



Rep. Natalie A. Manley

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1 AMENDMENT TO SENATE BILL 3889

2 AMENDMENT NO. _____. Amend Senate Bill 3889 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Children's Mental Health Act of 2003 is
5 amended by changing Sections 1, 5, and 15 as follows:

6 (405 ILCS 49/1)

7 Sec. 1. Short title. This Act may be cited as the
8 Children's Mental Health Act ~~of 2003~~.

9 (Source: P.A. 93-495, eff. 8-8-03.)

10 (405 ILCS 49/5)

11 Sec. 5. Children's Mental Health Partnership; Children's
12 Mental Health Plan.

13 (a) The Children's Mental Health Partnership (hereafter
14 referred to as "the Partnership") created under Public Act
15 93-495 and continued under this amendatory Act of the 102nd

1 General Assembly shall advise State agencies on designing and
2 implementing short and long-term strategies to provide
3 comprehensive and coordinated services for children from birth
4 to age 25 and their families with the goal of addressing
5 children's mental health needs across a full continuum of
6 care, including social determinants of health, prevention,
7 early identification, and treatment. The recommended
8 strategies shall build upon the recommendations in the
9 Children's Mental Health Plan of 2022 and may include, but are
10 not limited to, recommendations regarding the following: ~~The~~
11 State of Illinois shall develop a Children's Mental Health
12 Plan containing short term and long term recommendations to
13 provide comprehensive, coordinated mental health prevention,
14 early intervention, and treatment services for children from
15 birth through age 18. This Plan shall include but not be
16 limited to:

17 (1) Increase public awareness on issues connected to
18 children's mental health and wellness to decrease stigma,
19 promote acceptance, and strengthen the ability of
20 children, families, and communities to access supports.
21 ~~Coordinated provider services and interagency referral~~
22 ~~networks for children from birth through age 18 to~~
23 ~~maximize resources and minimize duplication of services.~~

24 (2) Coordination of programs, services, and policies
25 across child serving State agencies to best monitor and
26 assess spending, as well as foster innovation of adaptive

1 ~~or new practices. Guidelines for incorporating social and~~
2 ~~emotional development into school learning standards and~~
3 ~~educational programs, pursuant to Section 15 of this Act.~~

4 (3) Funding and resources for children's mental health
5 prevention, early identification, and treatment across
6 child serving State agencies. Protocols for implementing
7 screening and assessment of children prior to any
8 admission to an inpatient hospital for psychiatric
9 services, pursuant to subsection (a) of Section 5-5.23 of
10 the Illinois Public Aid Code.

11 (4) Facilitation of research on best practices and
12 model programs and dissemination of this information to
13 State policymakers, practitioners, and the general public.
14 ~~Recommendations regarding a State budget for children's~~
15 ~~mental health prevention, early intervention, and~~
16 ~~treatment across all State agencies.~~

17 (5) Monitor programs, services, and policies
18 addressing children's mental health and wellness.
19 ~~Recommendations for State and local mechanisms for~~
20 ~~integrating federal, State, and local funding sources for~~
21 ~~children's mental health.~~

22 (6) Grow, retain, diversify, and support the
23 child-serving workforce, with special emphasis on
24 professional development around child and family mental
25 health and wellness services. Recommendations for building
26 a qualified and adequately trained workforce prepared to

1 ~~provide mental health services for children from birth~~
2 ~~through age 18 and their families.~~

3 (7) Support the design, implementation, and evaluation
4 of a quality-driven children's mental health system of
5 care across all child services that prevents mental health
6 concerns and mitigates trauma. ~~Recommendations for~~
7 ~~facilitating research on best practices and model~~
8 ~~programs, and dissemination of this information to~~
9 ~~Illinois policymakers, practitioners, and the general~~
10 ~~public through training, technical assistance, and~~
11 ~~educational materials.~~

12 (8) Improve the system to more effectively meet the
13 emergency and residential placement needs for all children
14 with severe mental and behavioral challenges.
15 ~~Recommendations for a comprehensive, multi faceted public~~
16 ~~awareness campaign to reduce the stigma of mental illness~~
17 ~~and educate families, the general public, and other key~~
18 ~~audiences about the benefits of children's social and~~
19 ~~emotional development, and how to access services.~~

20 ~~(9) Recommendations for creating a quality driven~~
21 ~~children's mental health system with shared accountability~~
22 ~~among key State agencies and programs that conducts~~
23 ~~ongoing needs assessments, uses outcome indicators and~~
24 ~~benchmarks to measure progress, and implements quality~~
25 ~~data tracking and reporting systems.~~

