

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

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

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

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

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

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

23 (5) important State reforms on improving access to

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

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

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

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

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

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

26 (D) reduce the stigma of mental health conditions

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

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

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

17 (b) The Advisory Council shall:

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

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

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

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

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

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

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

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

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

6 (c) The Advisory Council shall be composed of no more than
7 27 members and 3 ex officio members, including:

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

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

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

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

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

1 Representatives.

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

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

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

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

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

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

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

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

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

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

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

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

1 her designee;

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

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

7 (d) Members shall serve without compensation and are
8 responsible for the cost of all reasonable and necessary travel
9 expenses connected to Advisory Council business. Advisory
10 Council members shall not be reimbursed by the State for these
11 costs. Advisory Council members shall be appointed within 60
12 days after the effective date of this Act. The Advisory Council
13 shall hold its initial meeting within 60 days after at least
14 50% of the members have been appointed. One representative from
15 the pediatricians or primary care physicians and one
16 representative from the mental health treatment community
17 shall be the co-chairs of the Advisory Council. At the first
18 meeting of the Advisory Council, the members shall select a 7
19 person Steering Committee that include the co-chairs. The
20 Advisory Council may establish committees that address
21 specific issues or populations and may appoint persons with
22 relevant expertise who are not appointed members of the
23 Advisory Council to serve on the committees as needed.