



## Quarterly Meeting

Tuesday, August 25, 2020

10:00a – 12:00p

Virtual Zoom Meeting

### Minutes

**Present by Zoom:** Christina Bruhn (Aurora University School of Social Work), Colleen Cicchetti (Center for Childhood Resilience, Lurie Children's Hospital), Michelle Churchey-Mims (CBHA), Wendy Cohen (Illinois Attorney General's Office), Betsy Clarke (Juvenile Justice Initiative), 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), Gene Griffin (ICMHP Chair), Katelyn Kanwischer\* (Early Childhood and Home Visiting Initiatives, Lurie Children's Hospital), Robin LaSota\* (DCFS), Allie Lichterman (Chief of Staff for Senator Ram Villivalam), Kimberly Mann (Department of Child and Family Services), Julianna McHale\* (ICMHP Program Coordinator), Jen McGowan-Tomke\* (NAMI Chicago on behalf of Alexa James), Ginger Meyer (SIU School of Medicine), 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), Mary Satchwell (Illinois School Psychologist Association), Sameer Vohra (SIU School of Medicine), Amanda Walsh\* (ICMHP Director), Representative David Welter (R IL-75 ), Paula Wolff (Illinois Justice Project)

*\*members of the public*

#### **I. Introductions / Announcements**

##### **a. Approval of June 2020 Quarterly Meeting Minutes**

ICMHP Chair Gene Griffin welcomed attendees and brought the meeting to order. A quorum was present, as defined by the ICMHP Bylaws. ICMHP Director Amanda Walsh asked for edits to the June 2020 Quarterly Meeting minutes, none were provided.

#### **II. Membership Updates**

##### **a. Introduction of New Appointed Members**

Partnership members were updated on the status of new appointments by the Governor. Four new appointments were made at the end of July, all individuals from the list of recommendations provided by ICMHP.

- Alexa James – Chief Executive Officer of the National Alliance on Mental Illness of Chicago (NAMI Chicago). Alexa had a conflict and was unable to join the meeting today. Jen McGowan-Tomke, Associate Director of NAMI Chicago, joined on behalf of Alexa. NAMI Chicago is a mental health advocacy organization providing support to individuals living with mental illness and also advocates for policy changes.
- Ginger Meyer – Clinical Director for the Children’s Medical and Mental Health Resource Network, a program at SIU School of Medicine. Ginger is also the Principle Investigator and Project Director of the Trauma Based Behavioral Health Fellowship, a Behavioral Health and Workforce Education and Training Grant (BHWET) funded by HRSA. She maintains a private practice and also oversees the psychosocial assessment and crisis counseling in the Southern Illinois region for children facing child maltreatment.
- Quinn Rallins – Director, Justice, Equity, and Opportunity (JEO) Initiative within the Lt. Governor’s Office. Quinn had a conflict and was unable to join the meeting today.
- Sameer Vohra – general pediatrician and founding chair of Department of Population Science and Policy at SIU School of Medicine. This department is just over two years old and its mission is to improve the wellness of residents in southern Illinois, serving 66 counties, by focusing on public health sciences and community based practices. They also educate medical students around health systems with a special emphasis on children and family.

### **III. Demonstration Project Updates**

Partnership members were provided updates on the current ICMHP demonstration projects. Four of the projects focused on mental health consultation in various settings; three of these projects are ending.

- Bright Promises Mental Health Consultation (MHC) in After-School Programs – ended in June, culminating in a manual for after-school programs. ICMHP staff will work with Illinois AfterSchool Network to distribute to the programs that participated in the project and then have available online through ICMHP and IAN website
- IDPH MHC project – three-year-grant, second year (which is the implementation year) just ended in June. This project is being evaluated by Chapin Hall and will conclude at the end of this year.
- MIECHV MHC – this project is continuing for FY21 with Katelyn Kanwischer leading these efforts.
- MHC Initiative – the pilots are completed as of August 1 and Chapin Hall will complete their evaluation by December. This Initiative has been led by ICMHP for over five years and will now be supported by the state. Through GEERS funding (emergency funding from the Governor’s Office in response to COVID-19), two positions are funded for one year at the Governor’s Office of Early Childhood Development to support this work.

Partnership members were also updated on a new demonstration project that started in July. DHS/DMH approached ICMHP to provide trauma trainings to Community Mental Health Centers (CMHCs) serving areas hit hardest by COVID-19 and social unrest. The funding was dedicated by the Black Legislative Caucus.

