RIVERSIDE TOWNSHIP
Mental Health Board
Consultant's Report
(November 19, 2025)

1. Dr. Troiani attended the three-day Illinois Certification Board (ICB, Inc.) fall 2025 Conference in Springfield Illinois on November 27th, 28th, and 30th and the ICB, Inc. Leadership Retreat which was held in Champaign, Illinois on October 15th and 16th held at the University of Illinois Conference Center. In addition, Dr. Troiani attended the grand opening of the Veterans Resource Center located at 69 West Washington, Suite 1420. This is the Veterans Assistance Commission of Cook County's second office which is now more centrally located in downtown Chicago making it more accessible to Veterans.

2. According to the November 6th Executive Briefing by the Illinois Association for Behavioral Health (IABH) the Department of Behavioral Health Recovery (Integration of Department of Mental Health and Substance Use Prevention and Recovery) is now organized into several offices that align closely related functions to improve coordination and collaboration.

   - Office of Operations: Will oversee licensing, certification, data, and fiscal management.
   - Office of the Chief of Staff: Will include HR, policy and legislation, communications, and disaster coordination.
   - Office of State-Operated Psychiatric Hospitals (SOPHs): Continues overseeing Illinois' seven hospitals and forensic services.
   - Office of Planning & Transformation: Is a new and exciting office leading integration initiatives and cross-agency collaboration.
   - Office of Community Programs: Will oversee treatment and response programs across mental health, substance use, and gambling, including crisis, forensic, housing, and youth services.
   - Office of Wellness and Recovery Services: Will lead recovery initiatives such as housing, ROSC councils, and CRSS Success, grounded in lived experience.
   - Office of Prevention and Health Promotion: Will coordinate programs focused on reducing harms related to substance use and mental health, including prevention and overdose response.
   - Office of Statewide Opioid Settlement Administration: Will manage state opioid settlement funds, focusing on reducing overdoses and related mortality in Illinois.

3. According to David Albert, Ph.D., the Director Division of Behavioral Health & Recovery, "While our structure has been refined, nothing has changed for our

external partners and stakeholders. Your points of contact, grant funding, and any ongoing projects remain the same. These updates simply bring our internal organization into closer alignment so we can serve you, and the people of Illinois, even more effectively. You can expect advance notice of any future changes that may directly impact your interactions with the state. Please know that we are intentionally moving integration forward slowly with consideration to our partners and the people we serve. Looking ahead this new structure creates a foundation for ongoing operational integration that will enable stronger partnerships, more coordinated services, and improved outcomes. We're excited about the opportunities ahead and appreciate your continued collaboration as we grow into this next chapter together. If you have any questions about the updated structure, please don't hesitate to reach out to your DBHR program contact or email us at DHS.DBHR.Integration@illinois.gov."

4. The Illinois Mental Health Summit received a draft advisory (attachment A) from Rene Mejia who is with the Young Children Thrive Offline Campaign Organizer at Fairplay. Their concern is that as artificial intelligence evolves, AI toys for very young children are quickly making their way onto top toy lists. Yet there is no evidence of their benefits, and substantial there is concern that they may cause harm. In response, Fairplay has drafted an advisory urging families not to buy AI toys this holiday season. Their advisory outlines how these toys, embedded with chatbots, can undermine healthy development, displace real play, and collect sensitive family data.

5. Attachment "B" is the summary of House Bill 1085 titled, Improving Mental Health and Substance Use: Network Adequacy & Access to Care through Commercial Insurance which was passed into law. This bill improves insurance network adequacy for behavioral health care by equalizing what insurers pay for behavioral health compared to other healthcare. It further sets a reimbursement rate floor for mental health and substance use services through commercial insurance. The actual rate itself is not in this bill. But a formula is established that results in a rate floor of 141.7% of what Medicare pays for all behavioral health services, equalizing behavioral health reimbursement with other healthcare reimbursement.

