



# MHA Screening: A Local Approach in Cook County, Illinois

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# Acknowledgments

Mental Health America (MHA) was founded in 1909 and is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and promoting the overall mental health of all. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need them; with recovery as the goal.

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# Introduction

Since 2014, [Mental Health America \(MHA\) Screening](#) has provided mental health screenings online to over 20 million users worldwide, supporting over 5 million users annually since 2021. Part of the mission of the MHA online screening program is to further data-driven, upstream, population-level efforts to improve mental health. Our goal is to use screening data to rapidly analyze and disseminate information to help fill unmet needs and gaps in care for our communities. We analyze data based on correlations between screens and results, demographic questions, special populations, geography, special needs, and access to care.

MHA Screening is not only the largest existing data set of help-seeking individuals for mental health conditions, but it collects data in real time as people are actively taking screens. This allows MHA to recognize and respond to changes and trends in the mental health of the nation faster than any other data set in the country. The robust sample of users provides an opportunity to evaluate population-level data that will help prioritize communities in need. In 2021, MHA published a [public dashboard of mental health risk](#) in the United States that supports our goal of identifying those communities at highest risk and in need of mental health support.

As an extension of the lessons and impact of our public national dashboard, MHA sought to replicate the process at a local level. In 2022, MHA began working with [Mental Health America Illinois \(MHAI\)](#) to lay out a framework for building a local dashboard and developing an actionable pathway to support policy and program opportunities for Cook County, Illinois. This guide was developed to provide community-level findings from Cook County and discuss potential policy and programming opportunities to address mental health needs within both Cook County and Illinois.

## Project Overview

The Cook County dashboard contains self-reported, de-identified data that was collected 2020-2022. Analyses were conducted using screening results from users who reported living in ZIP codes in Cook County, Illinois. In some cases, ZIP codes may include areas across multiple counties. ZIP codes that spanned across multiple counties were only included if the majority of the ZIP code area was contained within Cook County. Of those screeners, we assessed data from optional demographic questions to guide us in creating a dashboard.

When building this project, MHA and MHAI staff identified two main goals: building a county-specific dashboard and developing a roadmap for translation to other U.S. counties. Building a local Cook County dashboard required reviewing and validating MHA Screening data against publicly available data (primarily U.S. Census data) and stakeholder knowledge about the demographic makeup, risks, and needs of different communities in the county. Interviews with stakeholders and government systems explored the opportunities to use the data in expanding legislative opportunities, growing needed programs, and strengthening policy at a local level. The publication of a public dashboard through MHAI allows a pathway for sustaining the work in the long term.

# Understanding the Landscape

As a result of the COVID-19 pandemic, Cook County saw an increase in reported symptoms of anxiety and depression, especially in high-risk and historically marginalized communities. The pandemic disproportionately affected transitional youth (8-17 years old) and young adults (18-34 years old), Black/African Americans, populations experiencing homelessness, and/or those who identify as LGBTQIA+. The exponential rise in reported symptoms pushed Cook County and Illinois policymakers to shift from investing in public clinics to forging partnerships with community organizations and spreading mental health services across several departments. Despite these efforts, there are still gaps in access to mental health resources in the state, as 40% of youth in Illinois with major depressive episodes report that they were not able to receive treatment in 2020<sup>1</sup>, and interventions designed to streamline the process to treatment struggle to meet the demand for adequate, accessible care.

Data from MHA's screening program<sup>2</sup> in 2020-2021 found similar trends. Cook County was among the top 20 counties with the highest rates of suicidal ideation (ranked 16; .0238% percent of the population reporting frequent suicidal ideation), severe depression (ranked 13; .0228% percent of the population scoring for severe depression), trauma survivors (ranked 15; .0510% percent of the population identifying as trauma survivors), and PTSD (ranked 19; .0149% percent of the population scoring positive for PTSD).

The team assessed local factors that may be driving disparities in mental health care. We considered accessibility of and proximity to adequate mental health care, which allowed us to pinpoint key focus areas that were benchmarked against geographical risk areas identified in the local dashboard and helped to identify key stakeholders with shared interests. Factors to consider when evaluating local data and resources include demographic information about those who are at risk (as seen in the dashboard), the amount and sources of funding for mental health care, key decision-makers, the concentration of mental health providers and services throughout the county, historical contexts that contribute to disparities, and relationships between organizations involved in mental health care (determined through local stakeholder focus groups and meetings).

While MHA Screening has data from Cook County that covers 11 screens and voluntarily provided demographic data from users (that includes age, race, income, and treatment-seeking needs), the dashboard and this brief focus on six areas that have the highest impact for policy and programs: depression, suicide, anxiety, PTSD, psychosis, and trauma. In Cook County, the dashboard is representative of over 51,000 screens taken from 2020-2022. This represents about 1.6% of U.S. screeners who provide location information, consistent with the U.S. Census.<sup>3</sup> MHA screeners skew young (in Cook County, 29% of screeners were under age 18 and 60% were under 25) and most identify as female (67%), which is consistent among mental health-seeking populations in the U.S.<sup>4,5</sup> When evaluating race and income across various ZIP codes in the dashboard, our data are consistent with census and stakeholder feedback about the general makeup of that community.

# Exploring Mental Health Conditions at a ZIP Code Level

The project provides a visual representation of the rates of depression, suicide, anxiety, PTSD, psychosis, and trauma by ZIP code within Cook County, Illinois. These maps rank ZIP codes based on the *number of people scoring at risk* for each condition divided by the population residing within the ZIP code and multiplied by 100,000 to determine a positive rate per 100,000 people. ZIP code population totals were gathered from an online [U.S. ZIP Code database](#). ZIP code areas were color-coded based on percentiles from ZIP codes with the lowest number of people scoring at risk for the condition per 100,000 people (presented in light blue) to the highest number of people scoring at risk for the condition per 100,000 (presented in dark blue).

Each condition-specific map of the county can help identify where the greatest needs are, or who is currently being served and who is not, and can help community leaders identify where more resources are needed. It can also help leaders identify informal or previously underfunded providers, organizations, or other assets that already exist in their communities and scale them to serve current mental health needs.

Individuals are more likely to take MHA's online mental health screens when there is a lack of other available mental health services.<sup>6</sup> The communities with the highest rates of each of the different conditions below vary in terms of income and diversity. Across both income levels and race, individuals are unable to get the mental health care they need. A necessary approach to addressing mental health needs within Cook County requires not only increasing access to care in the communities where there are higher rates of distress and a lack of available mental health services, but also an emphasis on promoting mental health early in all communities.

