

# Illinois Children's Mental Health Partnership



# Annual Report 2024

# Illinois Children’s Mental Health Partnership Annual Report 2024

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Friday December 20, 2024

Dear Governor Pritzker,

On behalf of the members of the Illinois Children's Mental Health Partnership (ICMHP) and the Illinois Department of Public Health (IDPH), I am pleased to present you with our 2024 Annual Report.

ICMHP is newly housed at IDPH and brings with it a 20-year legacy of service to children and youth in the state. IDPH is excited to oversee this important public body to continue the foundation of work established by ICMHP members and partners. ICMHP has the responsibility of developing and implementing a children's mental health plan using a public health approach, focusing on social determinants of health, prevention, early intervention, and treatment. In 2024, we are about halfway through the 2022-2027 version of the plan. While ICMHP has thrived as a public-private partnership overseen by community-based organizations, the integration into IDPH brings about new and exciting opportunities.

Most recently, the management of ICMHP was led by the Center for Childhood Resilience at Ann and Robert H. Lurie Children's Hospital of Chicago (CCR). Under its leadership, ICMHP developed the current plan and began working with your administration's Children's Behavioral Health Transformation Initiative to move forward with the plan's five recommendations. Additionally, the CCR's leadership helped launch the ICMHP Youth Council, which they will continue to oversee as the administration of ICMHP is led by IDPH. We are thankful to the CCR and appreciate their support amidst the ICMHP transition to IDPH.

As we reflect on the progress made toward our goals in 2024, we have much to look forward to in 2025. We will name a co-chair to serve alongside me to co-lead ICMHP, continue to partner with the Children's Behavioral Health Transformation Initiative, and fully situate ICMHP alongside ongoing children's mental health initiatives here at IDPH. I appreciate your support of these efforts and your dedication to the well-being of the children and youth of Illinois.

Yours in good health,

A handwritten signature in black ink that reads "Sameer Vohra". The signature is written in a cursive, flowing style.

Sameer Vohra, MD, JD, MA  
Director, Illinois Department of Public Health  
Co-Chair, Illinois Children's Mental Health Partnership

# Illinois Children’s Mental Health Partnership

## Annual Report: 2024

### Introduction

It has been more than 20 years since the passage of the original Illinois Children’s Mental Health Act in 2003, which formed the [Illinois Children’s Mental Health Partnership](#) (ICMHP). Recently, amid a renewed focus on children’s mental health, many laws have been enacted to prioritize child well-being in Illinois. In 2022, [P.A. 102-0889](#) modernized the statutory language about ICMHP, updated its powers and duties, and added the statutory authority to launch and maintain a youth council. As reported in the [ICMHP 2023 Annual Report](#), staffing changes occurred in 2023, and the [ICMHP](#) has since seen further evolution and transition in 2024.

Despite recent changes, ICMHP remains a necessary public body in Illinois. According to hospital discharge records from the Illinois Department of Public Health (IDPH), mental health and substance use (MHSU) disorders caused almost half of all hospitalizations of youth ages 3-17 from 2018-2022. This same data tells us that for both girls and boys, hospitalization and emergency department visit rates for MHSU disorders were highest among youth ages 15-17 years, Black youth, and youth residing in rural counties when compared to other age, racial/ethnic, and geographic groups. Furthermore, according to IDPH vital records data, suicide is the third leading cause of death among Illinois youth ages 10-19. Although the overall adolescent suicide rate has remained stable from 2013-2022, suicide deaths are rising among girls, Black and Latino youth, and youth living in urban and suburban communities. ICMHP and children’s mental health stakeholders play an essential role in bringing data like this to life and prioritizing programs, resources, and attention to specific communities that need it most.

ICMHP’s most recent transformational change happened with P.A. 103-0885, which was passed by the General Assembly in the spring of 2024 and signed by Governor Pritzker on August 9, 2024. This law relocates ICMHP to its new home at IDPH, among other changes, and continues the vital work of prioritizing the mental health and well-being of the state’s youngest residents.

This ICMHP 2024 annual report will:

- highlight the significance of ICMHP’s move to IDPH and plans for 2025,
- provide a progress update on the implementation of the Illinois Children’s Mental Health Plan of 2022-2027, and
- provide an update on the work of the ICMHP Youth Council, led by the Center for Childhood Resilience at Ann and Robert H. Lurie Children’s Hospital of Chicago (CCR).

## **P.A. 103-0885: The new home of the Illinois Children’s Mental Health Partnership is the Illinois Department of Public Health**

Historically, ICMHP has been managed by community organizations with various state government agencies active as administrative sponsors. CCR, a local and national voice for children’s mental health issues, has acted as the fiscal and managing sponsor of ICMHP since 2017. Beginning in 2022, the work of the [Illinois Children’s Behavioral Health Transformation Initiative](#) (CBHTI) has united state agencies and stakeholders under a shared mission of streamlining and better coordinating children’s behavioral health care in Illinois. Throughout 2023 and 2024, ICMHP leaders formed a special committee to determine the future of ICMHP and whether it needed a new home within state government to better align with the CBHTI efforts.