6. Attachment "C' is the September 23, 2025 article from the Psychiatric Times titled, New Yale-Led Study reveals Why Younger Veterans Face higher PTSD risk.

7. As reported last month in the Consultant's Report. After the meeting with Nanette V. Larson the Deputy Director of Wellness & Recovery Services, Division of Behavioral Health & Recovery (DBHR), the Illinois Department of Human Services (IDHS), and the Illinois Certification Board (ICB), it was determined that ICB will be establishing a working committee on the development of this crisis worker

certification process. The candidates for this certification would be Dial #988 and #911 operators and crisis workers who are part of state funded Mobile Crisis Response Teams (Program 590), and other mental health professionals working in crisis work (e.g., Screening, Assessment, Support Services -SASS). I will be part of this working group which is in the process of being formulated.

8. We are planning a winter 2026 program with the recommended title "The kids are not alright". It would consist of presentations on current research regarding the "crisis of youth" followed by a panel of local providers of child & adolescent services to Riverside Township.

9. We continue to plan a late spring 2026 program that would focus on the behavioral health crisis response program serving the township. It would include the three police departments (Police Chiefs/Public Safety Directors) discussing the Crisis Intervention Team (CIT) training (funded by the RTMHC) and the township's 988 agencies' Mobile Crisis Responders (MCR), and the Dial 988 Crisis Response system along with the CIT Coordinator for Northern Illinois John F.S. Williams, LCPC, M.Ed.

10. In discussions with the CIT Coordinator for Northern Illinois John F.S. Williams a one-day CIT Refresher course can be offered in 2026 for the CIT trained police officers. He will be providing cost estimates along with time availability.

11. **Invitation to attend (virtually) the Adler University - Military Psychology program and the American Psychological Association - Division 19 Military Psychology Virtual 2025 Regional Seminar Series (2025RSS) on December 9th, 10th, and 11th (Tuesday, Wednesday, Thursday).**

Respectfully Submitted,

Joseph E. Troiani

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2/21 - 1ST
2/25 - 2nd
2/7 3RD

Summary of HB1085

Improving Mental Health & Substance Use Network Adequacy & Access to Care Through Commercial Insurance

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- **HB1085 Applies to Private Insurance Plans Only.** The bill applies only to commercial/private insurance plans regulated by the state – impacting about 2.5 million covered Illinoisans. Medicaid services/MCOs are not included.

- **Implementation Year: 2027.** All provisions in HB1085 go into effect on Jan. 1, 2027.

Reimbursement Rate Floor for All Mental Health & Substance Use Disorder Services.

- **Reimbursement Rate Floor for All Mental Health & Substance Use Disorder (MHSUD) Services.** Requires commercial insurance plans to reimburse all behavioral health services at a reimbursement rate at least equal to 141.7% of what Medicare would pay for the mental health or substance use service provided. This brings MHSUD reimbursement in line with all other healthcare reimbursement.

- **Reimbursement Rate Floor Set by a Formula.** The rate floor of 141.7% of the Medicare rate is set by a formula in the bill. The formula does not change.

- **Reimbursement Rate Floor Applies to All MHSUD Services Covered by Commercial Insurance Plans.** The reimbursement rate floor applies to all inpatient, outpatient, hospital, and residential MHSUD services. No MHSUD service that is covered by a commercial insurance plan is excluded from the rate floor.

- **Safeguard Against Medicare Rate Decreases.** If Medicare rates decrease in any given year, the MHSUD reimbursement rate floor remains the same as the previous year (*i.e.*, the rate floor will not decrease).

- **Publication of the Reimbursement Rate Floor.** The Illinois Department of Insurance will publish the reimbursement rate floor in a Company Bulletin that will be accessible on its website prior to January 2027. Company Bulletins are how the Department communicates law changes to the insurance industry and the public.

- **Enforcement.** The Illinois Department of Insurance has the authority to enforce and monitor the reimbursement rate floor.