ICMHP will work with ICTC members, including CCR and ICOY, to provide five trainings through December 2021 and also conduct a needs assessment and survey to inform the overall Children's Mental Health Plan being developed by ICMHP.

The final project currently active is the Juvenile Competency to Stand Trial workgroup. The workgroup was revived when a 9-year-old was charged with five counts of murder after a fire had killed some of his family members last year; ICMHP originally pursued similar legislation in 2012/2013. ICMHP convened an exploratory group in November to determine if this should be pursued again and the group decided to draft new legislation over the next year. The group was put on hold due to COVID-19, but began meeting again mid-August. ICOY has agreed to support the bill when it is ready. Amanda will share a draft of the bill with Partnership members once it is complete.

#### **IV. 2020 Annual Report**

##### **a. Review: Updates to Last Year, COVID-19, Systemic Racism**

##### **b. Input: Recommendations**

The Partnership reviewed the latest draft of the ICMHP 2020 Annual Report, due to the Governor on September 30, 2020. The report is focused broadly on the impact of COVID-19 and systemic racism on children's mental health. After walking through the draft, Partnership members discussed potential edits and recommendations:

- **Overall:** Sameer Vohra recommended that the report include disclaimer statements on how much we still don't know about many of the issues highlighted in the report and how things can change daily.

Colleen Cicchetti suggested that ICMHP be the place to assist the state in thinking through all these issues impacting children and their families, especially as ICMHP uses a public health approach to mental health. Jennie Pinkwater agreed with this suggestion and that this is an opportunity for the Partnership as state agencies are stressed to provide support. ICMHP can be the table for all the agencies to collaborate.

Colleen also noted that the language in the report should focus more on person-first language; for example, stating children impacted by poverty instead of impoverished children. Colleen and her team at CCR have been looking at the use of language and can provide support on updating the report.

Paula Wolff suggested a general statement at the beginning of the recommendation section express the clear and dramatic ambiguity around all of these issues and policy decisions; that this ambiguity and pressure is in of itself exacerbating mental health issues for families.

- **Education:** Andi Durbin emphasized that COVID-19 is exacerbating existing inequities in education and losses of resources; for example, the disadvantaged have experienced a lack of access to technology where they may only have a telephone, which is not sufficient for class work. Suggestion to address how to address this gap in the recommendations.

Jennie agreed with Andi and suggested that a focus on the chronic disparities in education is a good place for ICMHP to weigh in. Just in the spring, ICAAP physicians noted children were receiving no supports from the school systems, especially for kids with special education services. There is great concern for younger children, kids with IEPs, and kids in unsafe homes stuck at home. We should be having conversations with across sectors now to prepare for helping children moving forward, we missed the boat on the current semester.

**For recommendations,** Gene asked if ICMHP should take a position on virtual or in-person learning during the pandemic. Ray Connor stated the report should highlight the developmental issues that arise from schools being closed and continued isolation for youth. He also noted that many private and Catholic schools area opening, so they could be a useful comparison.

Colleen agreed with Jennie's comments about emphasizing the great disparities for children with chronic illnesses; for example, she heard of one child with spina bifida who had gained the ability to walk through the services provided at school, but lost that ability when schools shut down from the pandemic and services stopped. Colleen suggested that rather than ICMHP taking a position on opening or virtual, ICMHP can highlight the mental health and physical health concerns and disparities and the need for coming up with unique solutions to meet their needs; for example, Rockford schools are open on Wednesdays for children with IEPs.

Ginger Meyer noted that we should also highlight that schools and communities are resilient and each school and community has different needs and ways to respond to these issues; for example, schools in her area have provided remote, blended, and in-person options to families. These decisions should keep in mind what we understand from neurobiology, that kids cannot learn when they are experience fear or anxiety; that social emotional needs and connections will help kids learn.

**For recommendations,** Gene asked if ICMHP should take a position on the use of police (school resource officers or SROs) in schools, noting that this is a hot and controversial issue. Paula Wolff stated that if ICMHP does address SROs, it needs to be done with a clear direct connection to children's mental health. Karen Freel agreed with the need to focus the SRO conversation on children's mental health and that if there are SROs in school, training for SROs should include training on children's mental health and trauma.

Betsy Clarke emphasized that systems of racism has a direct impact on SROs and should be included in any analysis, including how this environment is utilizing a punitive approach to conflict resolution rather than helping youth.

Joel Rubin suggested that the report highlight the groundswell of youth speaking out about SROs and demanding change; that youth are clearly stating they want policy out of schools.

Andi stated that ICOY has released a statement supporting the removal of policy from schools.