ICMHP convened this special committee to consider options for finding a permanent home for the partnership that would align with CBHTI priorities, establish a permanent funding mechanism, and enhance the operational structure and statutory work. The special committee began meeting in the fall of 2023 and additional meetings occurred in 2024. This special committee conferred with state leaders and reviewed documents to consider several options. At a meeting on November 16, 2023, the committee voted to bring a recommendation to the full partnership to explore the option of transferring the ICMHP to IDPH as the fiscal and executive sponsor for the work. This CBHTI recommendation was shared with ICMHP at the quarterly meeting on December 5, 2023, and a vote was called with unanimous approval to proceed with further investigation into this possibility. The bill that would ultimately become P.A. 103-0885 was drafted in early 2024 and passed by the House and Senate in May 2024. The legislation was signed by Governor Pritzker on August 9, 2024, officially transferring ICMHP to IDPH.

P.A. 103-0885 added language that enhances the role of ICMHP to advise not only state agencies but also the CBHTI on the design and implementation of strategies to provide comprehensive and coordinated services for children and their families needing mental health care. Additionally, the law names the director of Public Health as one of the ICMHP co-chairs. This change will help elevate the work of ICMHP directly under IDPH leadership and externally to children’s mental health leaders outside of state government.

This transition has been important for ICMHP, with many essential voices contributing to the process. CCR staff facilitated special committee and quarterly meetings of ICMHP in 2024 on February 23, March 29, June 12, and June 24. IDPH staff assisted in leading ICMHP’s final meeting of the year on October 21, 2024. IDPH and CCR agreed that for fiscal 2025 and 2026, CCR will continue to oversee the ICMHP Youth Council and the essential role it plays in bringing youth voices to ICMHP activities. IDPH looks forward to this partnership.

While IDPH currently does not have dedicated funding for ICMHP, IDPH hired Julia Strehlow as a senior advisor to the director in October 2024 to work with Director Vohra on any remaining details regarding the transition of the partnership from CCR to IDPH. This includes the administration of ICMHP meetings, recommendations regarding the appointment of new members, planning for future meetings and ICMHP activities, ICMHP’s collaboration with the CBHTI and other stakeholders, and work with CCR and the ICMHP Youth Council.

In 2025, ICMHP looks forward to the appointment of a co-chair to serve with Dr. Vohra and the appointment of new members to open positions. In the first full year that IDPH oversees ICMHP, it plans to integrate the work more fully with the CBHTI and other efforts that align with its goals.





**Goal One:**

Increase public awareness on all issues connected to child mental health and wellness to decrease stigma, promote acceptance, and strengthen children, families, and communities to identify needs and access support with resources and funding.

**Goal Two:**

Create a coordinating entity responsible for 1) conducting a comprehensive and cross-system needs assessment of programs, services, and policies that touch children's mental health; 2) monitoring and assessing spending on all child and family mental health and wellness services to determine scope and effectiveness; and 3) fostering innovation of adaptive and new practices to improve children's mental health.

**Goal Three:**

Develop, maintain, and ensure ongoing monitoring of a hub of programs, services, and policies easily accessible to the public to assist with navigation, resources, and funding.

**Goal Four:**

Grow, retain, diversify, and support the child-serving workforce, with special emphasis on professional development around child and family mental health and wellness, and services and supports to address needs.

**Goal Five:**

Fund the design, implementation, and evaluation of system of care strategies that prevent and treat mental health concerns and mitigate trauma by more effectively delivering services.

# The 2022-2027 Illinois Children’s Mental Health Plan: A Progress Update

ICMHP and its organizational partners began a process to update the Children’s Mental Health Plan in 2021, which was released in May 2022 during Children’s Mental Health Awareness Week after a 17-month development process. The plan outlined five goals to improve children’s mental health throughout Illinois. The plan informed the development of the CBHTI Blueprint for Transformation report, which was under development in 2022, and consequently reflects the plan’s goals. The progress that has continued on each goal of the plan throughout the transition of ICMHP to IDPH in 2024 is described under each goal below.

## Goal One:

Increase public awareness on all issues connected to child mental health and wellness to decrease stigma, promote acceptance, and strengthen children, families, and communities to identify needs and access support with resources and funding.

Public awareness of children’s mental health issues is critical to prevention. Progress has been made toward this goal through ICMHP and IDPH’s partnership with the CBHTI and the launch of BEACON in 2024, through new legislation and initiatives that align awareness across sectors, and through IDPH projects that promote decreasing stigma and strengthening communities.

ICMHP and IDPH have been honored to partner with Dr. Dana Weiner, chief, Children’s Behavioral Health Transformation Initiative, and her team since they started to bring together the six child-serving state agencies to reimagine children’s behavioral health. Established in 2022 to address rising youth mental health service needs, the CBHTI focuses on closing gaps in behavioral health services for children. Together with state agency partners, external stakeholders, youth, and parents/guardians, they enhance seamless and efficient services for families, helping create a more unified system of care.

In the Blueprint for Transformation report, the CBHTI included 12 recommendations to improve children’s behavioral health in Illinois. The centerpiece of the plan, the development of a centralized care portal for families seeking services, called BEACON, was launched in August 2024. This standalone website connects families to people, programs, and services. IDPH has played a lead role among the state agencies in developing communications regarding the launch of BEACON. Its efforts aim to boost public awareness of this resource. BEACON will publicly launch in January 2025. ICMHP will promote this and other CBHTI initiatives throughout the year, including monitoring the information that can be collected from BEACON about the need for more services.