## Depression

Depression was prevalent in communities on both sides of the economic spectrum, but rates of moderate to severe depression were skewed toward communities with higher household incomes. Of the 20 ZIP codes with the highest rates of moderate to severe depression per 100,000 people, only four (20%) were ZIP codes where more than half of depression screeners reported a household income less than \$60,000, the median income in Cook County. Another nine were ZIP codes where over 40% reported household incomes under \$60,000. Of all ZIP codes in Cook County, 52% were ZIP codes where more than half of depression screeners had a household income under \$60,000.

Of the 20 ZIP codes with the highest rates of moderate to severe depression per 100,000 people, nine (45%) were ZIP codes where more than half of depression screeners were white. Of all ZIP codes in Cook County, only 37% were ZIP codes where more than half of depression screeners were white.

Among the 20 ZIP codes with the highest rate of moderate to severe depression per 100,000 people, 12 areas were in the city of Chicago. Each of the top five ZIP codes with the highest number of individuals scoring with depression per 100,000 people (60603, 60604, 60606, 60602, and 60601) were located in the Loop neighborhood in downtown Chicago. From 2010-2020, the Loop was the fastest growing neighborhood in Chicago.<sup>7</sup> Even during

the COVID-19 pandemic, there was an influx of new residents both from out of state and of individuals living in Illinois who wanted to move closer to workplaces downtown. According to 2021 census estimates, 57% of residents in the Loop are white, and 43% have an individual income of at least \$75,000.<sup>8</sup> Individuals who took a depression screen on MHA Screening from ZIP codes within the Loop matched the demographics of the area. Most individuals who took a depression screen in these ZIP codes were young adults ages 25-34 (33%), followed by ages 18-24 (27%), ages 35-44 (16%), and under age 18 (13%). While 42% reported a household income over \$80,000, those living in the Loop with lower household incomes were more likely to score with symptoms of moderate to severe depression. Of the 30% of individuals living in the Loop who reported a household income under \$40,000 on MHA Screening, 82% scored with symptoms of moderate to severe depression, compared to 65% who made over \$80,000, indicating that those with lower incomes who are living in this area are more likely to experience risk factors for mental health conditions.

Number of People Scoring with Moderate to Severe Depression Per 100,000 People in Cook County by Zip Code 2020-2022

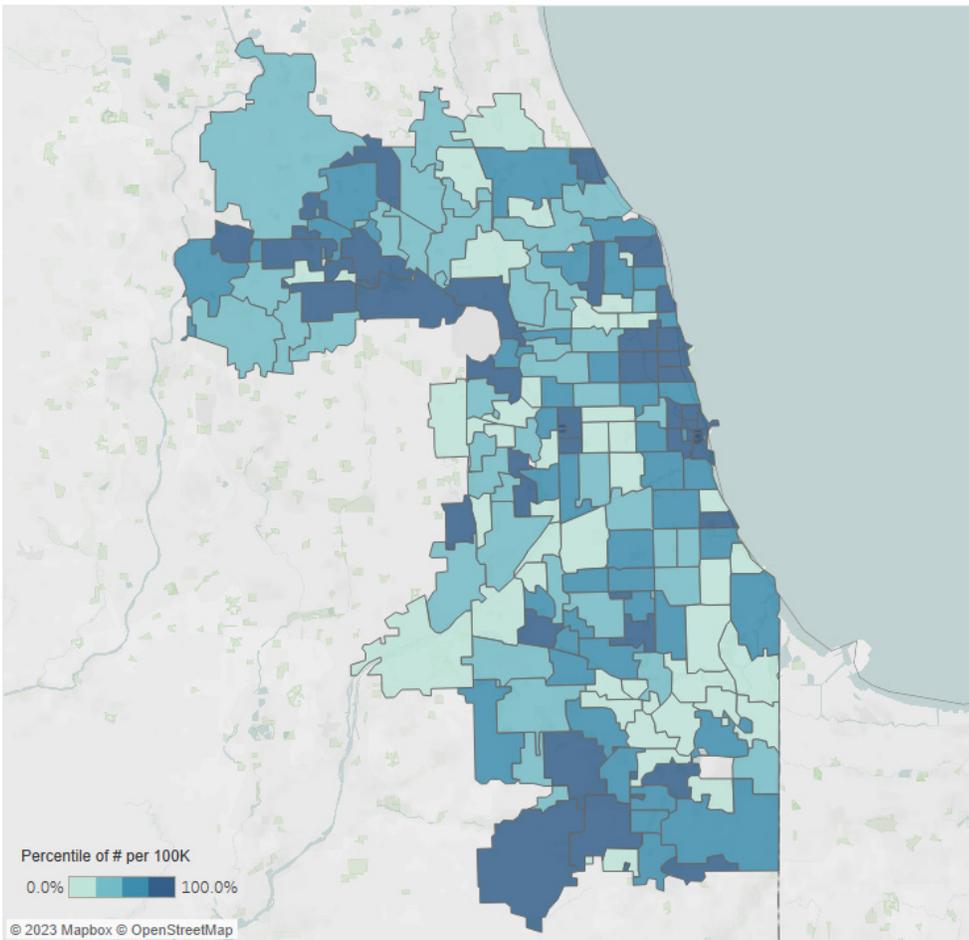


Figure 1. Map of number of people scoring with moderate to severe depression on MHA Screening per 100,000 people in the ZIP code population within Cook County between 2020-2022. Figure 1 maps the number of people scoring with moderate to severe depression on the Patient Health Questionnaire 9-item (PHQ-9) depression screen per 100,000 people in the ZIP code. Dark blue ZIP codes are those with the highest number of people scoring with moderate to severe depression per 100,000 people in the population. Light blue ZIP codes are those with the lowest number of people scoring with moderate to severe depression per 100,000 people in the population.