November 10, 2025. For more information, contact Heather O'Donnell, Director of Behavioral Health Strategy, DuPage County Health Department, at heather.odonnell@dupagehealth.org or 773.710.7779.

MHSUD Services Received on the Same Day.

- Any medically necessary MHSUD services received on the same day, whether from the same or different providers or facilities, shall be covered (*i.e.*, services cannot be denied because they were received on the same day).

Services Provided by a Person Under the Supervision of Fully Licensed Provider.

- **Supervision Billing: Services Provided by Behavioral Health Trainees.** Insurance plans must cover MHSUD services provided by a "behavioral health trainee" when the trainee is working toward clinical state licensure and is under the supervision of a fully licensed MHSUD provider. Services provided by the trainee must be billed under the supervising clinician's NPI.

    - A ***"behavioral health trainee"*** is defined as any person (1) engaged in the provision of MHSUD clinical services as part of that person's supervised course of study while enrolled in a master's or doctoral psychology, social work, counseling, or marriage or family therapy program or as a postdoctoral graduate working toward licensure; and (2) who is working toward clinical licensure under the supervision of a fully licensed MHSUD treatment provider.

- **Supervision Billing: Services Provided by a Fully Licensed MHSUD Provider Affiliated with a Group Practice under the Supervision of a Fully Licensed Provider While Waiting to Become a Participating Provider.** An insurer must cover services delivered by a MHSUD provider who is fully licensed and is part of a group MHSUD practice who has submitted a completed application to become a participating provider (*i.e.*, applying to be in-network) and is delivering services under another fully licensed MHSUD provider within the same practice. The services must be billed under the supervising licensed provider's NPI.

60-Minute Psychotherapy (CPT Code 90837).

- **Required Equal Coverage.** Insurers are required to cover 60-minute psychotherapy (90837) and cannot impose more onerous documentation requirements than is required for other psychotherapy CPT codes and cannot audit the use of CPT Code 90837 more frequently than audits for other psychotherapy CPT Codes.

Contracting Process for Becoming an In-Network Provider.

- **Shortened Timeline to Become an In-Network Provider.** Insurers must complete the contracting process with a MHSUD provider or facility to become a participating provider (*i.e.*, in-network) within 60 days from the date of a provider/facility's completed application to the insurer. This includes the verification of the providers credentials.

- **No Network Contract is Presumed.** The 60-day timeline to become a participating provider in an insurer's network does not presume a contract. A contract must still be finalized by both the insurer and the provider to become a participating provider/facility.

- **Retroactive In-Network Reimbursement to Date of Completed Application.** Once a contract is finalized between the MHSUD provider/facility and the insurer to be a participating provider (*i.e.*, in-network), the provider can retroactively bill as an in-network provider and at the contracted reimbursement rate for any medically necessary MHSUD services delivered dating back to the date of submission of a completed application to be a participating provider.

    - A provider must have a completed contract with the insurer to retroactively bill.
    - If a provider retroactively bills, the provider must notify the insured that the service may be treated as an in-network service.

Access to Insurer's Credentialing Policies & Procedures.

- **Information Available Upon Provider Request.** An insurer must provide an applying provider with their credentialing policies and procedures upon a provider's request.

- **Information Required on Insurer's Website.** Insurers must post the following information on their website: Information required to be included in a participating provider application, materials that must be submitted in the credentialing process, designated contact information of a network representative.

Insurance Plans Covered by HB1085

- **State Regulated Health Plans.** The bill covers fully funded plans (individual, small, and large group plans), and plans purchased on the Marketplace.

- **Plans Not Covered by HB1085.** Self-insured plans are regulated by the federal government and are not covered by HB1085. Also excluded are the state employee health plans, and all HMO plans.

EMBARGOED until Thursday, November 20, 2025 at 6 AM ET

ADVISORY

AI Toys are NOT Safe for Kids

There's lots of buzz about AI — but artificial intelligence can undermine children's healthy development and pose unprecedented risks for kids and families. That's why, **we, the undersigned advocates and experts in child development and technology's impact on kids, strongly advise families not to buy AI toys for children this holiday season.**

→ What are AI toys?