In addition to ICMHP’s work to support the CBHTI initiatives, members have been involved in implementing [P.A. 103-0413](#). It includes several children’s mental health issues related to schools and the recommendations of the [Whole Child Task Force](#). Notably, the law has helped move forward ICMHP’s desire under goal one to identify, define, and align key terms across sectors and services related to child and family mental health and wellness. The act legislated definitions in the school code for “trauma,” “trauma-responsive learning environments,” and “whole child.” Teachers are now required annually to train on these terms and how to use them with students. IDPH has supported the development of training available at no cost to educators for this requirement through funding from the Resilience Education to Advance Community Healing (REACH) program via its partnership with the Illinois State Board of Education (ISBE). Among other changes, the law also requires ISBE to release a Children’s Adversity Index in 2025 and for the Whole Child Task Force to reconvene no later than March 2027. IDPH staff and ICMHP members will be involved in both the index development and the task force’s work and look forward to the opportunity to streamline and coordinate efforts with these education initiatives.

**Goal Two:**

Create a coordinating entity responsible for 1) conducting a comprehensive and cross-system needs assessment of programs, services, and policies that touch children’s mental health; 2) monitoring and assessing spending on all child and family mental health and wellness services to determine scope and effectiveness; and 3) fostering innovation of adaptive and new practices to improve children’s mental health.

Much of the work of Goal Two continues under the leadership of Dr. Weiner and the CBHTI team. Pursuant to the updates in P.A. 103-0885, ICMHP will become an advisory body to the CBHTI moving forward. The CBHTI uses an implementation science approach to assess the needs of the field and move the 12 Blueprint recommendations forward. ICMHP receives updates from Dr. Weiner directly at meetings and partnered with her team to draft P.A. 103-0885 to transfer the work of ICMHP to IDPH. IDPH looks forward to continuing this relationship and enhancing future collaboration.

IDPH will be taking over the leadership of the implementation of Blueprint Recommendation 12 to strengthen community networks across the state and plans to leverage the expertise and knowledge of ICMHP along the way. Recommendation 12 involves fortifying community networks using local local leaders and parents and is an essential component of the efforts to improve children’s mental health. In years past, resource distribution for children’s mental health had been organized through local area networks (LANs), which have not been consistently implemented across the state. While other types of networks (e.g., System-of-Care grants, 708 Boards, and community-organized groups) have developed to meet this need, children’s mental health work needs a cohesive strategy to coordinate and better resource community-level leadership to serve residents to prevent or intervene in crises. The Illinois Department of Healthcare and Family Services (HFS) has previously supported implementing this recommendation. IDPH looks forward to working with the CBHTI, HFS other state agencies, and ICMHP to advance the goal of having a more coordinated system of community networks.

Goal Two of the ICMHP 2022-2027 plan also includes work to review and align the efforts of all programs, commissions, and task forces responsible for improving child and family mental health and wellness. IDPH and many ICMHP members participated in the [Healing Centered Task Force](#) in 2024 to help contribute to this effort. Chaired by Lt. Gov. Julianna Stratton and supported by her office, this group of content experts and state agency leaders met regularly to help push toward becoming a healing-centered state with the entire lifespan in mind. A report about the work of this task force is forthcoming. ICMHP will ensure efforts in 2025 consider the recommendations of this diverse and unique group.

**Goal Three:** Develop, maintain, and ensure ongoing monitoring of a hub of programs, services, and policies easily accessible to the public to assist with navigation, resources, and funding.

Goal Three of the Children’s Mental Health Plan is being implemented through the work of the CBHTI, across Blueprint Recommendation one (centralized care portal BEACON) and four (statewide resource referral tool). Additionally, IDPH’s programs will begin to be more integrated with ICMHP.

BEACON, the care portal called for by the Blueprint, was publicly announced in January 2024. It is undergoing a phased implementation rollout and will publicly start in January 2025. ICMHP members have been testing BEACON and helping to spread the word to appropriate audiences, including state agency partners and school support personnel. ICMHP will monitor BEACON’s progress to further improve the state’s understanding of the need and capacity for children’s mental health services and treatment. In 2025, ICMHP will support BEACON’s public launch and work with the CBHTI to raise awareness of this new tool for families.

Recommendation four from the Blueprint calls for developing a statewide resource referral tool. This is closely related to the Children’s Mental Health Plan’s third goal and is currently being led by HFS. HFS will procure and develop a resource referral tool that leverages federal dollars to provide a consistent approach to linking people seeking mental or behavioral health services to community-based outpatient care, including care that helps prevent crises or the need for inpatient care in the future. ICMHP will partner with CBHTI and HFS to help realize this recommendation in the coming months and years.

IDPH will ensure alignment and cohesiveness of its children’s mental health programming with ICMHP and CBHTI goals. The IDPH Office of Health Promotion has supported progress toward Goal Three of the Children’s Mental Health Plan through grant programs bolstered by federal funding. IDPH received the Garrett Lee Smith State/Tribal Youth Suicide Prevention Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2022. Through this grant, IDPH was able to fund the expansion of depression screening in school-based health centers to Douglas County Health Center, technical assistance for suicide prevention efforts to DuPage High School District 88, timely referrals of students identified at-risk to AllianceChicago, and training to identify students at risk for suicide to Prevention First. ICMHP looks forward to learning more about the impact of these IDPH programs in 2025 and how they can inform the future work of the partnership.

**Goal Four:** Grow, retain, diversify, and support the child-serving workforce, with special emphasis on professional development around child and family mental health and wellness, and services and supports to address needs.

