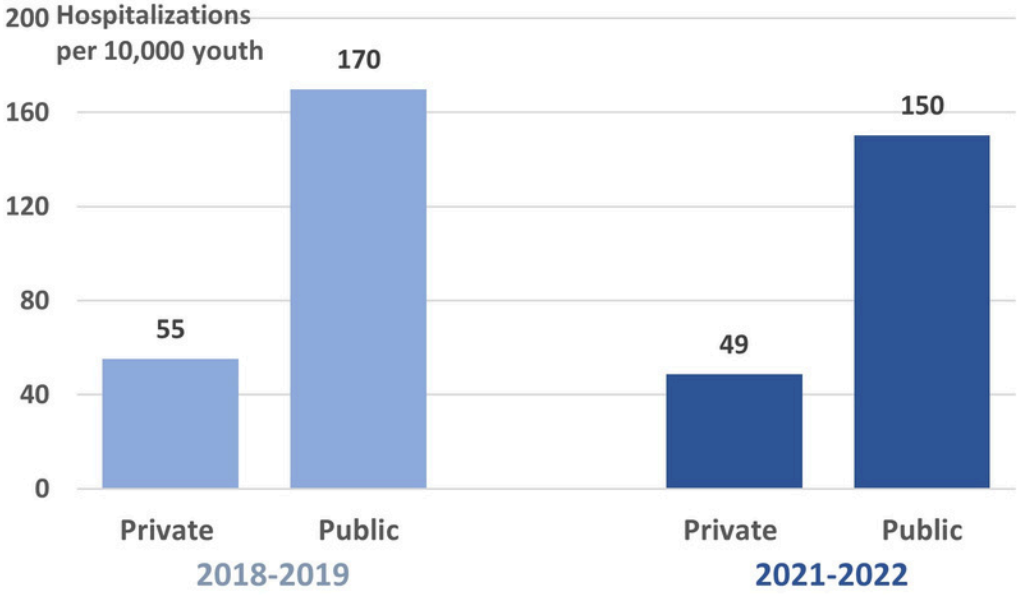
Top 3 Injury Mechanisms for Non-suicidal Self-Injury Hospitalizations:

1. Drug poisonings
2. Unspecified mechanisms
3. Cut/pierce with a sharp object

Were there differences in MHSU hospitalization and ED visit rates by insurance type among Illinois youth?

Approximately two-thirds of MHSU hospitalizations were paid for by public insurance (primarily Medicaid), and youth with public insurance had two to three times the rate of MHSU hospitalizations as those with private insurance over the periods from 2018-2019 and 2021-2022 (**Figure 5**). This disparity may be a result of youth in lower income families (those eligible for Medicaid) experiencing more stressors in their families, schools, and communities, leading to more severe disorders and/or a greater unmet need for outpatient and community-based services to manage ongoing MHSU disorders, either due to economic barriers to care or inadequate supply of providers who accept Medicaid.

Figure 5. Publicly Insured Youth had MHSU Hospitalization Rates that were over Three Times Higher than those who were Privately Insured, Illinois 2018-2019 to 2021-2022



Data represent hospitalization rates per 10,000 youth by insurance type. For example, for every 10,000 publicly insured youth, there were 150 hospitalizations in 2021-2022.

Which types of hospitals are treating Illinois youth for MHSU disorders?

Inpatient hospitalizations for MHSU disorders among Illinois youth occurred in three types of hospitals, defined according to Health Facilities and Services Review Board data (5):

1. Behavioral Health Hospitals with Pediatric Beds
2. General Hospitals with Pediatric Acute Mental Illness (AMI) Beds
3. General Hospitals without Pediatric AMI Beds

In general, behavioral health hospitals with pediatric beds available (i.e., "set up and staffed") provide comprehensive care and are staffed by providers who specialize in treating MHSU disorders among youth. Some general hospitals and one children's hospital in Illinois have dedicated pediatric AMI beds available, commonly referred to as behavioral health units, that provide a similar level of care as behavioral health hospitals with pediatric beds. **In 2022, 10 behavioral health hospitals housed 72% of Illinois' 873 pediatric AMI beds, with the remaining 28% of pediatric AMI beds located in 16 general hospitals with behavioral health units (5).**

Importantly, the hospital discharge dataset does not specify whether each youth hospitalized for a MHSU disorder actually occupied a pediatric AMI bed in that hospital; nevertheless, the hospitals in categories 1 and 2 above are known to have resources and staff equipped to treat pediatric MHSU disorders.