26 ~~(10) Recommendations for ensuring all Illinois youth~~

1 ~~receive mental health education and have access to mental~~
2 ~~health care in the school setting. In developing these~~
3 ~~recommendations, the Children's Mental Health Partnership~~
4 ~~created under subsection (b) shall consult with the State~~
5 ~~Board of Education, education practitioners, including,~~
6 ~~but not limited to, administrators, regional~~
7 ~~superintendents of schools, teachers, and school support~~
8 ~~personnel, health care professionals, including mental~~
9 ~~health professionals and child health leaders, disability~~
10 ~~advocates, and other representatives as necessary to~~
11 ~~ensure the interests of all students are represented.~~

12 (b) ~~The Children's Mental Health Partnership~~ (hereafter
13 ~~referred to as "the Partnership") is created. The Partnership~~
14 shall have the responsibility of developing and updating the
15 Children's Mental Health Plan and advising the relevant State
16 agencies on implementation of the Plan. The Children's Mental
17 Health Partnership shall be comprised of the following
18 members:

19 (1) The Governor or his or her designee.

20 (2) The Attorney General or his or her designee.

21 (3) The Secretary of the Department of Human Services
22 or his or her designee.

23 (4) The State Superintendent of Education or his or
24 her designee.

25 (5) The Director of the Department of Children and
26 Family Services or his or her designee.

1 (6) The Director of the Department of Healthcare and
2 Family Services or his or her designee.

3 (7) The Director of the Department of Public Health or
4 his or her designee.

5 (8) The Director of the Department of Juvenile Justice
6 or his or her designee.

7 (9) The Executive Director of the Governor's Office of
8 Early Childhood Development or his or her designee.

9 (10) The Director of the Criminal Justice Information
10 Authority or his or her designee.

11 (11) One member of the General Assembly appointed by
12 the Speaker of the House.

13 (12) One member of the General Assembly appointed by
14 the President of the Senate.

15 (13) One member of the General Assembly appointed by
16 the Minority Leader of the Senate.

17 (14) One member of the General Assembly appointed by
18 the Minority Leader of the House.

19 (15) Up to 25 representatives from the public
20 reflecting a diversity of age, gender identity, race,
21 ethnicity, socioeconomic status and geographic location,
22 to be appointed by the Governor. Those public members
23 appointed under this paragraph must include, but are not
24 limited to:

25 (A) a family member or individual with lived
26 experience in the children's mental health system;

1 (B) a child advocate;

2 (C) a community mental health expert,
3 practitioner, or provider;

4 (D) a representative of a statewide association
5 representing a majority of hospitals in the State;

6 (E) an early childhood expert or practitioner;

7 (F) a representative from the K-12 school system;

8 (G) a representative from the healthcare sector;

9 (H) a substance use prevention expert or
10 practitioner;

11 (I) a violence prevention expert or practitioner;

12 and

13 (J) a representative from the juvenile justice
14 system.

15 (16) Two co-chairs appointed by the Governor, one
16 being a representative from the public and one being a
17 representative from the State.

18 The members appointed by the Governor shall be appointed
19 for 4 years with one opportunity for reappointment, except as
20 otherwise provided for in this subsection. Members who were
21 appointed by the Governor and are serving on the effective
22 date of this amendatory Act of the 102nd General Assembly
23 shall maintain their appointment until the term of their
24 appointment has expired. For new appointments made pursuant to
25 this amendatory Act of the 102nd General Assembly, members
26 shall be appointed for one-year, two-year, or four-year terms,

1 as determined by the Governor, with no more than 9 of the
2 Governor's new or existing appointees serving the same term.
3 Those new appointments serving a one-year or two-year term may
4 be appointed to 2 additional 4-year terms. If a vacancy occurs
5 in the Partnership membership, the vacancy shall be filled in
6 the same manner as the original appointment for the remainder
7 of the term.

8 The Partnership shall be convened no later than January
9 31, 2023 to discuss the changes in this amendatory Act of the
10 102nd General Assembly.

11 The members of the Board shall serve without compensation
12 but may be entitled to reimbursement for all necessary
13 expenses incurred in the performance of their official duties
14 as members of the Board from funds appropriated for that
15 purpose.

16 The Partnership may convene and appoint special committees
17 or study groups to operate under the direction of the
18 Partnership. Persons appointed to such special committees or
19 study groups shall only receive reimbursement for reasonable
20 expenses.

