

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 Housing is Recovery Pilot Program Act.

6 Section 3. Definitions. As used in this Act:

7 "Individual at high risk of unnecessary
8 institutionalization" means a person who has a serious mental
9 illness who is homeless (or will be homeless upon hospital
10 discharge or correctional facility release) and who has had:

11 (1) three or more psychiatric inpatient hospital
12 admissions within the most recent 12-month period;

13 (2) three or more stays in a State or county
14 correctional facility in the State of Illinois within the
15 most recent 12-month period; or

16 (3) a disability determination due to a serious mental
17 illness and has been incarcerated in a State or county
18 correctional facility in Illinois for the most recent 12
19 consecutive months.

20 "Individual at high risk of overdose" means a person with
21 a substance use disorder who is homeless (or will be homeless
22 upon hospital discharge or correctional facility release) who
23 has had:

1 (A) three or more hospital inpatient or inpatient
2 detoxification admissions for a substance use disorder
3 within the most recent 12-month period;

4 (B) three or more stays in a State or county
5 correctional facility in the State of Illinois within the
6 most recent 12-month period; or

7 (C) one or more drug overdoses in the last 12 months.

8 "Engagement services" means home-based or community-based
9 visits that assist the individual with maintaining his or her
10 housing, and providing other wrap-around support, including
11 linkage to mental health or substance use recovery support
12 services. Such engagement services shall align with
13 Medicaid-covered tenancy support services, and Medicaid
14 community-based mental health and substance use treatment
15 services, including case management, to ensure alignment with
16 any existing or future Illinois Medicaid benefits, waivers or
17 State plan amendments that include these services, and to
18 maximize any potential federal Medicaid matching dollars that
19 may be available to support engagement services.

20 "Homeless" means the definition used by the U.S.
21 Department of Health and Human Services, Health Resources and
22 Services Administration in Section 330(h)(5)(A) of the Public
23 Health Services Act (42 U.S.C. 254(b)). Under Section
24 330(h)(5)(A), a homeless individual is an individual who lacks
25 housing (without regard to whether the individual is a member
26 of a family), including an individual whose primary residence

1 during the night is a supervised public or private facility
2 that provides temporary living accommodations, and an
3 individual who is a resident in transitional housing. This
4 includes individuals who are doubled up with other households.

5 "Serious mental illness" means meeting both the diagnostic
6 and functioning criteria consistent with the definition of
7 Serious Mental Illness in the most current edition of the
8 Illinois Department of Human Services/Division of Mental
9 Health Community Mental Health Provider Manual.

10 "Substance use disorder" as defined in Section 1-10 of the
11 Substance Use Disorder Act.

12 Section 5. Establishment of program. Subject to
13 appropriation, the Housing is Recovery pilot program shall be
14 established and administered by the Department of Human
15 Services, Division of Mental Health. The purpose of the
16 program is to prevent a person with a serious mental illness
17 who is at high risk of unnecessary institutionalization, or a
18 person with a substance use disorder who is at high risk of
19 overdose, due to homelessness, a lack of access to recovery
20 support services, and repeating cycles of hospitalizations or
21 justice system involvement from being institutionalized or
22 dying. This will be accomplished by enabling affordable
23 housing through the use of a bridge rental subsidy combined
24 with access to recovery support services or treatment. The
25 triple aim of Housing is Recovery is:

- 1 (1) preventing institutionalization and overdose
2 deaths;
- 3 (2) improving health outcomes and access to recovery
4 support services; and
- 5 (3) reducing State costs.

6 Section 10. Eligibility. An individual meeting the
7 requirements listed in this Section shall be eligible to
8 receive a Housing is Recovery bridge rental subsidy for
9 purposes of stabilizing his or her mental illness or substance
10 use disorder.

11 (1) An individual at high risk of unnecessary
12 institutionalization who is 21 years of age or older, or
13 is aging out of guardianship under the Department of
14 Children and Family Services, and who is eligible to
15 enroll in, or is enrolled in, Medicaid for purposes of
16 receiving mental health treatment pursuant to 89 Ill. Adm.
17 Code 140.

18 (2) An individual at high risk of overdose who is 21
19 years of age or older, or is aging out of guardianship
20 under the Department of Children and Family Services, and
21 who is eligible to enroll in, or is enrolled in, Medicaid
22 for purposes of receiving substance use treatment.