## Top 20 ZIP Codes with Highest Number of People with Moderate to Severe Depression per 100K (2020-2022)

Rank	ZIP/Postal Code	City	# per 100k	Positive Result
1	60603	Chicago	2,039.2	26
2	60604	Chicago	2,037.8	14
3	60606	Chicago	1,485.7	49
4	60602	Chicago	1,138.4	13
5	60601	Chicago	587.7	87
6	60007	Elk Grove Village	487.2	161
7	60456	Hometown	462.5	20
8	60022	Glencoe	398.3	34
9	60607	Chicago	386.8	116
10	60605	Chicago	355.4	114
11	60430	Homewood	348.9	71
12	60423	Frankfort	347.9	113
13	60626	Chicago	338.0	170
14	60615	Chicago	335.2	140
15	60657	Chicago	331.4	239
16	60193	Schaumburg	331.3	133
17	60169	Hoffman Estates	330.5	113
18	60521	Hinsdale	327.7	59
19	60655	Chicago	326.9	94
20	60610	Chicago	325.3	138

Figure 2. Table of 20 ZIP codes with the highest number of people scoring with moderate to severe depression on MHA Screening per 100,000 people in the ZIP code population within Cook County between 2020-2022.

# Suicidal Ideation

Of the 20 ZIP codes with the highest rates of reported suicidal ideation per 100,000 people, 12 (60%) were ZIP codes where more than half of depression screeners reported a household income less than \$60,000, the median income in Cook County. Another five were ZIP codes where over 40% reported household incomes under \$60,000. Of all ZIP codes in Cook County, 52% were ZIP codes where more than half of depression screeners had a household income under \$60,000.

Communities of color were more likely to have disproportionate rates of suicidal ideation. Of the 20 ZIP codes with the highest rates of reported suicidal ideation per 100,000 people, 17 (85%) were ZIP codes where less than half of depression screeners identified as white. Of all ZIP codes in Cook County, 63% were ZIP codes where less than half of depression screeners were white.

Number of People Scoring with Moderate to Severe Depression Per 100,000 People in Cook County by Zip Code 2020-2022

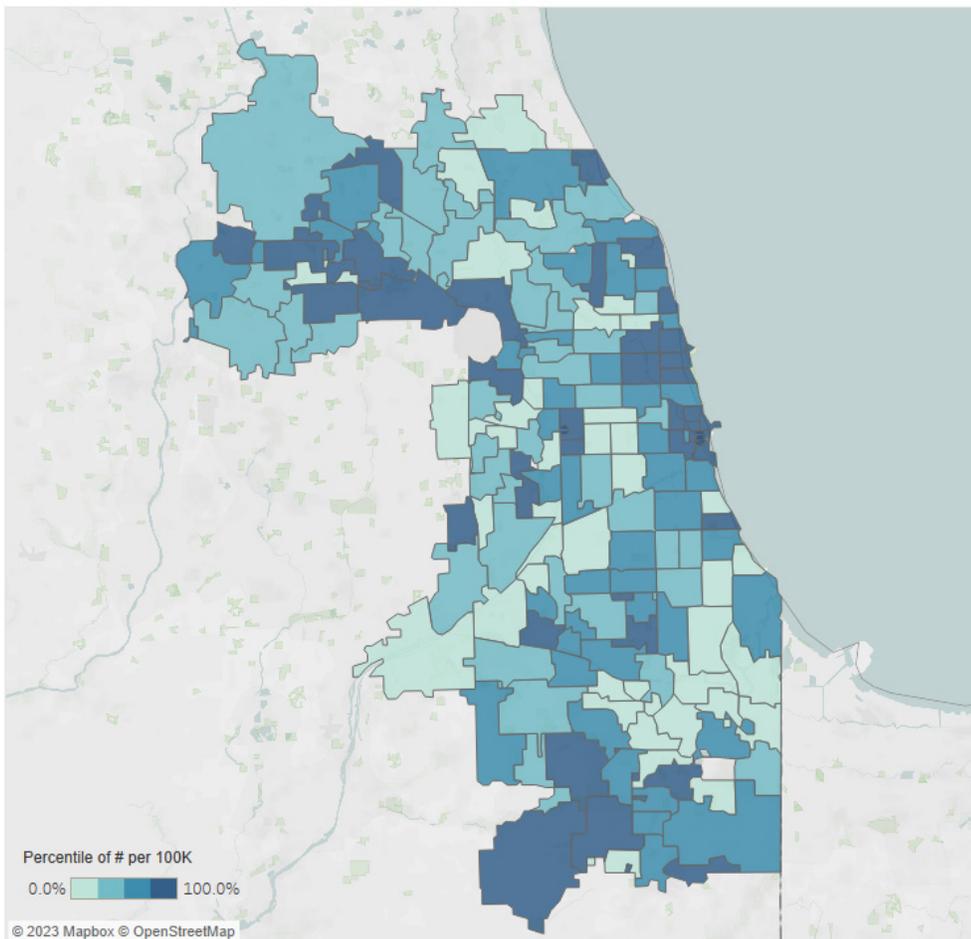


Figure 3. Map of number of people reporting experiencing frequent suicidal ideation on MHA Screening per 100,000 people in the ZIP code population within Cook County between 2020-2022. Figure 3 maps the number of people reporting frequent suicidal ideation per 100,000 people by ZIP code. Frequent suicidal ideation is derived from question nine of the PHQ-9 depression screen, which asks how often in the previous two weeks individuals have had “thoughts you would be better off dead, or of hurting yourself.” Respondents can select one of four options: not at all, several days, more than half the days, or nearly every day. For these analyses, we considered individuals who answered this question with either “more than half the days” or “nearly every day” as experiencing frequent suicidal ideation. Dark blue ZIP codes are those with the highest number of people reporting frequent suicidal ideation per 100,000 people in the population. Light blue ZIP codes are those with the lowest number of people reporting frequent suicidal ideation per 100,000 people in the population.

# Trauma

Of the 20 ZIP codes with the highest rates of reported suicidal ideation per 100,000 people, 12 (60%) were ZIP codes where more than half of depression screeners reported a household income less than \$60,000, the median income in Cook County. Another five were ZIP codes where over 40% reported household incomes under \$60,000. Of all ZIP codes in Cook County, 52% were ZIP codes where more than half of depression screeners had a household income under \$60,000.

