

AN ACT concerning health.

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

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

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

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

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

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

thrive.

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

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

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

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

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

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

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

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

system.

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

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

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

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

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

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

Illinois a trauma-informed, healing-centered State.

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

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

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

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

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

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

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

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

the Minority Leader of the Senate.

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

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

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

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

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

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

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

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

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

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

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

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

(19) The Director of the Administrative Office of the

Illinois Courts or the Director's designee.

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

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

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

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

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

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

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

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