

SB3501



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3501

Introduced 2/14/2020, by Sen. Heather A. Steans

SYNOPSIS AS INTRODUCED:

New Act

Creates the Behavioral Health Workforce Education Center of Illinois Act. Creates the Behavioral Health Workforce Education Center of Illinois, to be administered by a specified public institution of higher education for the purpose of leveraging workforce and behavioral health resources to produce reforms in Illinois. Provides for the structure and duties of the Center. Provides for the selection of the public institution of higher education to administer the Center. Provides for the adoption of rules. Effective immediately.

LRB101 19722 CMG 69220 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning education.

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 Behavioral Health Workforce Education Center of Illinois Act.

6 Section 5. Findings. The General Assembly finds as follows:

7 (1) There are insufficient behavioral health
8 professionals in this State's behavioral health workforce
9 and further that there are insufficient behavioral health
10 professionals trained in evidence-based practices.

11 (2) The Illinois behavioral health workforce situation
12 is at a crisis state and the lack of a behavioral health
13 strategy is exacerbating the problem.

14 (3) In 2019, the Journal of Community Health found that
15 suicide rates are disproportionately higher among African
16 American adolescents. From 2001 to 2017, the rate for
17 African American teen boys rose 60%, according to the
18 study. Among African American teen girls, rates nearly
19 tripled, rising by an astounding 182%. Illinois was among
20 the 10 states with the greatest number of African American
21 adolescent suicides (2015-2017).

22 (4) Workforce shortages are evident in all behavioral
23 health professions, including, but not limited to,

1 psychiatry, psychiatric nursing, psychiatric physician
2 assistant, social work (licensed social work, licensed
3 clinical social work), counseling (licensed professional
4 counseling, licensed clinical professional counseling),
5 marriage and family therapy, licensed clinical psychology,
6 occupational therapy, prevention, substance use disorder
7 counseling, and peer support.

8 (5) The shortage of behavioral health practitioners
9 affects every Illinois county, every group of people with
10 behavioral health needs, including children and
11 adolescents, justice-involved populations, working adults,
12 people experiencing homelessness, veterans, and older
13 adults, and every health care and social service settings,
14 from residential facilities and hospitals to
15 community-based organizations and primary care clinics.

16 (6) Estimates of unmet needs consistently highlight
17 the dire situation in Illinois. Mental Health America ranks
18 Illinois 29th in the country in mental health workforce
19 availability based on its 480-to-1 ratio of population to
20 mental health professionals, and the Kaiser Family
21 Foundation estimates that only 23.3% of Illinoisans'
22 mental health needs can be met with its current workforce.

23 (7) Shortages are especially acute in rural areas and
24 among low-income and under-insured individuals and
25 families. 30.3% of Illinois' rural hospitals are in
26 designated primary care shortage areas and 93.7% are in

1 designated mental health shortage areas. Nationally, 40%
2 of psychiatrists work in cash-only practices, limiting
3 access for those who cannot afford high out-of-pocket
4 costs, especially Medicaid eligible individuals and
5 families.

6 (8) Spanish speaking therapists in suburban Cook
7 County, as well as in immigrant new growth communities
8 throughout the State, for example, and master's-prepared
9 social workers in rural communities are especially
10 difficult to recruit and retain.

11 (9) Illinois' shortage of psychiatrists specializing
12 in serving children and adolescents is also severe.
13 Eighty-one out of 102 Illinois counties have no child and
14 adolescent psychiatrists, and the remaining 21 counties
15 have only 310 child and adolescent psychiatrists for a
16 population of 2,450,000 children.

17 (10) Only 38.9% of the 121,000 Illinois youth aged 12
18 through 17 who experienced a major depressive episode
19 received care.

20 (11) An annual average of 799,000 people in Illinois
21 aged 12 and older need but do not receive substance use
22 disorder treatment at specialty facilities.

23 (12) According to the Department of Public Health,
24 opioid overdoses have killed nearly 11,000 people in
25 Illinois since 2008. Just last year, nearly 2,000 people
26 died of overdoses, almost twice the number of fatal car

1 accidents.

2 (13) Behavioral health workforce shortages have led to
3 well-documented problems of long wait times for
4 appointments with psychiatrists (4 to 6 months in some
5 cases), high turnover, and unfilled vacancies for social
6 workers and other behavioral health professionals that
7 have eroded the gains in insurance coverage for mental
8 illness and substance use disorder under the federal
9 Affordable Care Act and parity laws.

