

1 AN ACT concerning health.

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

4 Section 1. Short title. This Act may be cited as the Task  
5 Force for a Healing-Centered Illinois Act.

6 Section 5. Findings. The General Assembly makes the  
7 following findings:

8 (1) The short-term, long-term, and multi-generational  
9 impacts of trauma are well-documented and include  
10 increased risk for reduced life expectancy, cancer,  
11 cardiovascular disease, diabetes, smoking, substance  
12 abuse, depression, unplanned pregnancies, low birth  
13 weight, and suicide attempts as well as workplace  
14 absenteeism, unemployment, lower educational achievement,  
15 and lower wages.

16 (2) Trauma-informed and healing-centered principles,  
17 policies, and practices can prevent and mitigate the  
18 adverse health and social outcomes associated with trauma.

19 (3) Equitable strategies and a multisector approach  
20 are needed to ensure that all residents at every stage of  
21 life have the supports at home and in their communities  
22 that build well-being, buffer against negative  
23 experiences, foster healing, and make it possible to

1 thrive.

2 (4) The State of Illinois is a national leader in  
3 supporting trauma-informed strategies and is committed to  
4 becoming a trauma-informed and healing-centered State.

5 (5) The State of Illinois has previously recognized  
6 the impact of trauma on its residents' health and  
7 well-being, including through Trauma-Informed Awareness  
8 resolutions in 2019, 2021, and 2022, the creation of the  
9 Whole Child Task Force in 2021, and the Children's Mental  
10 Health Transformation Initiative established in 2022.

11 (6) The State of Illinois has public entities, such as  
12 the State Board of Education, the Department of Human  
13 Services, the Department of Juvenile Justice, the  
14 Department of Public Health, and the Illinois Criminal  
15 Justice Information Authority, non-governmental entities,  
16 such as the Illinois Childhood Trauma Coalition and the  
17 Illinois ACEs Response Collaborative, and public-private  
18 entities, such as the Illinois Children's Mental Health  
19 Partnership, leading efforts related to being  
20 trauma-informed and healing-centered.

21 (7) Better coordination and alignment of existing  
22 trauma-informed and healing-centered activities among  
23 public and non-governmental agencies will lead to more  
24 effective, equitable, and consistently high-quality  
25 implementation of services and supports to Illinois  
26 residents.

1           (8) Designing a sustainable structure to support and  
2           measure trauma-informed, healing-centered activities is  
3           essential to long-term transformation and should take into  
4           consideration the importance of providing ongoing training  
5           and support to the multisector, multidisciplinary  
6           workforce, as well as ongoing research to inform the  
7           development and implementation of trauma-informed,  
8           healing-centered policies, practices, and programs.

9           Section 10. Purpose. The Healing-Centered Illinois Task  
10          Force is created to advance the State's efforts to become  
11          trauma-informed and healing-centered through improved  
12          alignment of existing efforts, common definitions and metrics,  
13          and strategic planning for long-term transformation. The Task  
14          Force shall have the following objectives:

15               (1) Recommend shared language and common definitions  
16               for the State to become trauma-informed and  
17               healing-centered across sectors by aligning language and  
18               definitions included in the work of the Whole Child Task  
19               Force, the Children's Mental Health Transformation  
20               Initiative, and the Illinois Children's Mental Health  
21               Plan.

22               (2) Ensure the meaningful inclusion in Task Force  
23               matters of young people, parents, survivors of trauma, and  
24               residents who have engaged with Illinois systems or  
25               policies, such as child welfare and the legal criminal

1 system.

2 (3) Identify the current training capacity and the  
3 training needs to support healing-centered and  
4 trauma-informed environments among organizations,  
5 professional cohorts, educational institutions, and future  
6 practitioners and project how best to meet those needs.

7 (4) Design a process identifying what data are needed  
8 to understand the dimensions of trauma in the State and  
9 the status of the trauma-related work in Illinois and  
10 identify current relevant data sources in Illinois.

11 (5) Recommend a process for collecting and aggregating  
12 such data identified, as well as a process for improving  
13 transparency and accountability by developing and  
14 maintaining a platform of aggregated data that is  
15 accessible to a range of stakeholders, including the  
16 public.

17 (6) Identify existing State resources that are being  
18 invested to support trauma-informed and healing-centered  
19 work, develop recommendations to align these resources,  
20 and propose an approach and recommendations to support  
21 ongoing or expanded stable resources for this work.