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Number of People Self-Identifying as Trauma Survivors per 100K in Cook County by ZIP Code 2020-2022

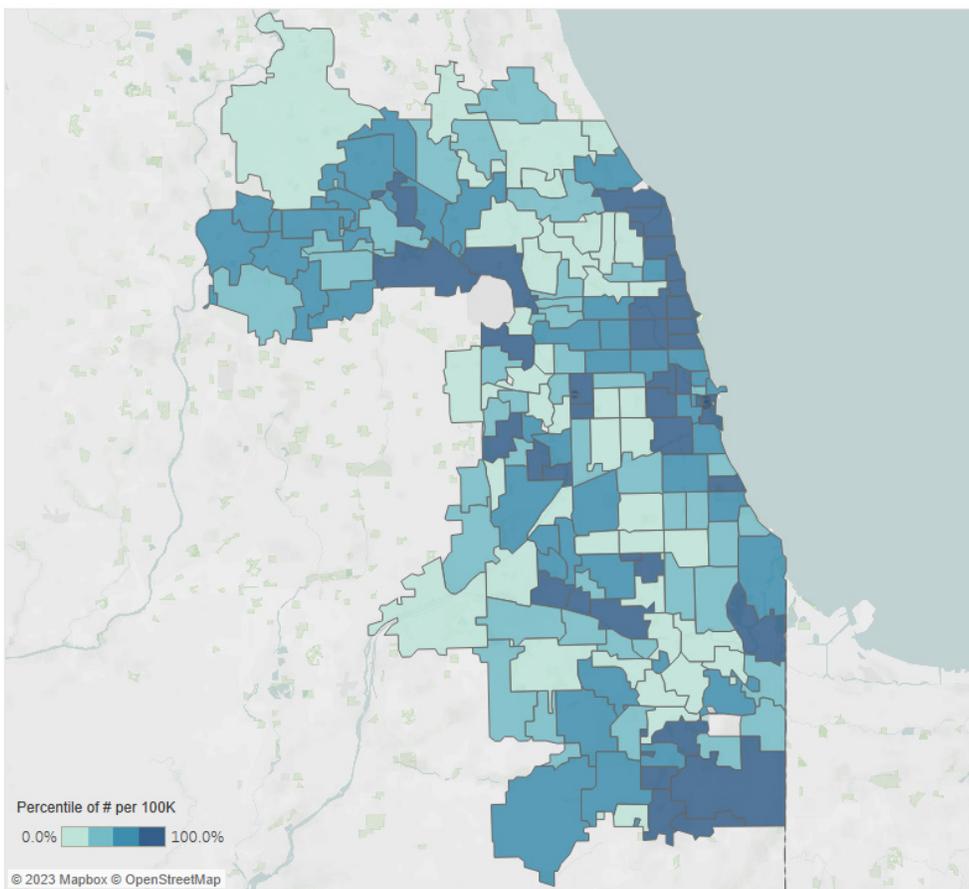


Figure 4. Map of number of people identifying as a trauma survivor on the question “Which of the following populations describes you?” on MHA Screening per 100,000 people in the ZIP code population within Cook County between 2020-2022. Figure 4 maps the number of people self-identifying as trauma survivors on MHA Screening per 100,000 people by ZIP code. Following all screens, users are asked optional demographic questions, one of which asks, “Which of the following populations describes you? Check all that apply.” The options respondents can select from are: student, LGBTQ+, trauma survivor, new or expecting mother, caregiver of someone living with emotional or physical illness, veteran or active-duty military, and health care worker. This map is calculated from the individuals who self-identified as “trauma survivor” on this question. Dark blue ZIP codes are those with the highest number of people identifying as trauma survivors per 100,000 people in the population. Light blue ZIP codes are those with the lowest number of people identifying as trauma survivors per 100,000 people in the population.

# Psychosis

Of the 20 ZIP codes with the highest rates of psychotic-like experiences per 100,000 people, 14 (70%) were ZIP codes where more than half of psychosis screeners reported a household income less than \$60,000. Another four were ZIP codes where over 40% reported household incomes under \$60,000. Only two ZIP codes out of the top 20 with the highest number of people scoring at risk for psychotic-like experiences had more than 60% report a household income over \$60,000. Of all ZIP codes in Cook County, 67% were ZIP codes where more than half of psychosis screeners had a household income under \$60,000.

The rate of possible psychosis by population was higher among predominantly white communities in Cook County. Of the 20 ZIP codes with the highest number of people scoring at risk for psychotic-like experiences per 100,000 people, 11 (55%) were ZIP codes where at least half of psychosis screeners identified as white. Of all ZIP codes in Cook County, 51% were ZIP codes where at least half of psychosis screeners were white.

Areas with the highest number of people scoring at risk for psychotic-like experiences include the Loop, Hometown, and Elk Grove Village. More than 50% of psychosis screeners in the Loop, Hometown, and Elk Grove Village also reported household incomes under \$60,000. The ZIP code area with the highest overall number of users who screened at risk for psychotic-like experiences from 2020-2022 is 60608, where 70 individuals, mostly youth and young adults, took the psychosis screen and 51 scored at risk for psychotic-like experiences. Forty six percent of psychosis screeners in 60608 identified as Hispanic or Latino and 76% reported having household incomes under \$60,000.

Number of People At Risk for Psychotic-Like Experiences per 100K in Cook County by Zip Code 2020-2022

