



Children's Mental Health Plan

Steering Committee - Meeting #3

Wednesday, July 21, 2021

1:00p – 2:30p

AGENDA

Attendees by Zoom: Kristine Argue-Mason (Early Intervention Co-Chair), Regina Crider (Treatment Co-Chair), Julie Hamos (System Expert), Niya Kelly (Social Determinants of Health Co-Chair), Gudelia Lopez (WSS Consultant), Julianna McHale (ICMHP Program Coordinator), Barbara Shaw (System Expert), Kathy Swafford (Promotion and Prevention Co-Chair), John Walkup (Treatment Co-Chair), Amanda Walsh (ICMHP Director), Carol White (WSS Consultant), Kuliva Wilburn (WSS Consultant)

I. Welcome

a. Confirm committee meeting #4 – Tuesday, July 27 11:00a-12:30p

b. Workgroup composition finalization

Amanda discussed the workgroup composition and asked committee members to offer suggestions based on the following themes:

- **Hospital Representation**

Members agreed that more diverse hospital representation would be ideal. Julie shared that Lincoln Prairie is the largest, and Riveredge serves DCFS, and Streamwood, which are key hospitals seeing a lot of these issues. John provided a framework for how to think about hospital engagement:

- 1) An academic hospital that offers training and care such as UIC or RUSH
- 2) Private sector representation such as Rogers and Compass
- 3) State operated hospitals, which Julie stated there are none for kids in IL
- 4) Other institutional programs, such as residential programs programs for developmental disabilities

John also shared the following additional resource:

- [AACAP Illinois Specific](#)

The following specific issues related to the treatment workgroup were discussed:

- Reimbursement issues vs workforce
- Mental health parity
- Hospital incentives to ensure that end of the continuum is available

Amanda reminded the committee that we do need to be mindful of workgroup numbers, so we can ensure other voices through additional engagement processes if they are unable to be incorporated within the workgroups directly.

- **Faith Community**

Committee members discussed the need to have the faith community represented, noting their critical role in a family's healing journey when navigating systems. Members agreed we need interfaith representation and Kuliva suggested tapping in to faith conferences. Members were asked to send specific suggestions to ICMHP staff via email.

- **Mental Health Providers**

As part of the hospital representation discussion, committee members briefly discussed the need to fully represent mental health providers. Kathy discussed the use of social workers in mental health, which can help with access, but the lack of psychiatrists and psychologists that are specific to children and adolescents. She also discussed how telehealth can help with access, but also does not reach more rural communities. She noted that Jackson county just lost the only child and adolescent psychiatrist in Southern Illinois.

- **Community Facing (ie. Block clubs) and Youth and Family Voice**

Committee members discussed the need for community, youth, and family voice. Amanda highlighted that Mental Health America just released this week a report on youth mental health with several recommendations, including youth leadership. Niya emphasized the need to look at groups outside of Chicago and particular to youth homelessness suggested Project Oz in Bloomington Normal. Kathy also suggested Boys and Girls Clubs or 4H as great groups to include for community facing as well as youth and family. Gudelia suggested Illinois Families for Public Schools.

Julie said it is easy to identify problems with an inaccurate system however we should be looking for voices focused on solutions. Kuliva said WSS and the Partnership would lead the collating of recommendations and solutions as part of the Plan development process. John said that we could assess the needs by looking at this through a population health lens by using data to determine solutions and the scope of how big our mental health systems needs to be.

Regina said the Children’s Mental Health Act goes up to age 18, however it is very difficult for young adults to navigate from the child system into the adult system. Barbara said this should be a quick legislative fix. Amanda agreed and stated ICMHP has already been including the young adult population in efforts, initiatives, and documents in the last several years and this need will be explained in the report. John agreed that this expansion up to 26 was necessary since most psychiatric disorders appear by that age.

Kuliva added that EverThrive Illinois as another statewide organization with youth and family engagement. Barbara said Redeploy Illinois might be a good representative in terms of Juvenile Justice.

II. Theory of Change – Review and confirm edits

Kuliva discussed the revision of Theory of Change based on the suggestions during the last meeting. There were no further edits.

III. Landscape Analysis Review & Discussion

Kuliva discussed the Landscape Analysis and lead a discussion on next steps with the committee members. Julie suggested looking at HFS’ Pathways to Success and crisis services. Members also suggested identifying successful initiatives to measure effectiveness, then scale and replicate. A cost-benefit analysis should also be built in to the Plan, but we do not have the time or resources necessary to do this prior to the Plan being developed. Amanda reminded the committee that the Partnership also needs to adhere to statutory requirements in the Plan, which will be discussed more at the next meeting.

IV. Next Steps

The next Steering Committee meeting will be on **Tuesday, July 27 at 11 a.m.**