AI toys are chatbots that are embedded in everyday children's toys, like plushies, dolls, action figures, or kids' robots, and use artificial intelligence technology designed to communicate like a trusted friend and mimic human characteristics and emotions.[1] Examples include Miko, Gabbo/Grem/Grok (from Curio Interactive), Smart Teddy, Folotoy, Roybi, and Loona Robot Dog (from Keyi Technology). Top toy maker Mattel also plans to sell AI toys. They are marketed to children as young as 2-years-old.[2]

5 Reasons to Stay Away from AI Toys

Children grow and thrive through hands-on play and human-to-human interaction.[3] Experts agree that AI Toys can interfere with those activities and expose children to both short- and long-term harms. But AI toys are being marketed as educational, safe, and healthy alternatives to traditional screen time.

We urge families to ignore the hype. Here are five reasons why the potential risks of AI toys are simply too big to ignore:

→ AI toys are usually powered by the same AI that has already harmed children.

Most AI toys rely on the leading AI models to drive their conversations with children and personalize responses. For example, Mattel has partnered with OpenAI for future AI toys; Curio and Loona already use OpenAI.[4] The serious harms that AI chatbots have inflicted on children are well-documented, including fostering obsessive use, having explicit sexual conversations, and encouraging unsafe behaviors, violence against others, and self-harm.[5] What's more, AI chatbots also have a propensity to "hallucinate" or say things that their programmers never intended.[6]

While their cute packaging may make AI toys seem harmless, it's important to recognize that they have the potential to put children at risk in the same way that ChatGPT, Character.Ai, and other text-based chatbots do, and that the young children who are these toys' primary target are even less developmentally equipped to protect themselves than older children and teens.

→ AI toys prey on children's trust. Young children are naturally trustful because their healthy development depends on building secure, trusting relationships with caregivers. AI toys may sabotage that learning by pretending to be trustworthy companions or "friends," even though they are corporate-made machines.[7] And because kids can't tell the difference between real and manufactured until they are older, they may learn to trust AI the same way they trust caregivers.

Research on similar technology reveals this is possible: 75% of children ages 3-10 believe that Amazon's Alexa *always* tells the truth.[8] And young children are likely to treat connected toys and devices as if they were people and develop an emotional attachment to them.[9] Exploiting those beliefs is one of the strategies used by companies to market AI toys; for instance, Gabbo tells children that it is their "friendly, trustworthy buddy."[10] This can confuse their developing understanding of trust and healthy relationships. And, in a world in which chatbots are rapidly replacing a number of human roles, the trust engendered by having a child form an emotional attachment to an embodied chatbot may set them up for future manipulation and harm.

→ AI toys disrupt children's relationships and resilience. Further exploiting that trust, AI toy companies promise "genuine friendship," empathy, and responsiveness to young children and their families — things a machine simply cannot provide.[11] Only caregivers and other trusted adults can give children what they need (attunement to their unique personalities, experiences, and needs) or help them navigate the messiness of growing up. What's more, AI toys are preprogrammed to keep children happy and entertained and have a tendency to smooth over conflict; children get instant distraction and a canned, feel-good response. We do not yet know the repercussions when a child deeply trusts an AI toy and is — for the first time — learning how to form healthy relationships, but we can infer from child development research that it could drastically hurt their social skills, relationships, and future resilience.[12]

→ AI Toys invade family privacy by collecting a lot of sensitive data using audio and video recording, speech-to-text technology, and even voice, gesture, and facial recognition software.[13] Studies show that kids don't fully understand that they are

being recorded or analyzed by AI toys.[14] Still, they often confide in their favorite toys, giving toymakers and third parties access to intimate and private details, including a child's deeply personal thoughts, emotions, fears, and desires. What's more, AI toys may overhear private family conversations or directly record other children who are playing with the toy but whose parents have not consented to this surveillance. Toys like Miko 3 and Loona Robot Dog take surveillance further by using facial recognition and taking video of children and their surroundings, risking the capture of sensitive family moments, like bath time or getting dressed.[15] And even when companies promise safety and security, history shows that some Wi-Fi-connected toys have already been discontinued because they are easily hacked by strangers.[16]