Youth treated for MHSU disorders in general hospitals without pediatric AMI beds (Type 3 above) may have experienced "boarding," a well-documented problem stemming from a lack of resources, in which youth in crisis may spend hours or days in an ED or non-AMI inpatient bed. This is detrimental for many reasons, including experiences either of seclusion or crowded, loud, and frightening environments, lack of providers trained in managing youth mental health crises, and lack of treatment and appropriate referral to community-based resources at discharge (3).

Where are pediatric behavioral health beds located in Illinois and did the number of available beds change from 2018 to 2022?

Figure 6 shows a map of all Illinois behavioral health hospitals and units within general hospitals that serve youth; changes in the number of available pediatric AMI beds from 2018 to 2022 are indicated for each hospital, as reported by the Illinois Health Facilities and Services Review Board (5). Most of these hospitals are located in the northern half of Illinois, especially in the Chicago metropolitan area.

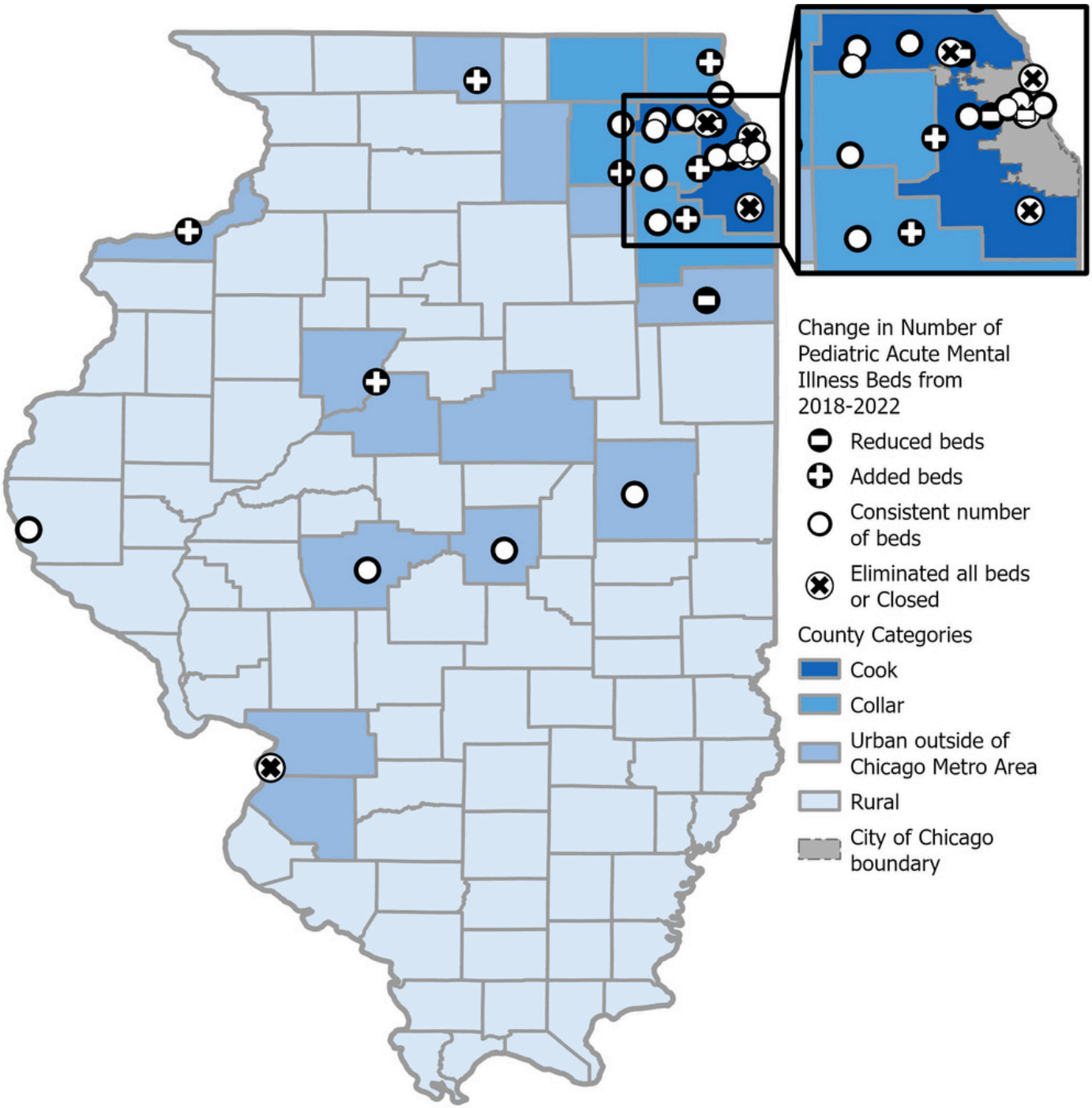
Note that hospitals in neighboring states to Illinois may serve Illinois youth, especially in the St. Louis area, but are not shown here because Illinois hospital discharge data do not include hospitalizations to Illinois residents in out-of-state hospitals.