21 ~~monitoring the implementation of the Children's Mental Health~~
22 ~~Plan as approved by the Governor. The Children's Mental Health~~
23 ~~Partnership shall be comprised of: the Secretary of Human~~
24 ~~Services or his or her designee; the State Superintendent of~~
25 ~~Education or his or her designee; the directors of the~~
26 ~~departments of Children and Family Services, Healthcare and~~

1 ~~Family Services, Public Health, and Juvenile Justice, or their~~
2 ~~designees; the head of the Illinois Violence Prevention~~
3 ~~Authority, or his or her designee; the Attorney General or his~~
4 ~~or her designee; up to 25 representatives of community mental~~
5 ~~health authorities and statewide mental health, children and~~
6 ~~family advocacy, early childhood, education, health, substance~~
7 ~~abuse, violence prevention, and juvenile justice organizations~~
8 ~~or associations, to be appointed by the Governor; and 2~~
9 ~~members of each caucus of the House of Representatives and~~
10 ~~Senate appointed by the Speaker of the House of~~
11 ~~Representatives and the President of the Senate, respectively.~~
12 ~~The Governor shall appoint the Partnership Chair and shall~~
13 ~~designate a Governor's staff liaison to work with the~~
14 ~~Partnership.~~

15 (c) (Blank). ~~The Partnership shall submit a Preliminary~~
16 ~~Plan to the Governor on September 30, 2004 and shall submit the~~
17 ~~Final Plan on June 30, 2005. Thereafter, on September 30 of~~
18 ~~each year, the Partnership shall submit an annual report to~~
19 ~~the Governor on the progress of Plan implementation and~~
20 ~~recommendations for revisions in the Plan. The Final Plan and~~
21 ~~annual reports submitted in subsequent years shall include~~
22 ~~estimates of savings achieved in prior fiscal years under~~
23 ~~subsection (a) of Section 5-5.23 of the Illinois Public Aid~~
24 ~~Code and federal financial participation received under~~
25 ~~subsection (b) of Section 5-5.23 of that Code. The Department~~
26 ~~of Healthcare and Family Services shall provide technical~~

1 ~~assistance in developing these estimates and reports.~~

2 (d) The Illinois Children's Mental Health Partnership
3 shall have the following powers and duties:

4 (1) Conduct research assessments to determine the
5 needs and gaps of programs, services, and policies that
6 touch children's mental health.

7 (2) Develop policy statements for interagency
8 cooperation to cover all aspects of mental health
9 delivery, including social determinants of health,
10 prevention, early identification, and treatment.

11 (3) Recommend policies and provide information on
12 effective programs for delivery of mental health services.

13 (4) Use funding from federal, state, or philanthropic
14 partners, to fund pilot programs or research activities to
15 resource innovative practices by organizational partners
16 that will address children's mental health. However, the
17 Partnership may not provide direct services.

18 (5) Submit an annual report, on or before December 30
19 of each year, to the Governor and the General Assembly on
20 the progress of the Plan, any recommendations regarding
21 State policies, laws, or rules necessary to fulfill the
22 purposes of the Act, and any additional recommendations
23 regarding mental or behavioral health that the Partnership
24 deems necessary.

25 (6) The Partnership shall employ and set the
26 compensation of an Executive Director and other such

1 employees and technical assistance as it deems necessary
2 to carry out its duties under this Section.

3 (7) The Department of Healthcare and Family Services
4 shall provide technical and administrative support for the
5 Partnership.

6 (8) The Partnership may designate a fiscal and
7 administrative agent that can accept funds to carry out
8 its duties as outlined in this Section.

9 (e) The Partnership may accept monetary gifts or grants
10 from the federal government or any agency thereof, from any
11 charitable foundation or professional association, or from any
12 reputable source for implementation of any program necessary
13 or desirable to carry out the powers and duties as defined
14 under this Section.

15 (f) The Partnership is dissolved and this Section is
16 repealed on January 1, 2032.

17 (Source: P.A. 102-16, eff. 6-17-21; 102-116, eff. 7-23-21.)

18 (405 ILCS 49/15)

19 Sec. 15. Mental health and schools.

20 (a) The Illinois State Board of Education shall develop
21 and implement a plan to incorporate social and emotional
22 development standards as part of the Illinois Learning
23 Standards for the purpose of enhancing and measuring
24 children's school readiness and ability to achieve academic
25 success. The plan shall be submitted to the Governor, the

1 General Assembly, and the Partnership by December 31, 2004.

2 (b) Every Illinois school district shall develop a policy
3 for incorporating social and emotional development into the
4 district's educational program. The policy shall address
5 teaching and assessing social and emotional skills and
6 protocols for responding to children with social, emotional,
7 or mental health problems, or a combination of such problems,
8 that impact learning ability. School social workers may
9 implement a continuum of social and emotional education
10 programs and services in accordance with students' needs. Each
11 district must submit this policy to the Illinois State Board
12 of Education by August 31, 2004.

13 (c) This Section is repealed on January 1, 2032.

14 (Source: P.A. 98-338, eff. 8-13-13.)

15 Section 99. Effective date. This Act takes effect January
16 1, 2023."