AN ACT concerning government.

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 Mental Health Opportunities for Youth Diversion Task Force Act.

Section 5. Findings. The General Assembly finds that:

- (1) an estimated 70% of youth who are arrested in the United States have a mental health disorder;
- (2) in many cases, this may contribute to the cause of their arrest or may remain undiagnosed as they progress through the juvenile justice system;
- (3) in Cook County, at least one study found that 60% of boys and 66% of girls detained in the Juvenile Temporary Detention Center met the diagnostic criteria for one or more psychiatric disorders;
- (4) an appropriate system of care would be one in which youth with identified mental health needs receive care through the health care system in the community rather than in the juvenile justice system;
- (5) while some youth are diverted to hospitals while they are in mental health crisis, often these youth do not require hospitalization but are funneled through these hospitals unnecessarily because of the lack of less intensive options

available to receive intermediate care;

- (6) youth in these situations often need a quick assessment and intermediate care, such as crisis intervention, counseling, or case management;
- (7) in contrast, a hospital assessment and a referral for later community treatment are unnecessarily costly and specialized;
- (8) youth with undiagnosed mental health issues may be arrested and processed through the juvenile justice system and only receive treatment once they are deep in the juvenile justice system;
- (9) opportunities exist in several areas to eliminate barriers to community-based treatment for youth and increase diversion programming that allows youth to receive treatment and avoid further involvement with law enforcement or the juvenile justice system; and
- (10) establishing a Mental Health Opportunities for Youth Diversion Task Force to review best practices and guarantee cross-collaboration among government entities and community partners is essential to eliminating these barriers and ensuring that youth in this State with mental health needs do not end up unnecessarily tangled in the juvenile justice system.

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

- (a) There is created the Mental Health Opportunities for Youth Diversion Task Force within the Department of Human Services. The Task Force shall be composed of no more than 21 voting 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) Twelve members of the public:
 - (A) one representative from a health and hospital system, appointed by the Speaker of the House of Representatives;
 - (B) one representative from a community-based mental health provider that serve youth, appointed by the President of the Senate;
 - (C) one representative from a statewide youth juvenile justice advocacy organization, appointed by the Speaker of the House of Representatives;
 - (D) one representative of an organization that advocates for families and youth with mental illness, appointed by the President of the Senate;

- (E) one representative from an organization with expertise in Medicaid, health care, and juvenile justice, appointed by the President of the Senate;
- (F) one representative from law enforcement, appointed by the Minority Leader of the Senate;
- (G) one representative from law enforcement from the Crises Intervention Team Training Unit, appointed by the Minority Leader of the House of Representatives;
- (H) one representative from the juvenile division
 of a State's Attorney's office, appointed by the
 Minority Leader of the Senate;
- (I) one representative from the juvenile division of a Public Defender's office, appointed by the Minority Leader of the House of Representatives;
- (J) one representative from a clinical unit of juvenile community corrections, appointed by the Speaker of the House of Representatives;
- (K) one representative from an organization that is a comprehensive community-based youth service provider appointed by the House Minority Leader; and
- (L) one representative from a service provider with the Juvenile Redeploy Illinois Program appointed by the Senate Minority Leader.
- (5) The following 4 officials shall serve as ex-officio members:
 - (A) one representative from the Department of

Human Services Mental Health and Juvenile Justice Program, appointed by the Secretary of Human Services;

- (B) one representative from the Department of Human Services Comprehensive Community-Based Youth Services Program, appointed by the Secretary of Human Services;
- (C) the Director of Healthcare and Family Services, or his or her designee; and
- (D) one representative from the Administrative Office of the Illinois Courts, appointed by the Director of the Administrative Office of the Illinois Courts.
- (b) Members shall serve without compensation and are responsible for the cost of all reasonable and necessary travel expenses connected to Task Force business. The Task Force members shall not be reimbursed by the State for these costs. Task Force members shall be appointed within 60 days after the effective date of this Act. The Task Force shall hold its initial meetings within 60 days after at least 50% of the members have been appointed. The representatives of the organization that advocates for families and youth with mental illness and one of the representatives from an organization with an expertise in Medicaid, health care, and juvenile justice shall serve as co-chairs of the Task Force. At the first meeting of the Task Force, the members shall select a 5 person Steering Committee that includes the co-chairs. The Task

Force may establish committees that address specific issues or populations and may appoint individuals with relevant expertise who are not appointed members of the Task Force to serve on committees as needed.

(c) The Task Force shall:

- (1) develop an action plan for State and local law enforcement and other agencies to divert youth in contact with law enforcement agencies that require mental health treatment into the appropriate health care setting rather than initial or further involvement in the juvenile justice system;
- (2) review existing evidence based models and best practices around diversion opportunities for youth with mental health needs from the point of police contact and initial contact with the juvenile justice system;
- (3) identify existing diversion programs across this State and highlight implemented programs demonstrating positive evidence based outcomes;
- (4) identify all funding sources which can be used towards improving diversion outcomes for youth with mental health needs, including funds controlled by the State, funds controlled by counties, and funding within the health care system;
- (5) identify barriers to the implementation of evidence based diversion models and develop sustainable policies and programs to address these barriers;

- (6) recommend an action plan required by paragraph (1) of this subsection (c) that includes pilot programs and policy changes based on the research required by paragraphs (3), (4), and (5) of this subsection (c) for increasing the number of youth diverted into community-based mental health treatment rather than further engagement with the juvenile justice system; and
- (7) complete and deliver the action plan required by paragraph (1) of this subsection (c) with recommendations to the Governor and General Assembly within one year of the first meeting of the Task Force.
- (d) Upon the completion and delivery of the action plan to the Governor and General Assembly, the Task Force shall be dissolved.

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