



Rep. Sara Feigenholtz

**Filed: 5/10/2016**

09900SB0320ham001

LRB099 02942 RLC 48346 a

1                                   AMENDMENT TO SENATE BILL 320

2           AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 320 by replacing  
3 everything after the enacting clause with the following:

4           "Section 1. Short title. This Act may be cited as the  
5 Mental Health Opportunities for Youth Diversion Task Force Act.

6           Section 5. Findings. The General Assembly finds that:

7           (1) an estimated 70% of youth who are arrested in the  
8 United States have a mental health disorder;

9           (2) in many cases, this may contribute to the cause of  
10 their arrest or may remain undiagnosed as they progress through  
11 the juvenile justice system;

12           (3) in Cook County, at least one study found that 60% of  
13 boys and 66% of girls detained in the Juvenile Temporary  
14 Detention Center met the diagnostic criteria for one or more  
15 psychiatric disorders;

16           (4) an appropriate system of care would be one in which

1 youth with identified mental health needs receive care through  
2 the health care system in the community rather than in the  
3 juvenile justice system;

4 (5) while some youth are diverted to hospitals while they  
5 are in mental health crisis, often these youth do not require  
6 hospitalization but are funneled through these hospitals  
7 unnecessarily because of the lack of less intensive options  
8 available to receive intermediate care;

9 (6) youth in these situations often need a quick assessment  
10 and intermediate care, such as crisis intervention,  
11 counseling, or case management;

12 (7) in contrast, a hospital assessment and a referral for  
13 later community treatment are unnecessarily costly and  
14 specialized;

15 (8) youth with undiagnosed mental health issues may be  
16 arrested and processed through the juvenile justice system and  
17 only receive treatment once they are deep in the juvenile  
18 justice system;

19 (9) opportunities exist in several areas to eliminate  
20 barriers to community-based treatment for youth and increase  
21 diversion programming that allows youth to receive treatment  
22 and avoid further involvement with law enforcement or the  
23 juvenile justice system; and

24 (10) establishing a Mental Health Opportunities for Youth  
25 Diversion Task Force to review best practices and guarantee  
26 cross-collaboration among government entities and community

1 partners is essential to eliminating these barriers and  
2 ensuring that youth in this State with mental health needs do  
3 not end up unnecessarily tangled in the juvenile justice  
4 system.

5 Section 10. Mental Health Opportunities for Youth  
6 Diversion Task Force.

7 (a) There is created the Mental Health Opportunities for  
8 Youth Diversion Task Force within the Department of Human  
9 Services. The Task Force shall be composed of no more than 21  
10 voting members including:

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

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

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

20 (4) Twelve members of the public:

21 (A) one representative from a health and hospital  
22 system, appointed by the Speaker of the House of  
23 Representatives;

24 (B) one representative from a community-based  
25 mental health provider that serve youth, appointed by

1 the President of the Senate;

2 (C) one representative from a statewide youth  
3 juvenile justice advocacy organization, appointed by  
4 the Speaker of the House of Representatives;

5 (D) one representative of an organization that  
6 advocates for families and youth with mental illness,  
7 appointed by the President of the Senate;

8 (E) one representative from an organization with  
9 expertise in Medicaid, health care, and juvenile  
10 justice, appointed by the President of the Senate;

11 (F) one representative from law enforcement,  
12 appointed by the Minority Leader of the Senate;

13 (G) one representative from law enforcement from  
14 the Crises Intervention Team Training Unit, appointed  
15 by the Minority Leader of the House of Representatives;

16 (H) one representative from the juvenile division  
17 of a State's Attorney's office, appointed by the  
18 Minority Leader of the Senate;

19 (I) one representative from the juvenile division  
20 of a Public Defender's office, appointed by the  
21 Minority Leader of the House of Representatives;

22 (J) one representative from a clinical unit of  
23 juvenile community corrections, appointed by the  
24 Speaker of the House of Representatives;

25 (K) one representative from an organization that  
26 is a comprehensive community-based youth service

1 provider appointed by the House Minority Leader; and

2 (L) one representative from a service provider  
3 with the Juvenile Redeploy Illinois Program appointed  
4 by the Senate Minority Leader.

5 (5) The following 4 officials shall serve as ex-officio  
6 members:

7 (A) one representative from the Department of  
8 Human Services Mental Health and Juvenile Justice  
9 Program, appointed by the Secretary of Human Services;

10 (B) one representative from the Department of  
11 Human Services Comprehensive Community-Based Youth  
12 Services Program, appointed by the Secretary of Human  
13 Services;

14 (C) the Director of Healthcare and Family  
15 Services, or his or her designee; and

16 (D) one representative from the Administrative  
17 Office of the Illinois Courts, appointed by the  
18 Director of the Administrative Office of the Illinois  
19 Courts.

20 (b) Members shall serve without compensation and are  
21 responsible for the cost of all reasonable and necessary travel  
22 expenses connected to Task Force business. The Task Force  
23 members shall not be reimbursed by the State for these costs.  
24 Task Force members shall be appointed within 60 days after the  
25 effective date of this Act. The Task Force shall hold its  
26 initial meetings within 60 days after at least 50% of the

1 members have been appointed. The representatives of the  
2 organization that advocates for families and youth with mental  
3 illness and one of the representatives from an organization  
4 with an expertise in Medicaid, health care, and juvenile  
5 justice shall serve as co-chairs of the Task Force. At the  
6 first meeting of the Task Force, the members shall select a 5  
7 person Steering Committee that includes the co-chairs. The Task  
8 Force may establish committees that address specific issues or  
9 populations and may appoint individuals with relevant  
10 expertise who are not appointed members of the Task Force to  
11 serve on committees as needed.

12 (c) The Task Force shall:

13 (1) develop an action plan for State and local law  
14 enforcement and other agencies to divert youth in contact  
15 with law enforcement agencies that require mental health  
16 treatment into the appropriate health care setting rather  
17 than initial or further involvement in the juvenile justice  
18 system;

19 (2) review existing evidence based models and best  
20 practices around diversion opportunities for youth with  
21 mental health needs from the point of police contact and  
22 initial contact with the juvenile justice system;

23 (3) identify existing diversion programs across this  
24 State and highlight implemented programs demonstrating  
25 positive evidence based outcomes;

26 (4) identify all funding sources which can be used

1 towards improving diversion outcomes for youth with mental  
2 health needs, including funds controlled by the State,  
3 funds controlled by counties, and funding within the health  
4 care system;

5 (5) identify barriers to the implementation of  
6 evidence based diversion models and develop sustainable  
7 policies and programs to address these barriers;

8 (6) recommend an action plan required by paragraph (1)  
9 of this subsection (c) that includes pilot programs and  
10 policy changes based on the research required by paragraphs  
11 (3), (4), and (5) of this subsection (c) for increasing the  
12 number of youth diverted into community-based mental  
13 health treatment rather than further engagement with the  
14 juvenile justice system; and

15 (7) complete and deliver the action plan required by  
16 paragraph (1) of this subsection (c) with recommendations  
17 to the Governor and General Assembly within one year of the  
18 first meeting of the Task Force.

19 (d) Upon the completion and delivery of the action plan to  
20 the Governor and General Assembly, the Task Force shall be  
21 dissolved.

22 Section 15. Repeal. This Act is repealed on December 31,  
23 2018."