22 (7) Identify what, if any, administrative or  
23 legislative policy changes are needed to advance goals to  
24 make Illinois a healing-centered or trauma-informed State.

25 (8) Recommend an overarching organizational structure  
26 to ensure coordination, alignment, and progress to make

1 Illinois a trauma-informed, healing-centered State.

2 (9) Devise a set of benchmarks to measure success in  
3 advancing the State toward becoming trauma-informed and  
4 healing-centered and a process for measuring them.

5 Section 15. Membership. Members of the Healing-Centered  
6 Illinois Task Force must represent the diversity of this State  
7 and possess the expertise needed to perform the work required  
8 to meet the objectives of the Task Force set forth under  
9 Section 10. Members of the Task Force shall include the  
10 following:

11 (1) One representative of a statewide coalition  
12 addressing childhood trauma, appointed by the Lieutenant  
13 Governor.

14 (2) One representative of a statewide collaborative  
15 addressing trauma across the lifespan (birth through older  
16 adulthood), appointed by the Lieutenant Governor.

17 (3) One representative from the Resilience Education  
18 to Advance Community Healing (REACH) Statewide Initiative,  
19 appointed by the Superintendent of the Illinois State  
20 Board of Education.

21 (4) One member of the General Assembly, appointed by  
22 the President of the Senate.

23 (5) One member of the General Assembly, appointed by  
24 the Speaker of the House of Representatives.

25 (6) One member of the General Assembly, appointed by

1 the Minority Leader of the Senate.

2 (7) One member of the General Assembly, appointed by  
3 the Minority Leader of the House of Representatives.

4 (8) The Director of the Governor's Children's Mental  
5 Health Transformation Initiative or the Director's  
6 designee.

7 (9) The Director of the Illinois Criminal Justice  
8 Information Authority or the Director's designee.

9 (10) The Director of Public Health or the Director's  
10 designee.

11 (11) The Secretary of Human Services or the  
12 Secretary's designee.

13 (12) The State Superintendent of Education or the  
14 State Superintendent's designee.

15 (13) The Director of Juvenile Justice or the  
16 Director's designee.

17 (14) The Director of Corrections or the Director's  
18 designee.

19 (15) The Director of Children and Family Services or  
20 the Director's designee.

21 (16) The Director of Aging or the Director's designee.

22 (17) The Director of Healthcare and Family Services or  
23 the Director's designee.

24 (18) The Chair of the Illinois Law Enforcement  
25 Training Standards Board or the Chair's designee.

26 (19) The Director of the Administrative Office of the

1 Illinois Courts or the Director's designee.

2 (20) Up to 5 additional representatives appointed by  
3 the Lieutenant Governor who have expertise in  
4 trauma-informed policies and practices within health care,  
5 public health, public education, the criminal legal  
6 system, violence prevention, child welfare, human  
7 services, adult behavioral health services, children's  
8 behavioral health services, or law enforcement.

9 (21) Up to 3 representatives who have been impacted by  
10 State systems, including the criminal legal system and  
11 child welfare, appointed by the Lieutenant Governor.

12 (22) At least one representative from student and  
13 youth counsels or advisory groups focused on advancing  
14 awareness and resources for mental health and  
15 trauma-informed services in diverse communities across the  
16 State, appointed by the Lieutenant Governor.

17 (23) At least one representative from an organization  
18 that brings parents together to improve mental health and  
19 supports for children and families, appointed by the  
20 Lieutenant Governor.

21 (24) One representative from a public-private  
22 partnership to support children's behavioral health,  
23 appointed by the Lieutenant Governor.

24 Section 20. Meetings. The Healing-Centered Illinois Task  
25 Force shall meet at the call of the Lieutenant Governor or his

1 or her designee, who shall serve as the chairperson. The  
2 Office of the Lieutenant Governor shall provide administrative  
3 support to the Task Force. Members of the Task Force shall  
4 serve without compensation.

5 Section 25. Reports. The Healing-Centered Illinois Task  
6 Force shall submit a report of its findings and  
7 recommendations to the General Assembly and the Governor  
8 within one year after the effective date of this Act. The Task  
9 Force is dissolved, and this Act is repealed, one year after  
10 the date of the report.