ICMHP members are interested in developing goal four of the Children’s Mental Health Plan, as the workforce is essential to supporting all other goals in the plan. Progress has been made toward this goal across the state. The [Behavioral Health Workforce Center](#), begun in 2023, is working to increase Illinois’ capacity to recruit, educate, and retain behavioral health professionals. Progress also continues through the [Community Behavioral Health Care Professional Loan Repayment Program](#), which advances and supports the state’s behavioral health workforce. It received an appropriation in fiscal2025 of \$7.5 million. ICMHP plans to collaborate and partner with both programs in 2025 to ensure alignment and coordination of the efforts, including that programs grow their focus on the infant-, child- and youth-serving workforce.

IDPH supports many aspects of children’s mental health workforce development, and across 2025, these efforts will be integrated more fully with ICMHP and CBHTI goals. The CBHTI team is focused on building pathways to recruit, train, and certify parents and peers to become mentors, trainers, advocates, and in-home support for families to augment the behavioral health workforce with paraprofessional support. This has required of examining and refining state training resources and requirements in partnership with the state agencies (Illinois Department of Human Services and HFS) that prepare these individuals to work with youth.

The IDPH Office of Women’s Health and Family Services has supported progress toward Goal Four of the Children’s Mental Health Plan through grant programs related to professional development about child, youth, and family mental health issues and through school health centers that provide treatment directly to students and families. These grants were sourced from American Rescue Plan Act funds. Grants were provided across 2023 and 2024 to schools, community-based organizations, and school health centers that focused on preventing adverse childhood experiences, enhancing post-COVID-19 recovery for mental health needs in schools, and providing treatment to students within school health centers. Many grantees spent funds on training programs for staff to equip them better to respond to student needs, while others reached students with a treatment directly. ICMHP looks forward to learning more about the impact of these unique one-time grants in 2025 and how they can inform the future work of the partnership.

IDPH also partners in the Pediatric Mental Health Care Access (PMHCA) program. This program addresses gaps in pediatric mental health care services and strengthens the workforce of pediatric mental health care providers. Many regions of Illinois experience shortages of pediatric mental health care providers, with patients forced to wait for care or to travel far from their homes for appointments. PMHCA has worked to address provider shortages by expanding the reach of DocAssist, a remote consultation service that provides information and support on the detection, diagnosis, and treatment of mental and behavioral health conditions to pediatric health care providers. This allows providers to treat more patients with mental health conditions and to provide more robust and evidence-based care. In addition to remote consultation services, PMHCA has partnered with the Illinois Chapter of the American Academy of Pediatrics to train pediatric care providers on mental health conditions and treatment in this population. ICMHP will continue to collaborate with PMHCA partners to further expand the impact of their work in 2025.

**Goal Five:**

Develop, maintain, and ensure ongoing monitoring of a hub of programs, services, and policies easily accessible to the public to assist with navigation, resources, and funding.

Goal Five of the Children’s Mental Health Plan is ongoing through CBHTI and its efforts to improve the overall system of children’s behavioral health care. ICMHP looks forward to continued collaboration among its members, Dr. Weiner, the CBHTI team, the Office of the Governor, and the other five child-serving state agencies. The level of coordination among these partners has been impressive, and more information on the impact of this work will be available in forthcoming reports.



## Youth Council Recommendations

Praxis Institute and CCR co-facilitated the 2024 ICMHP Youth Council from April to June 2024. The council included four youth participants and one representative from a community-based organization. The council met five times, including a culminating presentation to the appointed members of the ICMHP at the group's summer quarterly meeting on June 23, 2024.

The council recommendations focus on synthesizing overlapping themes between the council's charge as stated in 405 ILCS 49/5 b-5 and the Resilience-Supportive Schools Illinois (RSSI) Initiative. In 2023, two youth councils were charged with making recommendations related to student mental health: the 2023 ICMHP Youth Council and the Youth Sub-Committee of the RSSI Advisory Council. The RSSI Youth Sub-Committee was tasked with collecting and integrating youth perspectives and recommendations for the emerging RSSI initiative to promote the adoption of strategies to support the mental health and well-being of students in K-12 schools. The 2024 council participants concentrated on reviewing and producing the recommendations from these earlier youth efforts, which have many connections to the Children's Mental Health Plan and the work of ICMHP. A slide deck from the June 23, 2024, Youth Council's presentation to ICMHP is available in Appendix 2. Three youths participated in presenting this information.

### The following are the 2024 ICMHP Youth Council Recommendations:

1. Empowering Youth: Integrate youth perspectives in leadership roles and program development.
2. Cultural Responsiveness: Implement DEI initiatives and culturally attuned mental health resources in schools.
3. Mental Health Prioritization: Normalize access to mental health support through screenings, training, and designated programs.
4. Community Engagement: Strengthen partnerships between schools, families, and local communities to support holistic development.
5. Restorative Justice: Promote restorative approaches in addressing student behavior, fostering healing, and accountability.

Youth Council members arrived at these recommendations through their work to combine the ICMHP youth council's charge and RSSI's values. Youth representation and inclusion are central themes in both the council and RSSI's approaches, emphasizing the value of student voices in shaping educational and mental health policies. The council advocates appointing youth members and launching inclusive campaigns addressing diverse identities, such as LGBTQ+ mental health initiatives. Similarly, RSSI underscores the importance of amplifying student voices to foster a sense of belonging, ensuring fair representation in policymaking, and tailoring programs to students' needs.

