



Quarterly Meeting

Tuesday, January 26, 2021
10:00a – 12:00p

Minutes

Present by Zoom: Heather Alderman*(Illinois Children's Healthcare Foundation), Christina Bruhn (Aurora University School of Social Work), Colleen Cicchetti (Center for Childhood Resilience, Lurie Children's Hospital), Wendy Cohen (Illinois Attorney General's Office), Ray Connor (Mental Health America of Illinois), Andrea Durbin (Illinois Collaboration on Youth), Reshma Desai (Illinois Criminal Justice Information Authority), Karen Freel (Illinois Association for Infant Mental Health), Gaylord Gieseke (Illinois Childhood Trauma Coalition), Marie Heffernan* (SCHR Survey of Child Health in Chicago, Lurie Children's Hospital), Debbie Humphrey (Association of Community Mental Health Authorities of Illinois), Alexa James (NAMI Chicago), Jennifer Jaworski (Department of Juvenile Justice), Katelyn Kanwischer (Early Childhood and Home Visiting Initiatives, Lurie Children's Hospital), Kimberly Mann (Department of Child and Family Services), Carla Marquez Ripley (Your Story Counseling), Jen McGowan-Tomke* (NAMI Chicago), Julianna McHale (ICMHP Program Coordinator), Kate Peterson on behalf of Representative Karina Villa (D IL- 49), Jennie Pinkwater (Illinois Chapter, American Academy of Pediatrics), Joel Rubin (National Association of Social Workers, Illinois Chapter), Nneka Tapia Jones (Chicago Beyond), Sameer Vohra (SIU School of Medicine, ICMHP Chair), Amanda Walsh (ICMHP Director), Representative Patrick Windhorst (R IL- 118), Marlita White (Chicago Department of Public Health), Cara Wiley (ISBE), Paula Wolff (Illinois Justice Project)

**members of the public*

I. Introductions / Announcements

a. Approval of the October 2020 minutes

Andi Durbin motioned for the approval of the October minutes and Paula Wolff seconded the motion with a unanimous approval from the committee.

II. Project Updates

- a. Mental Health Consultation Projects**
- b. DMH Trauma Training Project**

Amanda reviewed the current projects, which included three mental health consultation projects and a DMH trauma training project. The mental health consultation projects are all wrapping up, including the finalization of the two evaluations led by Chapin Hall. If the evaluations are finalized in time, we will have them present at the April Quarterly Meeting. The effort to move the MIECHV project is continuing and the bulk of the direct service parts are moving out of ICMHP; two pieces will remain just for FY22 while the state continues to find permanent homes: the project overview role filled by Delreen Schmidt-Lenz and a couple of reflective learning groups.

The other project that just completed with the trauma training project with DMH. The project included five virtual trainings, which received very strong participation and we will be meeting with DMH over the next week or two. We are still looking to finish the final report of the project. The second component of this project was partnering with ICOY and utilizing their needs assessment process using their CBAT-0 tool. This tool was available to community mental health centers as part of this project to help provide trauma-informed services.

III. Children's Mental Health Plan

- a. Strategic Framework Options**
- b. Next Steps**

Amanda and Sameer led a powerpoint presentation offering different strategic framework options for the planning process and providing a brief overview of the history of the plan. The statute requires at least nine categories to be addressed and using a public health model of mental health. Originally thinking through an age-based framework, Amanda proposed returning to the original public health framework of prevention, early intervention, and treatment as the best way to work cross-systems and Sameer suggested adding the fourth bucket of social determinants of health. Each committee would be charged with creating a series of recommendations while also keeping in mind geography, public and private systems, life course/development, trauma, and diversity/equity/inclusion. Our goal is to create these recommendations from now until September and put them in front of government agencies to implement this.

Taking a step back, Sameer said he has had a series of conversations ever since he has jumped into the role as interim chair. Some of the big questions he wanted to begin to ask were: Where does ICMHP fit in 2021? How can we utilize our best assets? How can we create this vision and be mindful of already existing work that is happening? In 2003, children's mental health was not discussed in the same way it is now so we should embrace this since there is more attention around it. How do

we emphasize this cross-sector work simultaneously from pregnancy to mid-twenty years? Approximately 75% of mental health disorders are diagnosed by the age of 25 so we need to think more broadly. The beauty of the statute allows us to encompass the individual work we do, our focused interest with children, and cross-sector work.

