

AN ACT concerning health.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

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

(405 ILCS 49/1)

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

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

(405 ILCS 49/5)

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

(a) The Children's Mental Health Partnership (hereafter referred to as "the Partnership") created under Public Act 93-495 and continued under this amendatory Act of the 102nd General Assembly shall advise State agencies on designing and implementing short-term and long-term strategies to provide comprehensive and coordinated services for children from birth to age 25 and their families with the goal of addressing children's mental health needs across a full continuum of care, including social determinants of health, prevention, early identification, and treatment. The recommended

strategies shall build upon the recommendations in the Children's Mental Health Plan of 2022 and may include, but are not limited to, recommendations regarding the following: ~~The State of Illinois shall develop a Children's Mental Health Plan containing short term and long term recommendations to provide comprehensive, coordinated mental health prevention, early intervention, and treatment services for children from birth through age 18. This Plan shall include but not be limited to:~~

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

(2) Coordination of programs, services, and policies across child-serving State agencies to best monitor and assess spending, as well as foster innovation of adaptive or new practices. ~~Guidelines for incorporating social and emotional development into school learning standards and educational programs, pursuant to Section 15 of this Act.~~

(3) Funding and resources for children's mental health prevention, early identification, and treatment across child-serving State agencies. ~~Protocols for implementing screening and assessment of children prior to any~~

~~admission to an inpatient hospital for psychiatric services, pursuant to subsection (a) of Section 5-5.23 of the Illinois Public Aid Code.~~

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

(5) Monitoring programs, services, and policies addressing children's mental health and wellness. ~~Recommendations for State and local mechanisms for integrating federal, State, and local funding sources for children's mental health.~~

(6) Growing, retaining, diversifying, and supporting the child-serving workforce, with special emphasis on professional development around child and family mental health and wellness services. ~~Recommendations for building a qualified and adequately trained workforce prepared to provide mental health services for children from birth through age 18 and their families.~~

(7) Supporting the design, implementation, and evaluation of a quality-driven children's mental health system of care across all child services that prevents mental health concerns and mitigates trauma. ~~Recommendations for facilitating research on best~~

~~practices and model programs, and dissemination of this information to Illinois policymakers, practitioners, and the general public through training, technical assistance, and educational materials.~~

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

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

~~(10) Recommendations for ensuring all Illinois youth receive mental health education and have access to mental health care in the school setting. In developing these recommendations, the Children's Mental Health Partnership created under subsection (b) shall consult with the State Board of Education, education practitioners, including, but not limited to, administrators, regional superintendents of schools, teachers, and school support~~

~~personnel, health care professionals, including mental health professionals and child health leaders, disability advocates, and other representatives as necessary to ensure the interests of all students are represented.~~

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

(1) The Governor or his or her designee.

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

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

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

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

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

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

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

(9) The Executive Director of the Governor's Office of

Early Childhood Development or his or her designee.

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

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

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

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

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

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

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

(B) a child advocate;

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

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

(E) an early childhood expert or practitioner;

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

(G) a representative from the healthcare sector;

(H) a substance use prevention expert or practitioner, or a representative of a statewide association representing community-based mental health substance use disorder treatment providers in the State;

(I) a violence prevention expert or practitioner;

(J) a representative from the juvenile justice system;

(K) a school social worker; and

(L) a representative of a statewide organization representing pediatricians.

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

The members appointed by the Governor shall be appointed for 4 years with one opportunity for reappointment, except as otherwise provided for in this subsection. Members who were appointed by the Governor and are serving on the effective date of this amendatory Act of the 102nd General Assembly shall maintain their appointment until the term of their appointment has expired. For new appointments made pursuant to this amendatory Act of the 102nd General Assembly, members shall be appointed for one-year, two-year, or four-year terms, as determined by the Governor, with no more than 9 of the

Governor's new or existing appointees serving the same term. Those new appointments serving a one-year or 2-year term may be appointed to 2 additional 4-year terms. If a vacancy occurs in the Partnership membership, the vacancy shall be filled in the same manner as the original appointment for the remainder of the term.

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

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

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

~~monitoring the implementation of the Children's Mental Health Plan as approved by the Governor. The Children's Mental Health Partnership shall be comprised of: the Secretary of Human Services or his or her designee; the State Superintendent of Education or his or her designee; the directors of the departments of Children and Family Services, Healthcare and Family Services, Public Health, and Juvenile Justice, or their~~



~~designees; the head of the Illinois Violence Prevention Authority, or his or her designee; the Attorney General or his or her designee; up to 25 representatives of community mental health authorities and statewide mental health, children and family advocacy, early childhood, education, health, substance abuse, violence prevention, and juvenile justice organizations or associations, to be appointed by the Governor; and 2 members of each caucus of the House of Representatives and Senate appointed by the Speaker of the House of Representatives and the President of the Senate, respectively. The Governor shall appoint the Partnership Chair and shall designate a Governor's staff liaison to work with the Partnership.~~

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

(d) The Illinois Children's Mental Health Partnership has the following powers and duties:

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

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

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

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

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

(6) Employing an Executive Director and setting the compensation of the Executive Director and other such

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

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

The Department of Healthcare and Family Services shall provide technical and administrative support for the Partnership.

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

(f) On or before January 1, 2027, the Partnership shall submit recommendations to the Governor and General Assembly that includes recommended updates to the Act to reflect the current mental health landscape in this State.

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

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