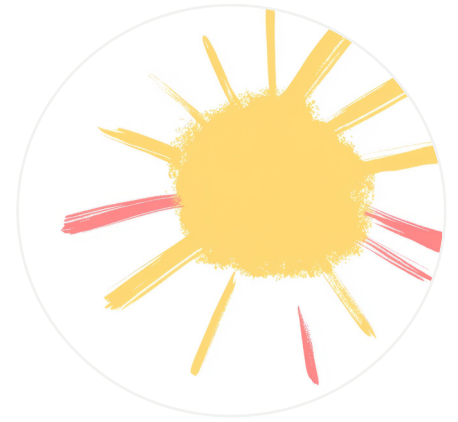
Both initiatives prioritize mental health support and equity, advocating for culturally responsive and accessible resources to address systemic disparities. The youth council supports expanding trauma-informed training for staff, mental health screenings, and tailored counseling services to meet diverse needs. At the same time, RSSI focuses on consistent mental health resources, safe spaces, and staff trained in trauma responsiveness. In terms of equity, both stress the importance of anti-discrimination measures, such as diversity, equity and inclusion training, culturally responsive curricula, and teacher accountability, to combat systemic inequities and create inclusive learning environments.

Finally, both the 2024 council and the underlying values of RSSI recommend restorative and community-based practices as alternatives to punitive measures. The council supports holistic approaches like restorative justice circles to address behavioral issues, while RSSI emphasizes their proactive use in building trust and community among students and staff. The council and RSSI also address socioeconomic challenges by advocating for equitable funding and resources for low-income communities. Both agree on the importance of empowering youth in leadership roles, normalizing mental health support, fostering cultural responsiveness, and strengthening partnerships with families and local communities to promote holistic development.

IDPH will continue to partner with CCR and the 2025 youth council to reflect on these recommendations and offer updates and recommendations in the coming year.

## Conclusion and Future Outlook

Illinois has much to be proud of regarding the progress of children’s mental health under the leadership of Governor Pritzker and Dr. Weiner. IDPH is delighted to partner and support these efforts by overseeing the future of ICMHP, including the youth council. The following are action items and considerations for the direction of ICMHP’s work in 2025 and beyond:



1. ICMHP will vote on new bylaws in early 2025 as the partnership is more fully integrated in IDPH.
2. ICMHP will integrate its work and actions with existing and ongoing children’s mental health efforts, including the CBHTI, initiatives at IDPH, workstreams at other state agencies, and nationally emerging best practices. While efforts have been streamlined since the 2023 release of the Blueprint report, there are still siloed efforts that could be better aligned. Prevention and early intervention models of service will be a focus of ICMHP’s collaborative efforts.
3. ICMHP will work with IDPH and its senior advisor to the director on fortifying community networks for children’s behavioral health care, as is described in recommendation 12 of the CBHTI Blueprint report. IDPH and the CBHTI will leverage ICMHP’s expertise to build a strong strategy for community networks moving forward into FY26 to build a lasting network of local support.
4. ICMHP will focus in 2025 on a data-driven approach to centering social determinants of health, diversity, equity, inclusion, and accessibility, including with the youth council. Diversity, equity, and inclusion are guiding values of IDPH and the Children’s Mental Health Plan, and there is room to integrate them more fully into ICMHP’s work during the last years of the current plan.

## Appendix 1: Children’s Mental Health Partnership Members

Paula Kristine Argue-Mason  
*Executive Director, Partnership for Resilience*

Lisa Betz  
*Deputy Director, Illinois Department of Human Services*

Dr. Christina Bruhn  
*Associate Professor of Social Work/Co-Director of Assessment, Aurora University*

Dr. Tiffany Burnett  
*Executive Director, Safe and Healthy Climate, Illinois State Board of Education*

Dr. Colleen Cicchetti  
*Executive Director, Center for Childhood Resilience, Ann and Robert H. Lurie Children’s Hospital of Chicago*

Wendy Cohen  
*Office of the Attorney General*

State Rep. Will Davis

State Sen. Don DeWitte

Andrea Durbin  
*Chief Executive Officer, Illinois Collaboration on Youth*

State Sen. Laura Fine

Carol Gall, Executive Director, Sarah’s Inn

Gaylord Gieske

Cynthia Goodman  
*School Social Worker, Chicago Public Schools*

Eugene Griffin

State Rep. Angelica Guerrero-Cuellar

Heather Higgins Alderman  
*President and Chief Executive Officer, Illinois Children’s Healthcare Foundation*

Deborah Humphrey  
*Executive Director, Madison County Mental Health Board*

Alexa James  
*Chief Executive Officer, NAMI Chicago*

Jennifer Jaworski  
*Chief of Mental Health Services, Illinois Department of Juvenile Justice*

Ginger L. Meyer  
*Clinical Director, Children’s Medical and Mental Health Resource Network, Southern Illinois University School of Medicine*

Jennie Pinkwater  
*Chief Executive Officer, Illinois Chapter of the American Academy of Pediatrics*

Quinn Rallins

Carla Ripley  
*Your Story Counseling*

Joel L. Rubin  
*Executive Director, Illinois Chapter of the National Association of Social Workers*

