

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 Advisory Council on Early Identification and Treatment of Mental Health Conditions Act.

Section 5. Findings. The General Assembly finds that:

(1) the medical science is clear that mental health treatment works to improve mental health conditions and manage symptoms but it can take, on average, 10 years for a child or young adult with a significant condition to receive the right diagnosis and treatment from the time the first symptoms began, and nearly two-thirds of children and adults never get treatment;

(2) long treatment lags can lead to debilitating conditions and permanent disability;

(3) suicide, often due to untreated depression, is the second leading cause of death in this State for children and young adults ranging in age from 10 to 34;

(4) between 40% to 50% of heroin and other drug addiction begins to self-medicate an underlying, untreated mental health condition;

(5) important State reforms on improving access to

mental health and substance use treatment are underway and others are pending, but more needs to be done to address this State's serious systemic challenges to early identification and treatment of mental health conditions;

(6) the medical and mental health treatment communities across this State are implementing many evidence-based best practices on early screening, identification and treatment of mental health conditions, including co-located and integrated care, despite limited resources and major access to care challenges across the State; and

(7) establishing an Advisory Council on Early Identification and Treatment of Mental Health Conditions to:

(A) report and share information on evidence-based best practices related to early identification and treatment being implemented across this State and other states;

(B) assist in advancing all providers to move toward implementation of evidence-based best practices, irrespective of payer such as Medicaid or private insurance,

(C) identify the barriers to statewide implementation of early identification and treatment across all providers; and

(D) reduce the stigma of mental health conditions

by treating them like any other medical condition will outline the path to enabling thousands of children, youth, and young adults in this State living with mental health conditions, including those related to trauma, to get the early diagnosis and treatment they need to effectively manage their condition and avoid potentially life-long debilitating symptoms.

Section 10. Advisory Council on Early Identification and Treatment of Mental Health Conditions.

(a) There is created the Advisory Council on Early Identification and Treatment of Mental Health Conditions within the Department of Human Services. The Department of Human Services shall provide administrative support for the Advisory Council. The report, recommendations, and action plan required by this Section shall reflect the consensus of a majority of the Council.

(b) The Advisory Council shall:

(1) review and identify evidence-based best practice models and promising practices supported by peer-reviewed literature being implemented in this State and other states on regular screening and early identification of mental health and substance use conditions in children and young adults, including depression, bi-polar disorder, schizophrenia, and other similar conditions, beginning at the age endorsed by the American Academy of Pediatrics,

through young adulthood, irrespective of coverage by public or private health insurance, resulting in early treatment;

(2) identify evidence-based mental health prevention and promotion initiatives;

(3) identify strategies to enable additional medical providers and community-based providers to implement evidence-based best practices on regular screening, and early identification and treatment of mental health conditions;

(4) identify barriers to the success of early screening, identification and treatment of mental health conditions across this State, including but not limited to, treatment access challenges, specific mental health workforce issues, regional challenges, training and knowledge-base needs of providers, provider infrastructure needs, reimbursement and payment issues, and public and private insurance coverage issues;

(5) based on the findings in paragraphs (1) through (4) of this subsection (b), develop a set of recommendations and an action plan to address the barriers to early and regular screening and identification of mental health conditions in children, adolescents and young adults in this State;

(6) complete and deliver the recommendations and action plan required by paragraph (5) of this subsection

(b) to the Governor and the General Assembly within one year of the first meeting of the Advisory Council; and

(7) upon completion and delivery of the recommendations and action plan to the Governor and General Assembly, the Advisory Council shall be dissolved.

(c) The Advisory Council shall be composed of no more than 27 members and 3 ex officio members, including:

(1) Two members of the House of Representatives, one appointed by the Speaker of the House of Representatives and one appointed by the Minority Leader of the House of Representatives.

(2) Two members of the Senate, one appointed by the President of the Senate and one appointed by the Minority Leader of the Senate.

(3) One representative of the Office of the Governor appointed by the Governor.

(4) Twenty-two members of the public as follows; however, provider representatives selected shall include a balance of those delivering care to persons with private health insurance and those serving underserved populations:

(A) Four pediatricians recommended by a statewide organization that represents pediatricians, one from the Chicago area, one from suburban Chicago, one from central Illinois, and one from downstate Illinois, appointed by the Speaker of the House of

Representatives.

(B) Four family primary care physicians recommended by a statewide organization that represents family physicians, one from the Chicago area, one from suburban Chicago, one from central Illinois, and one from downstate Illinois, appointed by the President of the Senate.

(C) Two advanced practice nurses recommended by a statewide organization that represents advanced practice nurses, one from Chicago and one from central or downstate Illinois, appointed by the Speaker of the House of Representatives.

(D) Two psychiatrists, including one child psychiatrist, recommended by a statewide organization that represents psychiatrists, one from the Chicago metropolitan region and one from central or downstate Illinois, appointed by the President of the Senate.

(E) Two psychologists, including one child psychologist, recommended by a statewide organization that represents psychologists, one from the Chicago metropolitan region and one from central or downstate Illinois, appointed by the Speaker of the House of Representatives.

(F) One representative from an organization that advocates for families and youth with mental health conditions who is a parent with a child living with a

mental health condition, appointed by the President of the Senate.

(G) Two community mental health service providers recommended by a statewide organization that represents community mental health providers, one from the Chicago metropolitan region and one from central Illinois or downstate Illinois, appointed by the Speaker of the House of Representatives.

(H) Two substance use treatment providers recommended by a statewide organization that represents substance use treatment providers, one from the Chicago metropolitan region, one from central or downstate Illinois, appointed by the President of the Senate.

(I) One representative from an organization that advocates for families and youth with mental health conditions who is an individual with lived experience of a mental health condition, appointed by the President of the Senate.

(J) Two representatives from private insurance companies, one appointed by the Speaker of the House of Representatives and one appointed by the President of the Senate.

(K) The following 3 officials shall serve as ex officio members:

(i) the Director of Public Health, or his or

her designee;

(ii) the Director of Healthcare and Family Services, or his or her designee; and

(iii) the Director of the Division of Mental Health within the Department of Human Services, or his or her designee.

(d) Members shall serve without compensation and are responsible for the cost of all reasonable and necessary travel expenses connected to Advisory Council business. Advisory Council members shall not be reimbursed by the State for these costs. Advisory Council members shall be appointed within 60 days after the effective date of this Act. The Advisory Council shall hold its initial meeting within 60 days after at least 50% of the members have been appointed. One representative from the pediatricians or primary care physicians and one representative from the mental health treatment community shall be the co-chairs of the Advisory Council. At the first meeting of the Advisory Council, the members shall select a 7 person Steering Committee that include the co-chairs. The Advisory Council may establish committees that address specific issues or populations and may appoint persons with relevant expertise who are not appointed members of the Advisory Council to serve on the committees as needed.