23 Section 15. Housing is Recovery bridge rental subsidy. A
24 bridge rental subsidy received by an individual (the "subsidy

1 holder") pursuant to this Act shall mirror the subsidies
2 issued by the Department of Human Services, Division of Mental
3 Health through the Moving On Program. The rental subsidy shall
4 be for scattered-site rental units owned by a landlord or for
5 rental units secured through a master lease. The rental
6 subsidy shall assist the subsidy holder with monthly rental
7 payments for rent that does not exceed the Fair Market Rent
8 published annually for that year by the U.S. Department of
9 Housing and Urban Development. The Department of Human
10 Services, Division of Mental Health, shall have the discretion
11 to allow a subsidy to apply to rent up to 120% of the Fair
12 Market Rent if this is justified by the lack of available
13 affordable housing in the local housing market. Community
14 Mental Health Centers certified pursuant to 59 Ill. Adm. Code
15 132 or supported housing service providers participating in
16 this pilot program shall be responsible for assisting the
17 subsidy holder with maintaining his or her housing that is
18 supported by the bridge rental subsidy and either providing or
19 coordinating engagement services with a mental health or
20 substance use treatment provider.

21 (1) The subsidy holder shall be responsible for
22 contributing 30% of his or her income toward the cost of
23 rent (zero income does not preclude participation).

24 (2) The subsidy holder must agree to sign a lease with
25 a landlord or a sublease agreement with the Community
26 Mental Health Center or the housing services provider that

1 has a master lease for the rental unit and agree to
2 engagement services initiated by the supported housing
3 provider, the Community Mental Health Center or contracted
4 mental health or substance use treatment provider at least
5 2 times a month, with at least one of those visits being a
6 home visit. The engagement services shall be permitted in
7 a home-based or community-based setting, and do not
8 require a clinic visit.

9 (3) A goal of this program is to encourage the subsidy
10 holder to engage in mental health and substance use
11 recovery support services or treatment when the individual
12 is ready. However, this is a Housing First model that does
13 not require abstinence from substance or alcohol use and
14 does not require mental health or substance use treatment.

15 (4) If a subsidy holder does not have an income due to
16 a psychiatric disability, he or she shall be offered the
17 opportunity for assistance with filing a "SOAR
18 application" (Supplemental Security Income (SSI)/Social
19 Security Disability Income (SSDI), Outreach, Access and
20 Recovery application) by the Community Mental Health
21 Center participating in the Housing is Recovery program
22 that is providing his or her mental health support or
23 treatment within 6 months of the initiation of mental
24 health services. If the subsidy holder is only receiving
25 housing support services, the housing services provider
26 must partner with a Community Mental Health Center to do

1 SOAR applications for individuals who elect to apply for a
2 psychiatric disability. A subsidy holder is not required
3 to apply for a disability determination.

4 (5) The subsidy holder, if he or she is eligible, must
5 apply for rental assistance or housing through the
6 appropriate Public Housing Authority within 6 months of
7 receiving a Housing is Recovery bridge rental subsidy or
8 agree to apply when it is permissible to do so, and also be
9 placed on the Illinois Housing Development Authority's
10 Statewide Referral Network.

11 Section 20. Identification and referral of eligible
12 individuals prior to hospital discharge or correctional
13 facility release for purposes of rapid housing post
14 discharge/release and illness stability. The pilot program is
15 intended to enable affordable housing to avoid
16 institutionalization or overdose death by providing for
17 connection to housing through a variety of settings, including
18 in hospitals, county jails, prisons, homeless shelters and
19 inpatient detoxification facilities and the referral process
20 established must take this into account. Within 2 months of
21 the effective date of this Act, the Department of Human
22 Services, Division of Mental Health, in partnership with the
23 Department of Healthcare and Family Services and the
24 Department of Human Services, Division of Substance Use
25 Prevention and Recovery (SUPR), the Department of Corrections,

1 and with meaningful stakeholder input through a working group
2 of Community Mental Health Centers, homeless service
3 providers, substance use treatment providers, hospitals with
4 inpatient psychiatric units or detoxification units,
5 representatives from county jails, persons with lived
6 experience, and family support organizations, shall develop a
7 process for identifying and referring eligible individuals for
8 the Housing is Recovery program prior to hospital discharge or
9 correctional system release, or other appropriate place for
10 referral, including homeless shelters. The process developed
11 shall aim to enable rapid access to housing
12 post-discharge/release to avoid unnecessary
13 institutionalization or a return to homelessness or unstable
14 housing. The working group shall meet at least monthly prior
15 to development of an administrative rule or policy established
16 to carry out the intent of this Act. The Department of Human
17 Services, Division of Mental Health, shall explore ways to
18 collaborate with the U.S. Department of Housing and Urban
19 Development's Coordinated Entry System and other ways for
20 electronic referral. The Department of Human Services,
21 Division of Mental Health, and the Department of Healthcare
22 and Family Services shall collaborate to ensure that the
23 referral process aligns with any existing or future Medicaid
24 waivers or State plan amendments for tenancy support services.