Mary Satchwell  
*Illinois Association of School Psychologists*

State Sen. Dave Syverson

State Sen. Ram Villivalam

Sameer Vohra, M.D., Co-Chair  
*Director, Illinois Department of Public Health*

Marlita White  
*Chicago Department of Public Health*

State Rep. Patrick Windhorst

Paula Wolff  
*Illinois Justice Project*

**Appendix 2: June 23, 2024, Youth Council ICMHP Presentation**



## YOUTH VOICE ADJUNCT COUNCIL

### Youth Members

1. Alex Bogle (Macon/Central, IL)
2. Kaleb Goodlow (Rock Island/Northwest IL)
3. Atra Kachaochana (Cook / Northeast IL)
4. Michelle Morales (Cook / Northeast IL)
5. Arya Sreedhar (Sangamon County / Central IL)
6. Aydin Tariq (Coles / Southeast IL)

### Community Partner

- Sharday Hamilton, National Runaway Safeline Youth Fellow
- Confirmed Phase II Participants appear highlighted in green

### Facilitators

- Steven Rosado, The Praxis Institute
- Tara Gill, PhD, Center for Childhood Resilience, Lurie Children's

### Legislative Leader

State Senator Mike Simmons  
7th District

## PHASE II ICMHP YOUTH COUNCIL



Convened four ICMHP Youth Council Sessions (March – June, 2024)



Invitation to engage in Day of Advocacy in Springfield, May 15, 2024



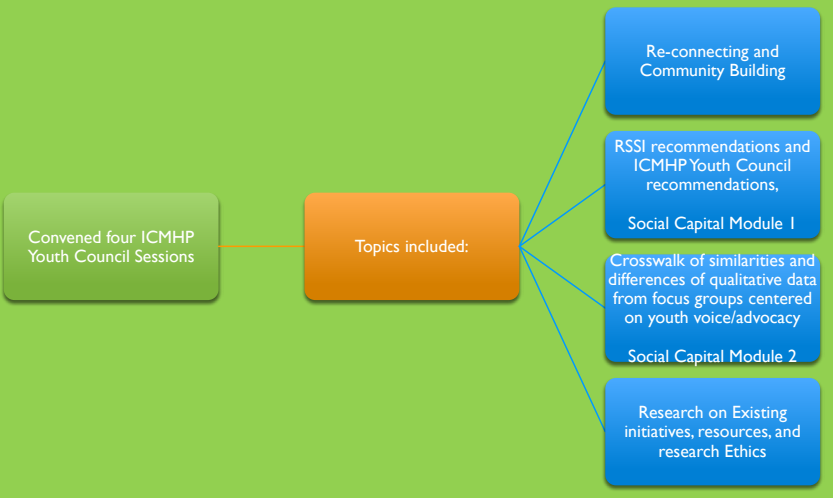
Modification of original recommendations, complete with research of initiatives within the state of Illinois and across other states (complete with small group work and coaching)



Shared options for next steps in Advocacy and Youth Mental Health work

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# PHASE II ICMHP YOUTH COUNCIL



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## MICHELLE MORALES



I am Michelle Morales and I use she/her pronouns and I am an incoming freshman at Bowdoin College! I enjoy playing volleyball, taking nature walks, listening to music, and hanging out with friends and family. I am excited to be part of the youth council because I want to make sure that youth voices are heard on issues that affect us the most. I care about making mental health resources being equally accessible to everyone and educating people about mental health, in especially black and brown communities where mental health is not commonly talked about.



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## ARYA SREEDHAR (SHE/HERS)



Arya Sreedhar is from Springfield, Illinois. She recently graduated from The Lawrenceville School in New Jersey and is an incoming freshman at Carnegie Mellon University. After her school community lost two students from suicide, she became deeply involved with mental health advocacy, focusing on how educational institutions can proactively support student wellbeing and foster inclusive, uplifting communities. Arya served as a prefect, offering support for underclassmen navigating high school. As a member of her school's Wellness Council, she helped to propagate wellness resources on campus and communicate important student issues to the school deans. Additionally, with a passion for performing arts, she is also exploring the intersection between arts and advocacy to understand personal stories and destigmatize conversations around mental health. Arya is honored to join the Illinois youth council to collaborate with other motivated young adults in creating a vision for robust mental health systems for youth by translating powerful experiences into policies that will shape the future they want to see.

## AYDIN TARIQ (HE/HIM)



Aydin is a high school activist, political organizer, researcher, and youth journalist focusing on gun violence prevention, LGBTQ+ rights, and mental health care. He joined the advisory board to help break down the institutionalized stigma surrounding mental health care, not only in the state of Illinois, but across the country.

## YOUTH REPRESENTATION IN POLICY - AYDIN TARIQ

**Recommendation:** As stakeholders in the decisions made by school boards, legislators, and policy makers, young people should be given active, accessible, and equitable positions to help implement policy for young people.

- A) **Education** Work with state legislators to add an appointed, voting, and paid under-eighteen member of the Illinois State Board of Education that can represent the youth of the State of Illinois in policy and curriculum development.
- B) **State social media campaign** designed by young people (13-25) to affirm all young people, regardless of sexuality, gender, ethnicity, race, religion, etc., with a focus on mental health. The goal of this campaign should be holistically focused, preaching equality for all students and opening a dialogue about division.
  - Campaigns like “Assume That I Can” that are ran by the campaign’s target audience are very successful at starting viral conversations and leading to more acceptance.
- C) **Represent** State Government “Youth Liaison” as a paid part-time position designated to lead discussions surrounding serving youth in our communities and heading up programs to prevent youth from being left out of youth conversations.
- D) **Advise** Invite more young people to serve on state boards and commissions that develop and advise policy making in Illinois, and ensure representation that includes youth of all races, ethnicities, sexual orientations, backgrounds, socioeconomic statuses, location, gender identity, religious affiliations, and more.