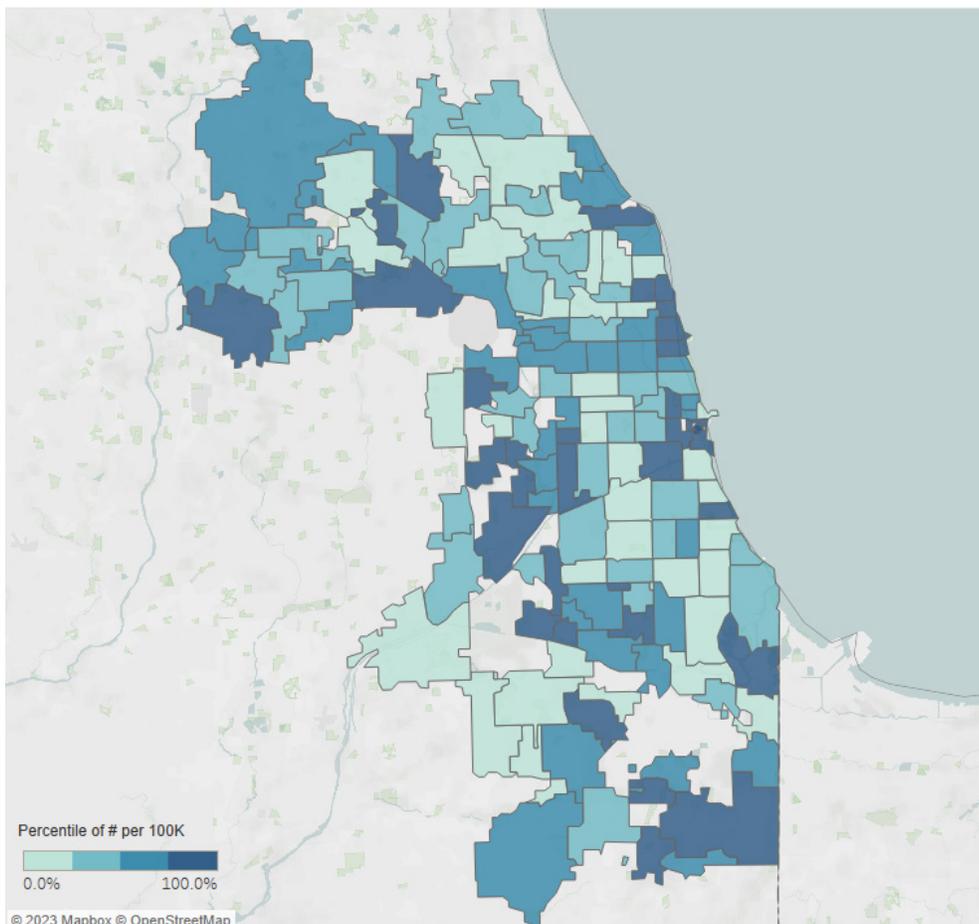


Figure 5. Map of number of people scoring at risk for psychotic-like experiences on MHA Screening per 100,000 people in the ZIP code population within Cook County between 2020-2022. Figure 5 maps the number of people scoring at risk for psychotic-like experiences on the Prodromal Questionnaire Brief Version (PQ-B) screen for psychosis per 100,000 people by ZIP code. Dark blue ZIP codes are those with the highest number of people scoring at risk for psychotic-like experiences per 100,000 people in the population. Light blue ZIP codes are those with the lowest number of people scoring at risk for psychotic-like experiences per 100,000 people in the population.

## Exploring Risk by Age

Both MHA of Illinois (MHAI) and stakeholders within Chicago and Cook County identified youth as a high-risk population in need of greater mental health support. In 2022, Illinois Gov. J.B. Pritzker announced the Children's Behavioral Health Transformation Initiative to evaluate and redesign behavioral health services for high-risk youth within the state. MHA and MHAI were also invited to present to the House and Senate Committee on Mental and Behavioral Health, where legislators raised concerns about providing adequate services to youth at high risk for mental health conditions in Illinois.

To better understand youth mental health needs within Cook County, MHA mapped the number of people scoring at risk for each condition per 100,000 people by age. Individuals are asked their age as part of the optional demographic questions following screening. These responses were grouped into three age categories: Youth (including ages 8-17), Transition Age (including young adults ages 18-24), and Adults (including ages 25-65+).

The map depicting suicidal ideation rates by age provides additional nuance about where specific crisis services are needed within the county that the overall map may hide. For example, Oak Park (ZIP code 60302) is one of the 20 ZIP codes with the highest number of people reporting frequent suicidal ideation per 100,000 for youth. In Oak Park, there is a rate of 73 youth with suicidal ideation for every 100,000 people, and 51% of youth who took a depression screen in 60302 reported experiencing frequent suicidal ideation. For screeners ages 18-24, there is a rate of only 21 individuals with suicidal ideation per 100,000, with 19% of the young adults who took a depression screen reporting frequent suicidal ideation. For older adults, there is a rate of 27 individuals with frequent suicidal ideation per 100,000, with only 15% of screeners reporting frequent suicidal ideation. While Oak Park is in the quartile of states with the highest number of individuals reporting suicidal ideation per 100,000 in the overall map, the age map suggests that resources may be best allocated toward crisis services specifically designed for youth in that community, like youth respite care, youth-focused mobile crisis teams, or suicide prevention programs aimed at youth and their families.

Eleven of the top 20 ZIP codes for adults with frequent suicidal ideation were in Chicago, compared to only six for youth and three for young adults ages 18-24. For youth under 18, 60603 in Chicago was the ZIP code with the highest number of individuals reporting frequent suicidal ideation per 100,000 people. For adults, 60606 in Chicago had the highest number of individuals reporting suicidal ideation per 100,000 people. Both ZIP codes are densely populated areas within the Loop neighborhood. For both ZIP codes, the rate of reported frequent suicidal ideation per 100,000 residents was significantly higher than the second-ranked ZIP code. According to the 2021 American Community Survey population estimates, only about 134 youth ages 5-19 live in 60603.<sup>9</sup> From 2020-2022, eight youth ages 8-17 in 60603 took a depression screen on MHA Screening and reported experiencing frequent suicidal ideation. The data collected from MHA Screening represent individuals with the highest need who were actively searching for mental health resources online. For every one individual represented in this data,

Number of People Reporting Frequent Suicidal Ideation Per 100,000 People in Cook County Split by Age Group 2020-2022