10 (14) As a result, individuals with mental illness or
11 substance use disorders end up in hospital emergency rooms,
12 which are the most expensive level of care, or are
13 incarcerated and do not receive adequate care, if any.

14 (15) There are many organizations and institutions
15 that are affected by behavioral health workforce
16 shortages, but no one entity is responsible for monitoring
17 the workforce supply and intervening to ensure it can
18 effectively meet behavioral health needs throughout the
19 State.

20 (16) Workforce shortages are more complex than simple
21 numerical shortfalls. Identifying the optimal number,
22 type, and location of behavioral health professionals to
23 meet the differing needs of Illinois' diverse regions and
24 populations across the lifespan is a difficult logistical
25 problem at the system and practice level that requires
26 coordinated efforts in research, education, service

1 delivery, and policy.

2 (17) This State has a compelling and substantial
3 interest in building a pipeline for behavioral health
4 professionals and to anchor research and education for
5 behavioral health workforce development. Beginning with
6 the proposed Behavioral Health Workforce Education Center
7 of Illinois, Illinois has the chance to develop a blueprint
8 to be a national leader in behavioral health workforce
9 development.

10 (18) The State must act now to improve the ability of
11 its residents to achieve their human potential and to live
12 healthy, productive lives by reducing the misery and
13 suffering of unmet behavioral health needs.

14 Section 10. Behavioral Health Workforce Education Center
15 of Illinois.

16 (a) The Behavioral Health Workforce Education Center of
17 Illinois is created and shall be administered by a teaching,
18 research, or both teaching and research public institution of
19 higher education in this State. Subject to appropriation, the
20 Center shall be operational on or before July 1, 2021.

21 (b) The Behavioral Health Workforce Education Center of
22 Illinois shall leverage workforce and behavioral health
23 resources, including, but not limited to, State, federal, and
24 foundation grant funding, federal Workforce Investment Act of
25 1998 programs, the National Health Service Corps and other

1 nongraduate medical education physician workforce training
2 programs, and existing behavioral health partnerships, and
3 align with reforms in Illinois.

4 Section 15. Structure.

5 (a) The Behavioral Health Workforce Education Center of
6 Illinois shall be structured as a multisite model, and the
7 administering public institution of higher education shall
8 serve as the hub institution, complemented by secondary
9 regional hubs, namely academic institutions, that serve rural
10 and small urban areas and at least one academic institution
11 serving a densely urban municipality with more than 1,000,000
12 inhabitants.

13 (b) The Behavioral Health Workforce Education Center of
14 Illinois shall be located within one academic institution and
15 shall be tasked with a convening and coordinating role for
16 workforce research and planning, including monitoring progress
17 toward Center goals.

18 (c) The Behavioral Health Workforce Education Center of
19 Illinois shall also coordinate with key State agencies involved
20 in behavioral health, workforce development, and higher
21 education in order to leverage disparate resources from health
22 care, workforce, and economic development programs in Illinois
23 government.

24 Section 20. Duties. The Behavioral Health Workforce

1 Education Center of Illinois shall perform the following
2 duties:

3 (1) Organize a consortium of universities in
4 partnerships with providers, school districts, law
5 enforcement, consumers and their families, State agencies,
6 and other stakeholders to implement workforce development
7 concepts and strategies in every region of this State.

8 (2) Be responsible for developing and implementing a
9 strategic plan for the recruitment, education, and
10 retention of a qualified, diverse, and evolving behavioral
11 health workforce in this State. Its planning and activities
12 shall include:

13 (A) convening and organizing vested stakeholders
14 spanning government agencies, clinics, behavioral
15 health facilities, prevention programs, hospitals,
16 schools, jails, prisons and juvenile justice, police
17 and emergency medical services, consumers and their
18 families, and other stakeholders;

19 (B) collecting and analyzing data on the
20 behavioral health workforce in Illinois, with detailed
21 information on specialties, credentials, additional
22 qualifications (such as training or experience in
23 particular models of care), location of practice, and
24 demographic characteristics, including age, gender,
25 race and ethnicity, and languages spoken;