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## LGBTQ+ YOUTH MENTAL HEALTH - AYDIN TARIQ

**Recommendation:** Illinois State Leaders should work in conjunction with LGBTQ+-focused organizations, Illinois school districts, young people, and other state agencies to address the root causes of the LGBTQ+ mental health crisis and dispel misinformation.

- A) **Education** Work with state legislators and the Illinois State Board of Education to modernize and adapt our school curriculum to LGBTQ+ history in the civil rights section of history classes, and AIDS-HIV in Health and Sex Ed in Health class.
  - A survey involving children in California found that teaching about LGBTQ+ history and normalizing LGBTQ+ people led to a 15% decrease in bullying.
- B) **Training** Work in conjunction with school districts to fund a mandatory trauma-informed care class for school counselors that encompass LGBTQ+ affirming environments and dispelling misinformation. Certifications like SafeSpace training provide safe adults and educators for students in schools.
  - One accepting adult in a young queer person's life can reduce the risk of suicide by over 40%.
- C) **Creating an Affirming Environment** Working with educational institutions to provide LGBTQ+ affirming resources in classrooms and offices, including safe space stickers, pronoun listings, and more.
  - Providing an environment that is openly affirming of LGBTQ+ people greatly improves mental health and reduces risk of suicide. 8

## RECOMMENDATION- CULTURALLY RESPONSIVE MENTAL HEALTH IN SCHOOLS

**Recommendation:** Mental health in youth has deteriorated significantly with significant contributors being identity struggles, familial and community relationships, environmental changes, and social pressures. To mitigate the mental health crisis and support the holistic wellbeing of students, school should implement social and emotional learning opportunities, strengthen communities with DEI, increase access to mental health resources, train school staff, shift punitive policies to restorative policies, and consistently gauge students' mental health.

**A) School Staff Training:** The state should begin mandatory training programs for school staff focusing on recognizing symptoms of anxiety, depression, panic attacks, and stress in students. School staff should provide guidance on handling acute mental health circumstances in the classroom setting, and be equipped with crisis management plans that offer external help. DEI training should be included for school staff to understand diverse experiences when handling student mental health crises.

- A. QPR Training helps school staff recognize warning signs of suicide, reduce suicidal behavior, and help those at risk.
- B. Nova learning opportunities and content tools regarding diversity and inclusion for companies would address microaggressions, racism, and more, shedding light to the importance of culture and diverse experiences.
- C. No regulations currently exist to monitor or mandate mental health literacy training according to the Illinois Mental Health First Aid Training Act. The training is necessary and should be mandated to identify signs of anxiety, depression, handling panic attacks, and more.
- D. The state should implement restorative practices in schools following Chicago Public Schools, supporting social, educational, and academic development which can boost mental health, attendance, and test scores. Teachers must learn to how to conduct restorative justice practices in the classroom to support open conversation. This practice will strengthen student-teacher bonds and create a more understanding and safe environment in schools.

## RECOMMENDATION- CULTURALLY RESPONSIVE MENTAL HEALTH IN SCHOOLS

- B) Social Emotional Learning & Cultural Competence Development:** To help students most effectively meet the state's social and emotional learning standards and foster proper holistic development, schools should incorporate culturally response SEL curricula and program offerings for grades K-12, as well as DEI education and restorative justice practices to build community and spaces of inclusivity.
- A. School should implement formal SEL curricula provided by organizations such as Growing Leaders or CASEL and seek qualified professionals or certified staff to teach the courses. By focusing on developing self-awareness, self-management, social awareness, relationship skills, and responsible decision-making, students will shape their identities, learn to manage stress, understand others and their perspectives, and build communities that keep everyone's best interests at heart.
  - B. Schools should integrate DEI education and restorative practices into SEL curricula and general courses.
    - a. DEI education should include interactive opportunities such as the Harvard Implicit Bias tests for teachers to address biases and stereotypes, as well as students to better understand their personal attitudes and beliefs.
    - b. DEI initiatives should introduce more cultural awareness opportunities and celebrate significant traditions that shape schools' collective identities, ultimately building a sense of belonging and positively impacting emotional wellbeing. Guest speakers/performers should also be invited to showcase cultural and religious traditions.
    - c. Restorative justice circles can instill essential life skills, build community through open dialogue, process shared experiences, and more. We recommend organizing circles for the beginning, middle, and end of terms.
  - C. Schools should implement SEL opportunities both inside and outside the classroom for various grades.
    - a. K-5: SEL Through Art → Creative outlets to better understand emotions and learn essential life lessons/skills
    - b. K-8: SEL Through After-School Programming → A combination of programming, mentorship and fun to promote SEL
    - c. 9-12: SEL Through Mentorship Programs → A Peer Mentorship program that involves student representatives who build relationships with underclassmen to foster a positive school culture and help students solve real-life issues

## RECOMMENDATION- CULTURALLY RESPONSIVE MENTAL HEALTH IN SCHOOLS

**C) Expand Mental Health Screeners Pilot:** The state should expand the Wellness Checks in Schools Program to conduct regular assessments or “check-ups” to identify stressors affecting students' mental health of all K-12 students and not just 7th-12th graders. Similar to vision and hearing screenings, mental health screeners can prevent damage and save lives by identifying symptoms. Mental health screeners in school would make mental health resources more accessible and further destigmatize mental health.