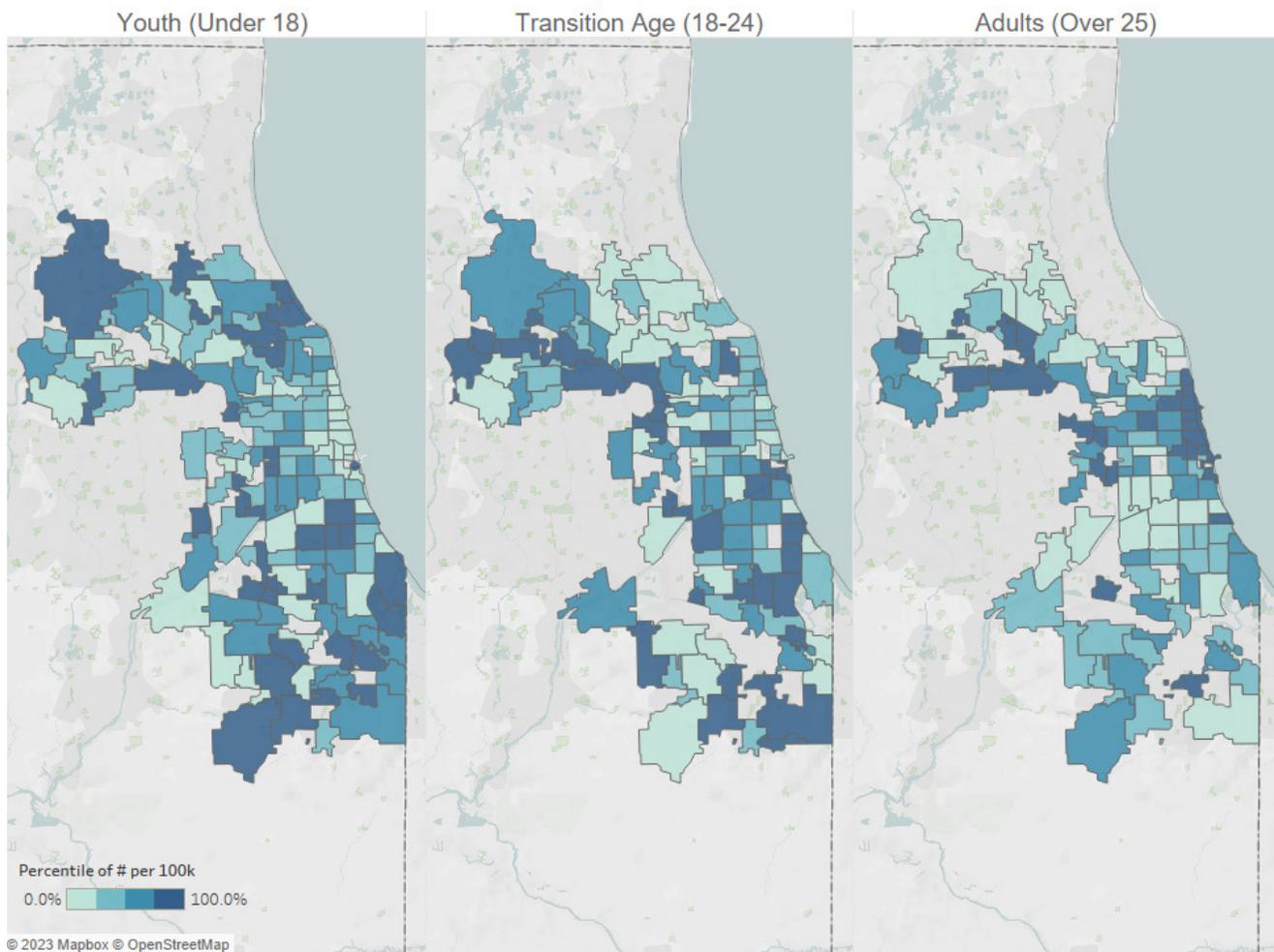


Figure 6. Map of number of people reporting frequent thoughts of suicide on MHA Screening per 100,000 people in the ZIP code population by age group within Cook County between 2020-2022. \*NOTE: Some ZIP code areas are missing from the map due to limited sample size and data suppression.

there are likely many more who are currently struggling with their mental health and are in need of supports. Even using this convenience sample, 6% of the youth living in ZIP code 60603 reported experiencing frequent suicidal ideation, indicating a high need for immediate mental health resources.

The ZIP code 60007 within Elk Grove Village had the second highest number of youth scoring with moderate to severe depression per 100,000 residents. Eighty-seven youth under 18 took a depression screen from 2020-2022 in ZIP code 60007, and 41 (47%) reported experiencing frequent suicidal ideation. Elk Grove Village is a predominantly white neighborhood within Cook County, with 72% of the population identifying as white. Elk Grove Village is located directly next to O'Hare International Airport and has been named as the best location in the U.S. for companies seeking industrial space.<sup>10</sup> Seventy-one percent of households are occupied by married families, and while the median age in 60007 is 42, about 22% of the residents are youth under 18.<sup>11</sup> Children of these families are the ones struggling most, although Elk Grove Village was also in the top 20 for the number of young adults (ages 18-24) and adults (over age 25) reporting frequent suicidal ideation per 100,000 people. These findings highlight the need to focus on working- and middle-class families and understand the challenges faced by children of working parents as they navigate school, work, and social responsibilities post-COVID while parents return to increasing demands at work.

## Top 20 ZIP Codes with Highest Number of People with Frequent Suicidal Ideation per 100K by Age (2020-2022)

Rank	Youth (Under 18)			Transition Age (18-24)			Adults (Over 25)		
	ZIP Code	City	# per 100k	ZIP Code	City	# per 100k	ZIP Code	City	# per 100k
1	60603	Chicago	627.5	60607	Chicago	83.4	60606	Chicago	272.9
2	60007	Elk Grove Village	124.1	60131	Franklin Park	81.5	60613	Chicago	63.8
3	60443	Matteson	95.0	60601	Chicago	74.3	60611	Chicago	55.0
4	60473	South Holland	95.7	60430	Homewood	68.8	60445	Midlothian	54.5
5	60465	Palos Hills	76.2	60018	Des Plaines	65.2	60007	Elk Grove Village	54.5
6	60176	Schiller Park	68.5	60475	Steger	59.9	60601	Chicago	54.0
7	60304	Oak Park	71.5	60176	Schiller Park	59.9	60626	Chicago	53.7
8	60422	Flossmoor	95.0	60478	Country Club Hills	59.7	60640	Chicago	48.6
9	60093	Winnetka	68.7	60534	Lyons	56.4	60008	Rolling Meadows	47.4
10	60155	Broadview	87.4	60169	Hoffman Estates	52.7	60171	River Grove	47.3
11	60302	Oak Park	72.6	60411	Chicago Heights	52.6	60642	Chicago	46.8
12	60415	Chicago Ridge	62.4	60443	Matteson	52.3	60610	Chicago	44.8
13	60423	Frankfort	61.6	60513	Brookfield	51.2	60131	Franklin Park	43.5
14	60426	Harvey	66.8	60192	Hoffman Estates	48.8	60625	Chicago	42.5
15	60452	Oak Forest	73.4	60467	Orland Park	47.4	60153	Maywood	42.5
16	60609	Chicago	69.5	60120	Elgin	47.0	60193	Schaumburg	42.3
17	60621	Chicago	64.1	60628	Chicago	46.5	60622	Chicago	42.1
18	60633	Chicago	63.1	60007	Elk Grove Village	45.4	60130	Forest Park	42.0
19	60636	Chicago	62.5	60482	Worth	44.8	60614	Chicago	40.2
20	60655	Chicago	62.6	60173	Schaumburg	42.8	60660	Chicago	40.0

Figure 7. Table of the ZIP codes with the highest number of people reporting frequent thoughts of suicide on MHA Screening per 100,000 people by age group within Cook County between 2020-2022.