To summarize the information presented in the map for change over time **from 2018 to 2022**:

- **Seven** behavioral health hospitals or units **added** pediatric AMI beds;
- **Four** behavioral health hospitals or units **reduced** the number of pediatric AMI beds;
- **Five** behavioral health hospitals or units **eliminated** all of their pediatric AMI beds or **closed** altogether; and
- The remaining **fifteen** behavioral health hospitals or units **maintained** a consistent number of pediatric AMI beds.

These changes in capacity across Illinois hospitals resulted in a **10% reduction in the total number of pediatric AMI beds available statewide** from 2018 to 2022, and **increased geographic disparities** in access to those beds, given the elimination of beds at hospitals in already undeserved areas in the southern half of the state and in Southern Cook County (**Figure 6**).

Figure 6. Pediatric Acute Mental Illness Inpatient Beds are Scarce and Declining in Numbers near Rural Counties in Illinois, especially in the Southern Region of the State, as well as on the South Side of Chicago and Southern Cook County



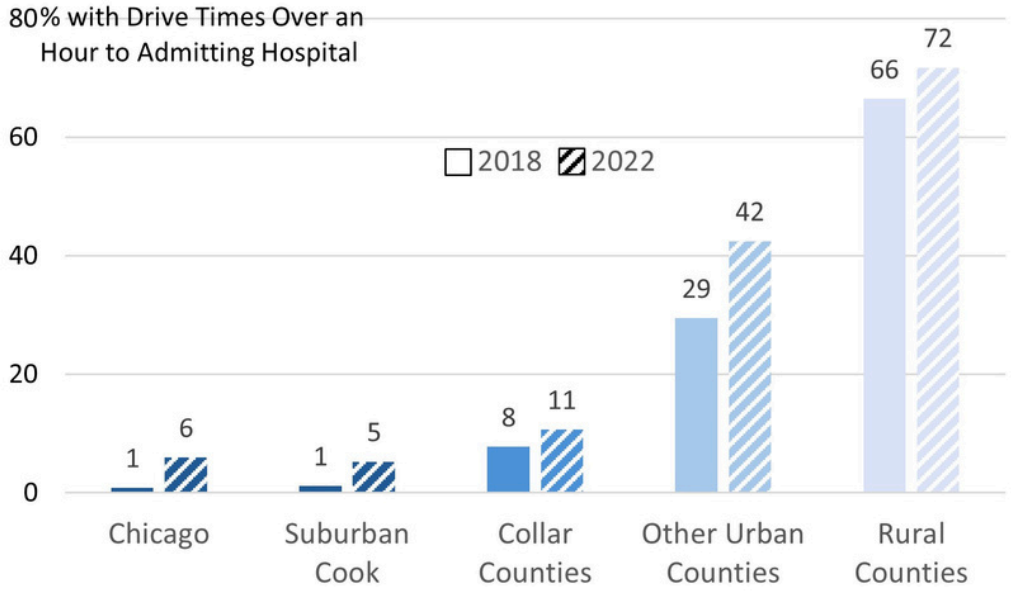
Map displays behavioral health hospitals and general hospitals with pediatric acute mental illness beds (i.e., behavioral health units) across the state of Illinois as of 2022. For county and hospital names, see Technical Appendix.