**D) Illinois Mental Health Day & Mandated Mental Health Days:** All Illinois schools should designate a specific day within the academic year for mental health awareness. The state should also mandate a minimum of 5 mental health days without penalty separate from other health leaves of absence to encourage breaks and reduce stress for students.

- A. Illinois Mental Health Day: Similar to the [Chicago Public Schools Mental Health Summit](#), the state should introduce a day dedicated to mental health awareness to foster education around mental health to break surrounding stigmas, increase awareness in terms of accessibility of resources, build connections within immediate communities, and empower wellbeing through keystone speakers, wellness-related workshops, and student-led activities.
- B. Mandated Mental Health Days: Similar to the [Bill SB1577](#) guidelines, schools should allow for a minimum of 5 mental health days without penalty and separate from other health leaves. A school staff member should reach out to the student anytime a mental health day is taken and the student should be directed to mental health resources as needed.

## RECOMMENDATION- CULTURALLY RESPONSIVE MENTAL HEALTH IN SCHOOLS

**E) Access to Mental Health Resources and Culturally Responsive Care:** Students should have the opportunity to connect with a counselor that shares a similar identity, and if this is not possible, connect students to outside mental health resources and counseling through telehealth. The state should equip schools to implement mental health support groups of affinity, providing spaces for students to gather peer support with similar identities. The state should provide scholarships, incentives, and mentorship for counselors from underrepresented backgrounds to go into the profession. The state should also invest more money and resources into mental health support in schools and allocate the resources evenly through the state districts.

- A. The state should continue to pass bills similar to like (110 ILCS 952/) Mental Health Graduate Education Scholarship Act that provide paid opportunities, scholarships, and mentorships to incentive a diverse mental healthcare workforce. Representation in mental health is important because it can help people who grew up in a culture where mental health was stigmatized feel comfortable and safe to share with someone who grew up in a similar situation.
- B. The state should pass bills that relieve loans for mental health professionals to incentivize more people to enter the workforce (to address the counselor shortage.) One example introduced by Rep. Katko, John [R-NY-24 in the house stated “to amend the Public Health Service Act to authorize a loan repayment program for mental health professionals to relieve workforce shortages, and for other purposes.”
- C. Schools should appoint a mental health taskforce/representative for local school councils to report the wellbeing of the student body and voice recommendations needed for their schools regarding mental health.
- D. Schools should have outside mental health resources such as telehealth counseling options available for students by partnering with local health providers or companies such as Hazel Health, which offers care for all students and families with diverse, bilingual providers.
- E. The state should invest in mental health services for schools, as well as expand its reach and increase the number of schools to allocate resources and money to.

## RECOMMENDATION- CULTURALLY RESPONSIVE MENTAL HEALTH IN SCHOOLS

- F) Restorative Approaches for Disciplinary and Substance Abuse Policies:** Schools should develop and implement restorative practices and substance abuse programs that prioritize mental health and healing. Policies should shift from punitive measures to restorative approaches to focus on understanding underlying mental health issues, trauma, and stressors that contribute to harmful actions and substance abuse that identify and address the root causes behind a student's behavior.
- A. More schools such as Chicago Public Schools are adopting restorative approaches to school discipline, which focus on preventing conflict by fostering community in the classroom, and resolving disciplinary issues by encouraging students to accept responsibility and rebuild relationships. Restorative conversations help school officials understand student behavior and construct the best follow-up plan to repair the situation and provide the necessary support.
  - B. Along with school health curricula, schools should institute DARE Education programs taught by highly trained officers to teach students decision making for a safe and healthy life by addressing critical risks such as drugs & opioids, teen suicide, social media safety, vaping, and more.
  - C. Amnesty policies empower students to come forward and seek help by removing the threat of discipline. An amnesty policy should be established at schools and colleges for first-time substance abuse offenses. Similar to many colleges, schools should exercise amnesty policies when students seek help for themselves or fellow students.
  - D. School services and substance abuse programs should be offered following disciplinary action or substance use.
    - a. Schools should replace disciplinary punishments with restorative justice practices and follow-up support, such as mandated meetings with counselors and social emotional learning opportunities for development.
    - b. Schools should implement programs similar to the Certified Community Behavioral Health Clinics (CCBHC), offering opportunities for prevention, rehab intervention, or counseling for mental health and substance use.
  - E. All Illinois schools should have accessibility to naloxone. Naloxone (or narcan) can quickly reverse an overdose by blocking opioid effects and restore breathing within 2-3 minutes. Professional school nurses can carry and administer narcan as needed. As of January 2024, an IDPH order allowing schools to administer naloxone has been in effect.

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## NEXT STEPS FOR ICMHP YOUTH COUNCIL



Finalize document/artifact for ICMHP Youth Council



Developed Interest Form for next steps to be completed individually by Youth Council members



Send a care package, which includes books, coping workbook, and ICMHP branded items (e.g. water bottle, backpack, umbrella) in early July when all items will be distributed to members



Graduate current members and engage in recruitment and interviewing of new ICMHP Youth Council members (both youth members and community-based organization participants) within statute regulations



Introduction of MHL (MHL) Youth Advocacy Council (national-level)



Introduction of the Mental Health Literacy (MHL) Certification



Letter of participation/Certificate (arriving in July)



Share copy of the ICMHP End of Year report with the original recommendations (Phase I) and refinement of recommendations (Phase II)

Questions?



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Illinois Children's  
Mental Health  
Partnership