26 (C) building partnerships with school districts,

1 public institutions of higher education, and workforce
2 investment agencies to create pipelines to behavioral
3 health careers from high schools and colleges,
4 pathways to behavioral health specialization among
5 health professional students, and expanded behavioral
6 health residency and internship opportunities for
7 graduates;

8 (D) evaluating and disseminating information about
9 evidence-based practices emerging from research
10 regarding promising modalities of treatment, care
11 coordination models, and medications;

12 (E) developing systems for tracking the
13 utilization of evidence-based practices that most
14 effectively meet behavioral health needs; and

15 (F) providing technical assistance to support
16 professional training and continuing education
17 programs that provide effective training in
18 evidence-based behavioral health practices.

19 (3) Coordinate data collection and analysis, including
20 systematic tracking of the behavioral health workforce and
21 datasets that support workforce planning for an
22 accessible, high-quality behavioral health system. In the
23 medium to long-term, the Center shall develop Illinois
24 behavioral workforce data capacity by:

25 (A) filling gaps in workforce data by collecting
26 information on specialty, training, and qualifications

1 for specific models of care, demographic
2 characteristics, including gender, race, ethnicity,
3 and languages spoken, and participation in public and
4 private insurance networks;

5 (B) identifying the highest priority geographies,
6 populations, and occupations for recruitment and
7 training;

8 (C) monitoring the incidence of behavioral health
9 conditions to improve estimates of unmet need; and

10 (D) compiling up-to-date, evidence-based
11 practices, monitoring utilization, and aligning
12 training resources to improve the uptake of the most
13 effective practices.

14 (4) Work to grow and advance peer and parent-peer
15 workforce development by:

16 (A) assessing the credentialing and reimbursement
17 processes and recommending reforms;

18 (B) evaluating available peer-parent training
19 models, choosing a model that meets Illinois' needs,
20 and working with partners to implement it universally
21 in child-serving programs throughout this State; and

22 (C) including peer recovery specialists and
23 parent-peer support professionals in interdisciplinary
24 training programs.

25 (5) Focus on the training of behavioral health
26 professionals in telehealth techniques, including taking

1 advantage of a telehealth network that exists, and other
2 innovative means of care delivery in order to increase
3 access to behavioral health services for all persons within
4 this State.

5 (6) No later than December 1 of every odd-numbered
6 year, prepare a report of its activities under this Act.
7 The report shall be filed electronically with the General
8 Assembly, as provided under Section 3.1 of the General
9 Assembly Organization Act, and shall be provided
10 electronically to any member of the General Assembly upon
11 request.

12 Section 25. Selection process.

13 (a) No later than 90 days after the effective date of this
14 Act, the Board of Higher Education shall select a public
15 institution of higher education, with input and assistance from
16 the Division of Mental Health of the Department of Human
17 Services, to administer the Behavioral Health Workforce
18 Education Center of Illinois.

19 (b) The selection process shall articulate the principles
20 of the Behavioral Health Workforce Education Center of
21 Illinois, not inconsistent with this Act.

22 (c) The Board of Higher Education, with input and
23 assistance from the Division of Mental Health of the Department
24 of Human Services, shall make its selection of a public
25 institution of higher education based on its ability and

1 willingness to execute the following tasks:

2 (1) Convening academic institutions providing
3 behavioral health education to:

4 (A) develop curricula to train future behavioral
5 health professionals in evidence-based practices that
6 meet the most urgent needs of Illinois' residents;

7 (B) build capacity to provide clinical training
8 and supervision; and

9 (C) facilitate telehealth services to every region
10 of the State.

11 (2) Functioning as a clearinghouse for research,
12 education, and training efforts to identify and
13 disseminate evidence-based practices across the State.

14 (3) Leveraging financial support from grants and
15 social impact loan funds.

16 (4) Providing infrastructure to organize regional
17 behavioral health education and outreach. As budgets
18 allow, this shall include conference and training space,
19 research and faculty staff time, telehealth, and distance
20 learning equipment.

21 (5) Working with regional hubs that assess and serve
22 the workforce needs of specific, well-defined regions and
23 specialize in specific research and training areas, such as
24 telehealth or mental health-criminal justice partnerships,
25 for which the regional hub can serve as a statewide leader.

26 (d) The Board of Higher Education may adopt such rules as

1 may be necessary to implement and administer this Section.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.