How long did Illinois youth with MHSU disorders travel to receive inpatient care in a behavioral health hospital or unit?

A drive-time analysis revealed that from 2018 to 2022, the estimated travel time from the youth's neighborhood to the behavioral health hospital or unit where they were admitted for a MHSU disorder increased significantly for youth residing in all geographic areas of the state. Drive times were particularly high for youth living in urban counties outside the Chicago area ("Other Urban Counties") and rural counties; **by 2022, 42% of hospitalizations among youth living in other urban counties and 72% among youth living in rural counties were associated with a drive time of over one hour by car to the admitting behavioral health hospital or unit** (**Figure 7**). Furthermore, for hospitalizations among youth in rural areas, 39% and 15% had drive times over two and three hours, respectively (data not shown).

Note that these drive-time estimates assume that travel occurred by car on an average day/time with respect to traffic. Travel during busy times such as rush-hour or by public transportation may take longer, especially in urban areas.

Figure 7. From 2018 to 2022, the Percent of Hospitalizations for MHSU Disorders among Illinois Youth Associated with a Drive Time of Over One Hour Increased Significantly in All Geographic Settings, with Rural Youth Having the Longest Drive Times



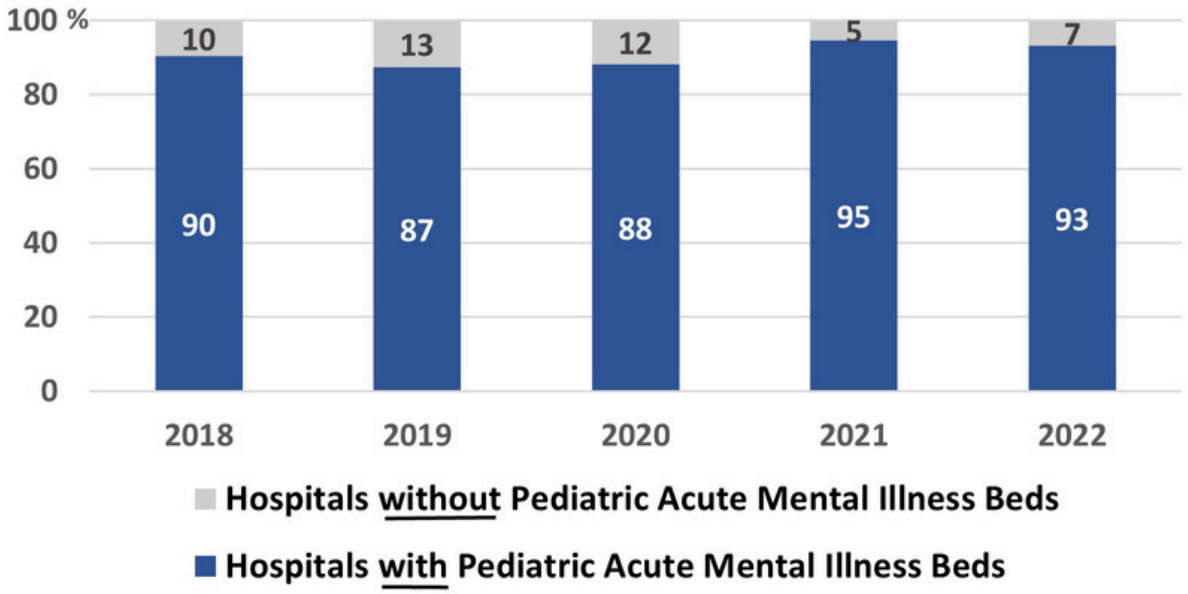
Data represent the percent of hospitalizations for which the average drive time from the youth's zip code of residence to the zip code of their admitting behavioral health hospital or unit was over one hour, in 2018 and 2022.