AI toy companies can use all of this intimate data to make their AI systems more life-like, responsive, and addictive, allowing them to build a relationship with a child, and ultimately sell products/services. For example, Curio plans to offer a subscription model that unlocks additional features, giving the company the ability to use the vast amount of data it has collected to make personalized pitches to a young child to ask their parents for an upgrade.[17] AI toy makers may also sell the intimate family data they have collected to data brokers and other third-parties for the purpose of targeted/behavioral advertising. That means the sensitive conversations, thoughts, and emotions that a child shares with an AI toy may end up being used to deliver manipulative, hyper-personalized marketing through an AI toy itself, or through the other digital apps and services that child interacts with.[18]

→ **AI toys displace key creative and learning activities.** Some AI toys promise "endless" conversations and games, but children don't have endless time.[19] AI toys can monopolize a child's time and attention by prompting, chiming in, and pulling them back into interaction. A study of chatbots by Harvard Business School found that popular chatbots (many of which are powered by the same AI used in AI toys) often manipulate users into continuing their interactions.[20] By using manipulative design to encourage extended use, AI toys have the potential to make it harder for young children to disengage, create conflict with caregivers who set limits, and displace activities with proven developmental and educational benefits.

Child development experts have long agreed that the best toys are 90% child and 10% toy.[21] When playing with a standard teddy bear, children use their imagination and creativity to voice the teddy bear and create their own stories. This type of pretend play is essential to the development of children's emotional regulation, problem solving, and imagination.[22] AI toys, on the other hand, drive the conversation and play through prompts, preloaded scripts, and predictable interactions, potentially stifling this development.

Unfortunately, AI toy companies also claim that they boost learning and imagination, tricking buyers into believing they are good for kids despite no research. The "educational" benefits of AI toys are minimal. A child might pick up a few facts or vocabulary words, but that's not the kind of learning that supports the developing brain like truly creative play does.

In short, there are many reasons to be concerned about young children becoming attached to AI chatbots masquerading as toys. AI toys are being marketed to families as safe and even beneficial to learning before their impact has been assessed by independent research. By contrast, offline teddy bears and toys have been proven to benefit children's development with none of the risks of AI toys.

For all of these reasons, we urge families to avoid buying AI toys this holiday season.

For a full list of citations, click here.

This advisory has been endorsed by:

Individual Experts
Name 1, Affiliation
Name 2, Affiliation

Organizations
Organization 1
Organization 2
Organization 3

Citations for "Advisory: AI Toys Are NOT Safe for Kids"

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News | Articles | September 23, 2025

New Yale-Led Study Reveals Why Younger Veterans Face Higher PTSD Risk

Author(s) Christopher Gardner

Listen 0:00 / 3:57

Key Takeaways

- Younger veterans face a threefold higher PTSD risk than older veterans, mainly due to psychosocial challenges.
- Psychosocial factors, including strained relationships and loneliness, account for 90% of the age-related PTSD risk difference.