Andi said she likes the addition of social determinants of health, which is key to child and family well-being. Paula agreed that she liked the framework. Heather asked how are we thinking of the systems and how do we make sure that these committees don't become their own silos so all the work is integrated? Amanda said she has struggled with the framework and thinking through how we try to include the most integration. We need to make sure each agency is being talked to at all levels and that they are talking to each other over the next 6 months when we bring everything back together so everything is integrated before presenting a plan to the state. Ray said we need to be thinking about it from a family's standpoint on how they would like those services integrated. An example of questions families may have include if their child is eligible for special education. This requires a lot of integration since families going into this system have no clue on expectations. No one is telling them which services they are eligible for. Who is responsible for giving families this information? Colleen also emphasized that we want to incorporate the youth voice. We want to include their voices and the work of the city in their recommendations on the pandemic and youth economic burdens.

From a strategic perspective, what are the critical points and priorities to be made? Wendy compared this plan to her work in sexual assault. With the help of other agencies, she identified challenges that victims of sexual assault faced. This also interfaced with law enforcement, prosecutions, and health systems. They got the players to the table, but it was close to a two-year project before they pivoted to the legislation piece. Sameer said the plan will lead to action with some legislative solution. He was happy to have Representative Villa and Windhorst on this call to get a sense from our legislative partners on how a plan fits in. This might be that we have the plan by end of this year, but that plan might need tweaking and legislative weight to move this forward. This is a conversation about the plan, but also the infrastructure can't just happen with people at the Partnership. We will need a lot of assistance and funding.

The group also discussed breadth vs depth. Debbie said we should prioritize and tackle two or three issues. It is better to be more focused on a couple of issues and invest time there. Paula said there is a significant decision to be made in discussing our resources and availability of resources. We need to figure out effective systems from the perspective of the family, which is likely to get resources invested in the system when presenting to the legislators. Or do we need more resources now? Where do we need more money? These conversations eat up a lot of time. She recommends that discussion after the policy and systemic changes. Carla said at this stage, with so many incredible and diverse groups represented, we should build on the plans already established from the Partnership. Christina said there are limitations in our scope of work. One thing that can help us is being guided by the mental health act, which includes very specific items pertaining to workforce, research, and quality of services. The integration of social and emotional learning should

be included. There are elements within that and we should apply each one to our domains, which is articulated in our framework.

We also need facilitation tools for these committees. This requires quick action in taking on big ideas for framing these issues. For example, in the prevention committee, what could we think about in terms of some entity of responsibility? We need to include metrics so we know where we want to go. For example, including a goal for better Kindergarten readiness. We would start with creating solutions that align with those metrics. Then, recommendations come after that. We want to know what we are measuring and create a program or a policy that goes along with that. Finally, we shift to building sustainability, which goes back to resources. We can be very intentional on the way that we do this. Heather recommended we consider hiring a facilitator and asked whether the Partnership is properly staffed? Sameer said they are ready to have those greater conversations as we rethink our budget. This is an ambitious plan that needs resources to carry it out. We will work through the budget.

As for the timeline, this plan would be in lieu of the annual report:

- Jan. 26, 2021: Propose Final Framework to Partnership
- February 2021: Establish Committees
- February – July 2021: Committees Meet (6 months)
- August – September 2021: Finalize New CMH Plan
- September 2021- Beyond: Partner with State of Illinois to implement new ICMHP Mental Health plan

After this meeting, Amanda said we will be sending a survey to everyone to gauge interest in chairing the committees, involvement with the committees, and recommendations for other people to be involved. to advance the meeting. Reshma said in the Illinois Heals meetings, they get feedback and then someone makes meaning of the feedback. Colleen asked if we should push the deadline back to December to the state. This is going to require a lot of effort and key voices so she would rather us get it right than do it fast. Sameer said because of the timeline and ambitious nature, we will spend that extra time in the pre-planning process. Even if a shortened report is published in September, we can have the comprehensive report coming out later. We wanted to make sure the framework was right first and then focus on the timeline and facilitators.

IV. Public Comments

No public comments were made.

V. Adjourn – Next Meeting – Tuesday, April 27, 2021 at 10 a.m.