For example, in 2022, 11% of hospitalizations for MHSU disorders among youth living in a Collar County occurred in behavioral health hospitals or units located over an hour away from home by car.

What percent of youth hospitalizations for MHSU disorders in Illinois occurred in behavioral health hospitals or units from 2018 to 2022?

Despite the reduction in pediatric AMI beds and increase in drive time during this period, a larger share of youth hospitalizations for MHSU disorders occurred in behavioral health hospitals or units from 2018 to 2022. **By 2022, approximately 93% of hospitalizations for MHSU disorders among youth occurred in behavioral health hospitals or units** (66% in behavioral health hospitals and 27% in behavioral health units) and only 7% occurred in hospitals without any pediatric AMI beds (**Figure 8**).

Figure 8. Behavioral Health Hospitals or Units in Illinois saw an Increasing Share of Youth MHSU Hospitalizations from 2018 to 2022



Data represent the percent of hospitalizations in each hospital type by year.

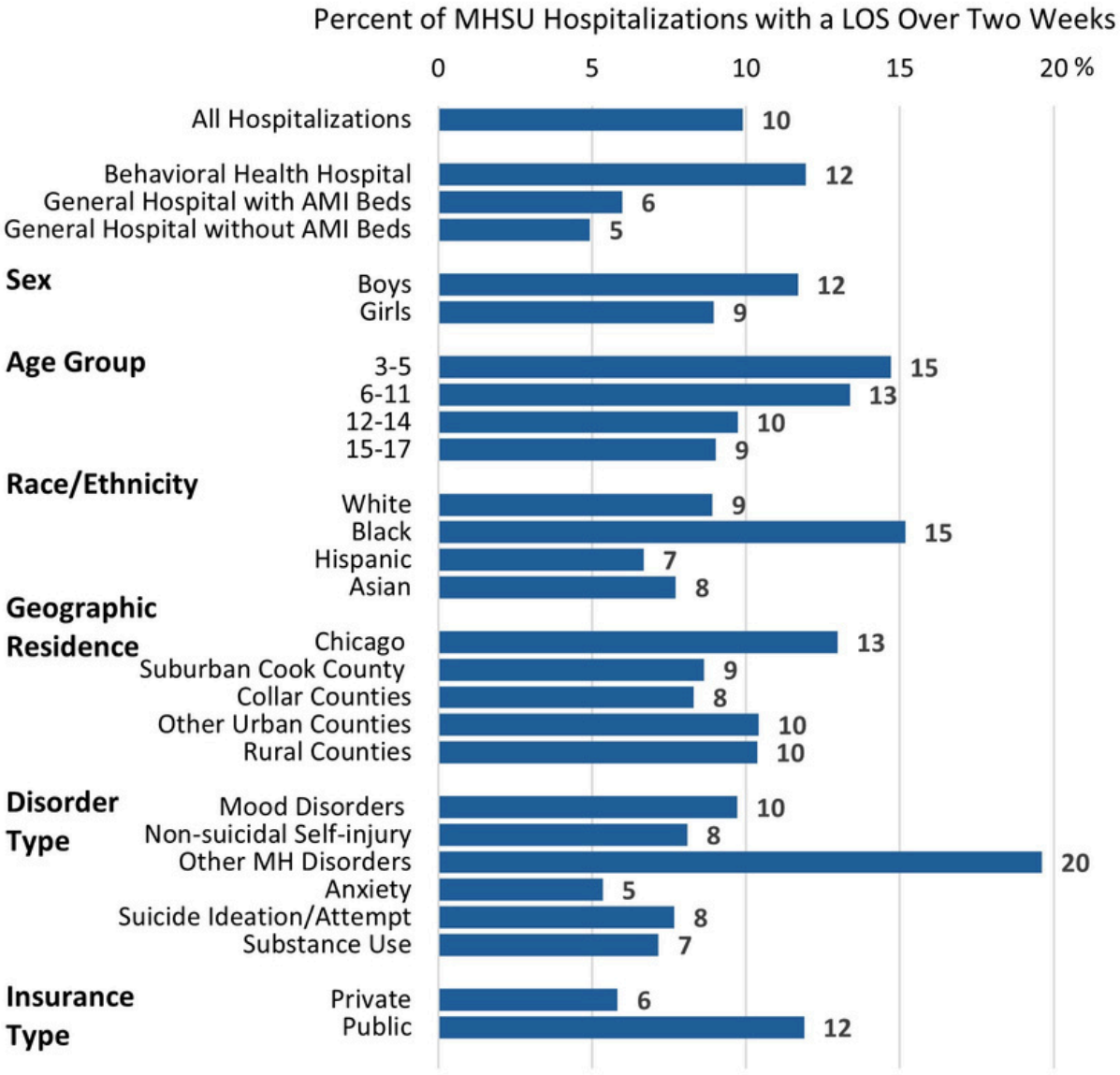
For example, in 2018, 10% of hospitalizations for MHSU disorders among Illinois youth occurred in general hospitals without pediatric AMI beds.

