



Sen. Cristina H. Pacione-Zayas

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1 AMENDMENT TO SENATE BILL 646

2 AMENDMENT NO. _____. Amend Senate Bill 646 by replacing
3 everything after the enacting clause with the following:

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

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

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

16 (2) Trauma-informed and healing-centered principles,

1 policies, and practices can prevent and mitigate the
2 adverse health and social outcomes associated with trauma.

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

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

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

18 (6) The State of Illinois has public entities, such as
19 the State Board of Education, the Department of Human
20 Services, the Department of Juvenile Justice, the
21 Department of Public Health, and the Illinois Criminal
22 Justice Information Authority, non-governmental entities,
23 such as the Illinois Childhood Trauma Coalition and the
24 Illinois ACEs Response Collaborative, and public-private
25 entities, such as the Illinois Children's Mental Health
26 Partnership, leading efforts related to being

1 trauma-informed and healing-centered.

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

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

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

22 (1) Recommend shared language and common definitions
23 for the State to become trauma-informed and
24 healing-centered across sectors by aligning language and
25 definitions included in the work of the Whole Child Task

1 Force, the Children's Mental Health Transformation
2 Initiative, and the Illinois Children's Mental Health
3 Plan.

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

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

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

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

24 (6) Identify existing State resources that are being
25 invested to support trauma-informed and healing-centered
26 work, develop recommendations to align these resources,

1 and propose an approach and recommendations to support
2 ongoing or expanded stable resources for this work.

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

6 (8) Recommend an overarching organizational structure
7 to ensure coordination, alignment, and progress to make
8 Illinois a trauma-informed, healing-centered State.

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

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

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

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

24 (3) One representative from the Resilience Education
25 to Advance Community Healing (REACH) Statewide Initiative,

1 appointed by the Superintendent of the Illinois State
2 Board of Education.

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

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

7 (6) One member of the General Assembly, appointed by
8 the Minority Leader of the Senate.

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

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

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

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

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

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

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

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

26 (15) The Director of Children and Family Services or

1 the Director's designee.

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

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

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

7 (19) The Director of the Administrative Office of the
8 Illinois Courts or the Director's designee.

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

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

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

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

1 Lieutenant Governor.

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

5 Section 20. Meetings. The Healing-Centered Illinois Task
6 Force shall meet at the call of the Lieutenant Governor or his
7 or her designee, who shall serve as the chairperson. The
8 Office of the Lieutenant Governor shall provide administrative
9 support to the Task Force. Members of the Task Force shall
10 serve without compensation except those designated by the
11 Lieutenant Governor at the time of appointment as community or
12 system-impacted people may receive stipends as compensation
13 for their time.

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