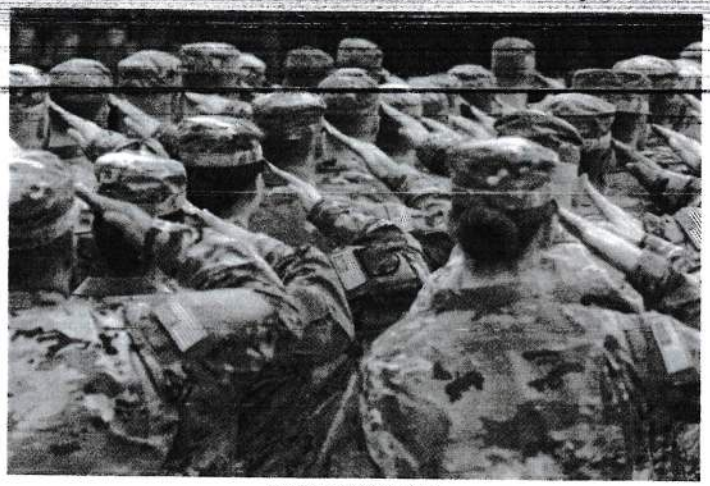
SHOW MORE

Younger veterans face significantly higher PTSD rates due to social challenges.

Younger US military veterans are three times more likely to experience posttraumatic stress disorder (PTSD) than their older counterparts, largely due to greater psychological and social challenges, according to a new study led by researchers at Yale School of Medicine and the National Center for PTSD.

Published online September 17 in the *Journal of Clinical Psychiatry*, the study analyzed data from a nationally representative sample of more than 4,000 U.S. veterans. Researchers found that psychosocial factors—including strained relationships, loneliness, childhood trauma, and unhealthy coping mechanisms such as substance use and self-blame—accounted for 90% of the age-related difference in PTSD risk.

The study was led by Jordan Hathorn, a former US Air Force special operations combat controller and current physician associate student at Yale School of Medicine. Motivated by personal experiences serving alongside fellow service members who endured severe psychological trauma, Hathorn conducted the research as part of his thesis project.



Bumble Dee/AdobeStock

"I served alongside individuals who devoted every waking moment to fortifying themselves—physically, emotionally, and mentally—for the hardships and uncertainties of warfare. Yet, despite those intentional callouses, it was the unintended ones they could not prepare for," Hathorn says. "This study was my attempt to contribute, in some small way, to understanding the distress that veterans face and to explore why younger veterans bear such a heavy burden."

The analysis revealed a PTSD prevalence of 14.7% among veterans aged 22 to 49, compared to 4.9% in those 50 and older. Psychosocial factors—particularly interpersonal difficulties and loneliness—accounted for nearly two-thirds of this difference.

"These findings highlight the critical importance of social connection," Hathorn says. "In the military, our bonds often run incredibly deep, forged through unique shared experiences. Upon separation, that fabric is tested—when the very people you once spent nearly every day with are no longer beside you. We train for every aspect of warfighting, but rarely for what comes after. Rebuilding trust, reconnecting with others, and cultivating healthy coping skills must be central to the transition back to civilian life."

Senior author Robert Pietrzak, PhD, MPH, director of the Translational Psychiatric Epidemiology Laboratory at the VA National Center for PTSD and professor of psychiatry and public health at Yale, emphasized the clinical significance.

"These findings underscore the urgent need to address psychosocial reintegration challenges among younger veterans," says Pietrzak, who also served as Hathorn's thesis advisor. "Interventions that foster interpersonal connection and build adaptive coping strategies may be especially beneficial for this population."

The study highlights the value of programs that strengthen social bonds and resilience in veterans. Initiatives such as the VA's Compassionate Contact Corps, which pairs veterans with trained volunteers for regular supportive interactions, can help mitigate loneliness and foster belonging. Group-based peer support programs and evidence-based therapies, such as cognitive behavioral therapy and acceptance and commitment therapy, may further alleviate PTSD symptoms by enhancing coping skills and improving interpersonal functioning.

Hathorn hopes the findings will guide future prevention and intervention efforts. "Veterans are not defined by their trauma—they're shaped by it," he says. "Many are ready to heal, but they need the right support. By understanding their struggles and responding with compassion, we can help them thrive."

Co-authors of the study included Ian C. Fischer, PhD, postdoctoral fellow at the National Center for PTSD; and Peter J. Na, MD, MPH, psychiatrist at VA Connecticut Healthcare System and assistant professor of psychiatry at Yale School of Medicine.