Of MHSU hospitalizations to Illinois youth, does the percent with a length of stay over two weeks vary by hospital type and youth characteristics?

About 10% of youth MHSU hospitalizations in Illinois had a length of stay over two weeks, with behavioral health hospitals recording the highest percent of these longer stays. Hospital stays longer than two weeks may be associated with more severe episodes among youth with MHSU disorders.

Lengths of hospital stay over two weeks for MHSU disorders were more common among boys, youth under 12 years old, Black youth, youth living in Chicago, and publicly insured youth, compared to their counterparts in other groups. While only accounting for six percent of youth MHSU hospitalizations, almost 20% of those in the Other Mental Health Disorders group had a length of stay longer than two weeks; schizophrenia spectrum and other psychotic disorders, and feeding or eating disorders contributed most to that high percentage.

Figure 9. One in Ten Youth Hospitalizations for MHSU Disorders in Illinois Resulted in a Length of Stay (LOS) over Two Weeks, with Variation by Hospital Type and Youth Characteristics, Illinois 2021-2022



Data represent the percent of hospitalizations with a length of stay greater than two weeks.

For example, in 2021-2022, 11.7% of hospitalizations for MHSU disorders among boys in Illinois had a length of stay greater than two weeks.

Recommendations for Practice and Policy

The following recommendations, in alignment with other ongoing state efforts addressing the youth mental health crisis, include strategies for managing and ultimately reducing ED visits and hospitalizations for youth MHSU disorders.

1. Advance equitable and efficient access to pediatric acute mental illness (AMI) beds, both in behavioral health hospitals and in acute care hospitals with behavioral health units.
   a. Employ centralized data collection and modeling to estimate and adjust AMI bed capacity across the state.
   b. Explore opportunities for enhanced Medicaid reimbursement rates for inpatient acute care and behavioral health hospitals.

2. Expand access to and explore impoving Medicaid reimbursement rates for partial hospitalization programs (PHPs) and intensive outpatient programs (IOPs) for youth who may not need full hospitalization, but whose MHSU disorders cannot be managed in traditional outpatient settings.

3. Improve access to and coordination of outpatient behavioral healthcare for youth, especially in rural areas and among youth insured by Medicaid.
   a. Build the workforce using incentives and creative approaches to credentialing paraprofessionals.
   b. Offer universal screening in schools and pediatric care settings to detect and address mental and behavioral health problems earlier.
   c. Enable families to more easily link to mental health and substance use treatment services in their communities.
   d. Employ teleconsultation models, such as Illinois DocAssist, to support pediatric primary care providers in managing mental health conditions.
   e. Explore opportunities for enhanced Medicaid reimbursement rates for providers treating youth with MHSU disorders.

4. Reduce the prevalence of mental health and substance use disorders in youth.
   a. Enhance economic and social supports for Illinois families.
   b. Reduce the occurrence of adverse childhood experiences (ACEs).
   c. Utilize social and emotional learning (SEL) curriculum in schools.
   d. Employ trauma-informed practices in pediatric care and school environments.

Technical Appendix

More information is included in the technical appendix: https://dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services/child-health/youth-hospital-visits-for-mental-health-substance-use/appendix.html

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