AN ACT concerning mental 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 is amended by changing Section 5 as follows:

(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 Public Act 102-899 shall advise State agencies and the Children's Behavioral Health Transformation Initiative 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:

(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.

(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.

(3) Funding and resources for children's mental health prevention, early identification, and treatment across child-serving State agencies.

(4) Review ~~Facilitation~~ of research on best practices and model programs and dissemination of this information to State policymakers, practitioners, and the general public.

(5) Monitoring programs, services, and policies addressing children's mental health and wellness.

(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.

(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.

(8) Improving the system to more effectively meet the emergency and residential placement needs for all children

with severe mental and behavioral challenges.

(b) 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 the Governor's ~~his or her~~ designee.

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

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

(4) The State Superintendent of Education or the State Superintendent's ~~his or her~~ designee.

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

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

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

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

(9) The Secretary of Early Childhood or the Secretary's ~~his or her~~ designee.

(10) The Director of the Criminal Justice Information Authority or the Director's ~~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, sexual orientation, 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 health care 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 the Director of the Department of Public Health or the Director's designee.

The public co-chair is included among the 25 public representatives appointed under paragraph (15), and the Director of Public Health (or the Director's designee) serving as co-chair is the same individual listed under paragraph (7).

The members appointed by the Governor shall be appointed for 4-year terms ~~4 years~~ with the ~~one~~ opportunity for reappointment~~, except as otherwise provided for in this subsection. Members who were appointed by the Governor and are serving on January 1, 2023 (the effective date of Public Act 102-899) shall maintain their appointment until the term of their appointment has expired. For new appointments made pursuant to Public Act 102-899, members shall be appointed for one year, 2 year, or 4 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 Public Act 102-899.~~

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.~~

(b-5) The Partnership shall include an adjunct council comprised of up to 10 ~~no more than 6~~ youth aged 16 ~~14~~ to 25 and up to 4 representatives of 4 different community-based organizations that focus on youth mental health. Of the community-based organizations that focus on youth mental health, one of the community-based organizations shall be led by an LGBTQ-identified person, one of the community-based

organizations shall be led by a person of color, and one of the community-based organizations shall be led by a woman. Of the representatives appointed to the council from the community-based organizations, at least one representative shall be LGBTQ-identified, at least one representative shall be a person of color, and at least one representative shall be a woman. The council members shall be appointed by the Chair of the Partnership and shall reflect the racial, gender identity, sexual orientation, ability, socioeconomic, ethnic, and geographic diversity of the State, including rural, suburban, and urban appointees. The council shall make recommendations to the Partnership regarding youth mental health, including, but not limited to, identifying barriers to youth feeling supported by and empowered by the system of mental health and treatment providers, barriers perceived by youth in accessing mental health services, gaps in the mental health system, available resources in schools, including youth's perceptions and experiences with outreach personnel, agency websites, and informational materials, methods to destigmatize mental health services, and how to improve State policy concerning student mental health. The mental health system may include services for substance use disorders and addiction. The council shall meet at least 4 times annually.

(c) (Blank).

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

(1) Reviewing or facilitating needs ~~Conducting research~~ assessments to better understand the challenges ~~determine the needs~~ and gaps of programs, services, and policies related to ~~that touch~~ children's mental health.

(2) Monitoring policy development related to children's mental health in Illinois at the local, State, and federal level, especially regarding interagency collaboration, varying modes of mental health services delivery, and considering ~~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) Raising awareness about ~~Recommending policies and providing information on~~ effective programs for delivery of mental health services.

(4) Promoting ~~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.

(4.1) Working ~~The Partnership shall work~~ with community networks and the Children's Behavioral Health Transformation Initiative team to implement a community needs assessment, that will raise awareness of gaps in existing community-based services for youth.

(5) Submitting an annual report, on or before December 15 ~~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) (Blank).

(7) Regularly reviewing aggregate and de-identified data on the need for children's behavioral health services in Illinois that is collected by the Behavioral Health Care and Ongoing Navigation (BEACON) portal to ensure that system transformation can continue to be driven by data.

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 Public Health shall provide technical and administrative support for the Partnership.

(e) (Blank). ~~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. 103-154, eff. 6-30-23; 103-594, eff. 6-25-24; 103-885, eff. 8-9-24; 104-417, eff. 8-15-25.)