# Data-driven Change for Illinois and Cook County

From 2020-2022, Congress passed several bills allocating significant funding that states can use for mental health promotion and services, including the American Rescue Plan Act (ARPA) and Bipartisan Safer Communities Act (BSCA). Given this increase in available funding and the findings from the MHA Screening program, Illinois should invest in improvements in three areas:

- Strengthening services for youth and young adults
- Implementation of crisis services and 988 funding
- Mental health workforce development and training

## American Rescue Plan Act (ARPA)

In 2021, President Biden signed the American Rescue Plan Act (ARPA) into law, which allocated significant resources to states for public health and economic relief from the COVID-19 pandemic. States have wide discretion for spending under ARPA, and some have used the funding for mental health, including additional mental health services in schools, increasing capacity in youth mental health hospitals and residential treatment programs, and mental health loan forgiveness and training programs. However, the percentage of funds allocated for mental health promotion varies widely across states. In Colorado, 11% of funds were allocated to mental health, whereas the median mental health allocation across all states is about 0.5%.<sup>12</sup>

States must appropriate all ARPA funds by the end of 2024 and spend all funds by the end of 2026. As of December 2022, Illinois has appropriated 83.2% of the \$8.1 billion granted in ARPA funds, only 1.1% of which were appropriated for mental health.<sup>13</sup>



# Bipartisan Safer Communities Act (BSCA)

In 2022, President Biden signed the Bipartisan Safer Communities Act (BSCA) into law, which authorized billions of dollars to be spent on mental health services. These include \$60 million in funding for training primary care clinicians in pediatric mental health, \$240 million for programs that increase awareness and access to services for mental health among school-aged youth, \$40 million for treatment and services for individuals who have experienced trauma, and \$150 million to support implementation of the 988 Suicide and Crisis Lifeline. The BSCA also provided historic funding to increase the number of school-based mental health professionals in school districts with greater unmet needs and support practices that improve the school climate.<sup>14</sup>

Under these provisions, Illinois received grant funding for each of the focus areas we identified. In September 2022, the Illinois Department of Public Health was one of only five agencies to receive both ARPA and BSCA Pediatric Mental Health Care Access awards to help pediatric primary care providers work with pediatric mental health care specialists to better identify and refer children experiencing mental health conditions.<sup>15</sup> In October 2022, Illinois was awarded over \$40 million in Stronger Connections grant funding to be allocated to high-need local educational agencies (LEAs) to help provide students with safe and supportive school learning environments. At the end of 2022, several school districts in Illinois received BSCA funding to increase the number of school-based mental health professionals, including Cook County School District 130, which received nearly \$2 million to recruit and retain additional providers and implement and improve additional mental health services for students.<sup>16</sup> In December 2022, the Illinois State Department of Human Services also received \$2 million in 988 Capacity Building grants to provide adequate funding for the six Illinois Lifeline Call Centers.<sup>17</sup>

## Strengthening Services for Youth and Young Adults

The state of Illinois has taken action to improve youth mental health, both through the development of the Children's Behavioral Health Transformation Initiative, the significant funding from ARPA and the BSCA, and the long work of the Illinois Children's Mental Health Partnership. In 2021, as part of their development of the [Illinois Children's Mental Health Plan 2022-2027](#), the Illinois Children's Mental Health Partnership surveyed community members, youth, and workgroup members about what they believed the most pressing issues in Illinois children's mental health were. Educators, providers, and other community stakeholders identified general access to mental health services, including access to resources within the community, in schools, and in health care settings, as the most pressing issue. Youth identified increasing stress and emotional concerns as the most pressing issue, followed by not feeling knowledgeable or empowered to address issues when they arise. According to the Illinois Children's Mental Health Partnership, "youth didn't know where to go, how to access help, or what their rights were."<sup>18</sup> Mental health will not improve in Illinois if individuals do not know where to go or how to receive help, or are unable to access timely and affordable care when they need it. The Mental Health Equity Access and Prevention Act ([HB 2847](#)) requires that the Illinois Department of Public Health create a public education campaign on the importance of mental health and wellness. It also requires that all insurance or managed care plans cover all medically necessary out-of-network mental health visits, treatment, and services, and that they provide coverage for two annual mental health prevention and wellness visits for children and adults without the requirement of a mental health diagnosis. [House Bill 3977](#) requires Medicaid to cover up to eight clinical sessions for youth and adults without requiring a mental health diagnosis, which will expand access to early intervention and prevent mental health challenges from worsening. Passage of both HB 2847 and HB 3977 would greatly improve knowledge, awareness, and access to early identification and intervention to prevent the development of mental health conditions in individuals in Illinois.

In addition to expanding access to prevention and early intervention services, Illinois must ensure timely and affordable care for individuals experiencing severe mental health challenges. While youth often recognize symptoms of mental health issues early in adolescence, they usually don't engage in treatment until young adulthood or until mental health symptoms have become severe. In Illinois in 2018-2019, only 45% of youth with a major depressive episode in the past year<sup>19</sup> and only 53% of youth with severe major depression received specialty mental health care.<sup>20</sup> Thirty-six percent of adults with serious mental illness (SMI) in Illinois did not receive any mental health treatment.<sup>21</sup> In our analysis, 31% (5,603 individuals) of all Illinois users on the depression screen scored with severe depression indicating a risk for impairment in multiple areas of life including school, work, relationships, and home life. Medicaid is the most important resource for those at highest risk to gain access to early intervention. Illinois should ensure access to mental health treatment and invest in expanding delivery of wraparound services to all youth who need comprehensive care in the state, as recommended by the [Illinois Children's Behavioral Health Transformation Initiative \(Transformation Initiative\)](#).<sup>22</sup> The Illinois General Assembly should also consider removing barriers to treatment access through passage of [HB 2456/SB 1636](#), which remove prior authorization mandates and utilization management controls in fee-for-service and managed care Medicaid for treatments of serious mental illnesses.