Colleen agreed that this is a difficult and controversial issue that has a clear public health impact on children and communities, so it is not a stretch for the Partnership to highlight concerns in this area and its disparities. She also agreed that highlighting the youth voice is important; VOYCE has the

Rethinking Safety Campaign and Mikva's Youth Health Council released recommendations that can be used for the annual report.

Colleen further stated the need for this conversation to evolved to a larger system issue that is not just about police; for example, teachers do not have the training and support they need and they are the ones frequently calling 911 and the police to help deal with kids. Any approach needs to be comprehensive to address the roles of everyone in the schools. Colleen recommends that ICMHP shouldn't chose one side over the other, but focus on the mental health impact and need for comprehensive solutions to meet the unique needs of communities.

Ginger agreed that the entire education team needs to be part of the solution and include training on child trauma for the entire team, including SROs. There needs to be more training on child/adult relationship building and implicit bias.

- **Child Welfare:** Andi discussed the disproportionate impact of the child welfare system on children and women of color: they are taken in to care at much greater rates for much longer and they are returned home at lower rates and age out of the system more frequently. This has a lifelong impact of trauma. Although the call volume has decreased with COVID-19, intake numbers are holding steady. The report should acknowledge these disproportionate impacts.

Kim Mann stated that the Family First efforts should be detailed in the report. The Family First vision statement includes aspirational things to highlight and focus on and we need to figure out how to partner with DCFS sister agencies. The recommendations should emphasize collaborations on racial equity and strengthening families.

Ginger noted that in the southern part of the state, they have seen a reduction of overall calls to their agency, but they have seen an increase in volume for serious injury and deaths. She emphasized the need to highlight concerns for vulnerable children and families with no support and the report should address this issue of caregivers with even less support now: what kinds of mental and behavioral health options are being offered to those who are isolated?

- **Health:** Andi discussed the challenge of not knowing the long-term effects of COVID-19 on children. For example, children who survived polio encountering post-polio syndrome much later in life, those with chicken pox get shingles decades later. The report should acknowledge how little we know about long-term impacts.

Sameer agreed that we don't know enough for the medical pieces. Children for the most part are not showing symptoms because the schools shut down immediately and they have been sheltering in place; we also don't yet have the testing and valid screening tools for this age group. The CDC report released in mid-August highlighted that there were 100,000 new cases of positive tests for children in last two weeks of July. The report should reference the concerns about delays/drops in annual health appointments, less help with chronic disease, lowered rates of general vaccinations – these items don't work for telehealth. We know that neglect to caring for physical health with detrimentally impact mental health.

- **Juvenile Justice:** Paula discussed the Governor’s recent announcement of reforms for the Department of Juvenile Justice, including closing the five remaining juvenile prisons and creating smaller rehabilitation sites closer to youth’s communities. This should be highlighted in the report.
- **Systemic Racism:** Andi applauded the report draft for being so explicit in calling out the issues around systemic racism and its impact on children. Joel agreed, commending Gene and Amanda for a report that is very different from previous ICMHP reports.

Paula recommended that in addition to talking about the need for parents to teach their children, we should also include other caregivers (perhaps thinking about it as a parallel to mandated reporting). This includes schools. Robin LaSota agreed with Paula and added that health services should also be having these conversations. Karen agreed as well, it is worth mentioned that even though we may not be consciously teaching racism, implicit bias is still operating, within schools, health, etc.

## **V. Children’s Mental Health Plan**

Partnership members discussed the ICMHP’s requirement to have a Children’s Mental Health Plan; this was completed when ICMHP was originally created in 2003, but it has not been updated. One of ICMHP’s deliverables this year will be to create a new plan and this process will begin after the completion of the annual report. The statute currently includes nine areas to address and Partnership members will be asked for their input on these nine areas before the next Quarterly meeting on 10/27.

Andi suggested that ICMHP keep re-framing this not just as children’s mental health, but as overall well-being and that ICMHP might be the place to provide a consistent narrative around children, age, well-being, and how different systems look at these issues differently. Gene agreed that we should think about these issues and the government’s role. Karen added that in her role as chair of the early childhood committee, she will consult with Gaylord about recommendations for early childhood to bring to the larger group. Ray emphasized that we need to cover the needs of older children; historically, the Partnership has been very focused on young children, but we need to look at parents and teenagers.

## **VI. Other Updates**

No other updates were provided.

## **VII. Public Comments**

No public comments were made.

## **VIII. Next Quarterly**

a. **Tuesday, October 27, 2020 from 10 a.m. - 12 p.m.**

## **IX. Adjourn**