## Mental Health in Schools

The additional investment in youth mental health will result in an increase in early identification of mental health conditions among youth. Historically, the transition between early childhood (ages 0-5) and entering school at kindergarten is a high-risk period for families who have difficulty maintaining services from early childhood development supports to school-based supports or coordinating services between two systems of care. To sustain investment from prevention through provision of mental health services in schools and pediatric care, federal and state governments can identify policies and funding to streamline services across systems, consult with pediatric and early development providers in the development of school planning, and fund and provide education and resources to high-risk families about how they can receive ongoing mental health support in schools. As more children experiencing mental health challenges are identified, these systems must be better coordinated, and investments must be made in data collection to identify bottlenecks for families who are unable to access services. With the addition of providers in each system, there should be additional guidance, infrastructure, and resources for clinicians, school providers, and community providers like [Thresholds](#) in Illinois to coordinate services without the onus being placed on families.

While schools in Illinois received significant grant funding through ARPA and BSCA funds, schools also need long-term financial support to build up sustained and sufficient infrastructure and programming across the state. This infrastructure should include implementing comprehensive mental health education, identifying processes and supports for screening and treating students, and reducing the gap in care when students transition from school to college and college to the workforce. Policymakers in Illinois have proposed legislation for universal screening in schools ([HB 3369](#)), however the legislature adjourned sine die without passage. Some schools in Illinois have already implemented universal mental health screening for students. Universal screening programs should be implemented uniformly in schools throughout the state, with guidance on which screening tools to use and how to administer them, how to protect youth and their privacy, and what to do if students screen at risk, including procedures for connecting students and families to school- or community-based services for follow-up. While universal mental health screening is an important step in increasing early identification of mental health conditions in schools, additional resources must also be allocated for more upstream mental health promotion, like creation or implementation of a mental health education curriculum or programs that promote youth social and emotional development. Illinois may begin this work through the Stronger Connections grant funding, but must also secure more sustainable, long-term funding in order to implement mental health promotion in schools throughout the state.

# Implementation of Crisis Services and 988 Funding

Prior to the rollout of 988 in July 2022, Illinois had the lowest in-state answer rate in the U.S. of crisis calls to the National Suicide Prevention Lifeline. Following 988 implementation and Gov. Pritzker’s funding of a primary call center in the 2023 state budget, the in-state answer rate improved significantly, reaching over 80% from August–November 2022 before decreasing again to 76% in December 2022.<sup>23</sup> While Illinois has taken critical steps to fund existing call centers and increase capacity within the system, there must be sustainable funding to build out a crisis care system that can equitably and consistently serve the growing need for crisis care in the state. The 103rd Illinois General Assembly is currently considering legislation ([SB 1403](#)) to create a 988 Suicide and Crisis Lifeline Task Force to examine the first year of 988 implementation and develop an action plan with recommendations on call network structure, metrics to ensure equity and quality in crisis services, and a plan for sustainable funding, among other areas. They are also currently considering legislation ([HB 3230](#)) to require the use of a third-party expert to conduct a cost analysis and determine costs of creating a statewide continuum of crisis care, including funding for crisis call centers, mobile crisis teams, crisis stabilization centers, and other services. Both bills are important first steps toward ensuring that Illinois can adequately support crisis call centers and continue to build out a continuum of care to serve those in need in the state. As 988 marks nearly a year since its rollout, it is critical that Illinois move forward in determining a plan for sustainable funding for these services.

The data from the local dashboard can help ensure that populations in the most need of crisis services are being served. Our analysis indicates a need to explore availability of sufficient crisis services, including mobile crisis teams, in areas like the Loop and Elk Grove Village. The full continuum of crisis care must be developed to meet the needs of children, adolescents, and families, including access to youth crisis stabilization services and youth respite, full family crisis supports and in-home services, and family and youth peer support. Communities of color and other historically underserved communities should also be involved in the design, implementation, and quality measurement of crisis services, and specific resources should be allocated for collaboration with local community-based organizations, youth-serving organizations, and representatives and trusted institutions within underserved communities. For language on each of these strategies, legislators can refer to the National Association of State Mental Health Program Director’s (NASMHPD) [2023 model legislation for state behavioral health crisis services systems](#).



# Mental Health Workforce Development and Training

Illinois is working on strategies to better recruit and retain additional mental health providers, including tuition assistance and loan forgiveness programs. As these providers are trained, it is imperative that they are incentivized to work in areas with highest need for mental health services. The Illinois Children's Behavioral Health Transformation Initiative's Blueprint for Transformation recommended that data analysis be used regularly with new and available data sources to understand population health needs and adjust provider supply accordingly.<sup>24</sup> MHA Screening data can be used as a real-time data source for spatial gap analysis. This can better inform imminent need for mental health services and supports so that additional providers can be placed in areas where mental health needs are increasing and that those providers can administer culturally relevant and linguistically appropriate care for the individuals seeking help. Our analysis also indicates a need to increase mental health providers who understand poverty, or to increase specialty care that includes wraparound services that provide case management, peers, nurse practitioners, and home-based services.

The Transformation Initiative also recognized that until very recently, Illinois Medicaid payment rates were so low that community providers were unable to pay staff enough to sustainably serve youth and families in low-income areas.<sup>25</sup> Given that the data show more than half of the communities at risk for suicidal ideation, trauma, and psychosis were lower-income communities, it is imperative that community providers not only be paid adequately to serve high-poverty areas, but are financially incentivized to serve those areas with highest need. Currently, the Illinois General Assembly is considering [HB 2173](#), which proposes Medicaid rate increases for community mental health services, including mobile crisis response, crisis intervention services, group and family therapy, and medication management, among others. Passage of this legislation improving Medicaid reimbursement rates is a critical first step to ensuring providers are able to serve those in most need of mental health supports throughout the state. Finally, the Transformation Initiative acknowledged the value of peer support specialists and recommended that Illinois integrate peer support into mobile crisis response. Illinois should also explore the use of youth, adult, and family peer support in other settings, including primary care, emergency departments, and schools.

## Conclusion

In conclusion, Illinois has made significant progress, particularly in the area of school-based mental health and the work of the Illinois Children's Health Partnership and the Illinois Children's Behavioral Health Transformation Initiative. Both the Partnership and the Transformation Initiative provide important resources and context for further exploring investment. To continue strengthening its communities, Illinois needs to invest in a sustainability plan to ensure that early COVID-19 investments including for 988 and crisis care, workforce development, screening, and mental health promotion in schools are given continued funding. There must also be increased investment in coordination across systems (including departments of public health, mental health, and education) and communities where funding has historically been siloed.

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