25 Section 25. Participating Community Mental Health Centers

1 and housing service provider responsibilities for locating and
2 transitioning the individual into housing, assisting in
3 retaining housing, and the provision of engagement and
4 recovery support services. The Department of Human Services,
5 Division of Mental Health, shall select interested Community
6 Mental Health Centers that are certified pursuant to 59 Ill.
7 Adm. Code 132 and interested housing service providers for
8 participation in the Housing is Recovery program.

9 (1) For purposes of incentivizing continuity of care,
10 the same participating Community Mental Health Center may
11 be responsible for providing both the housing support and
12 the mental health or substance use engagement, recovery
13 support services and treatment to a subsidy holder. If a
14 housing support services provider does not also provide
15 the mental health or substance use treatment services the
16 individual engages in, there must be strong coordination
17 of care between the housing services provider and the
18 treatment provider.

19 (2) The provider must demonstrate that the rental
20 units secured through this program pass minimum quality
21 inspection standards.

22 (3) Community Mental Health Centers providing housing
23 support through this program shall be responsible for any
24 SOAR applications for a subsidy holder that has a
25 psychiatric disability who does not have SSI or SSDI if
26 the subsidy holder chooses to apply for disability. A

1 housing services provider delivering the housing support
2 services through this program must contract with a
3 Community Mental Health Center to provide assistance with
4 SOAR applications to subsidy holders electing to apply for
5 SSI or SSDI within 6 months of the subsidy holder
6 receiving the subsidy.

7 (4) Service providers shall be permitted to engage in
8 master leasing to secure apartments for those who are hard
9 to house due to criminal backgrounds, history of substance
10 use and stigma.

11 Section 30. Securing rental housing units for purposes of
12 immediate temporary housing following hospital discharge or
13 release from a correctional facility while a long-term rental
14 unit is secured. Up to 20% of the available annual
15 appropriation for the Housing is Recovery program shall be
16 available to Community Mental Health Centers or the housing
17 services provider for purposes of securing critical time
18 intervention rental units to house an eligible individual
19 immediately following discharge from a hospitalization or
20 release from a correctional facility because locating an
21 apartment unit for a longer-term one-year lease and the
22 related move-in can take up to 3 months. Such temporary units
23 may be used for immediate temporary housing, not to exceed 90
24 days for purposes of preventing the individual from reentering
25 homelessness or unstable housing, or avoiding unnecessary

1 institutionalization. The Department of Human Services,
2 Division of Mental Health, shall allow providers to certify
3 that such rental units meet minimum housing quality standards
4 and ensure a process by which community providers are able to
5 secure vacant rental units for the purpose of immediate
6 short-term housing post-hospital discharge or correctional
7 system release while a longer term housing rental unit is
8 secured.

9 Section 35. Basic move-in expenses. The Housing is
10 Recovery program shall include reasonable payment for the
11 basic move-in expenses of the subsidy holder, including, but
12 not limited to, payment of a security deposit and other
13 move-in fees or expenses, and basic household supplies and
14 furnishings.

15 Section 40. Subsidy administration. The bridge rental
16 subsidy administration (such as payment of rent to the
17 landlord and other administration expenses) and quality
18 inspection of the rental units may be done by community-based
19 organizations with experience and expertise in housing subsidy
20 administration and by Community Mental Health Centers that the
21 Department of Human Services, Division of Mental Health,
22 determines have the administrative infrastructure for subsidy
23 administration. Such organizations shall manage and administer
24 all aspects of the subsidy (such as payment of rent, quality

1 inspections) on behalf of the subsidy holder.

2 Section 45. Landlord education and stigma reduction plan
3 and materials. The Department of Human Services, Division of
4 Mental Health, with meaningful input from stakeholders, shall
5 develop a plan for educating prospective landlords that may
6 lease to individuals receiving a bridge rental subsidy through
7 the Housing is Recovery program. This educational plan shall
8 include written materials that indicate that individuals with
9 psychiatric disabilities and substance use disorders often
10 have criminal justice involvement due to their previously
11 untreated mental health or substance use condition and periods
12 of homelessness. Implementation of this plan shall be rolled
13 out in conjunction with the implementation of the Housing is
14 Recovery program.

15 Section 50. State agency coordination. The Department of
16 Human Services, Division of Mental Health, shall partner with
17 SUPR to ensure coordination of the services required pursuant
18 to this Act and all substance use recovery support services
19 and treatment for which SUPR has oversight. The Department of
20 Human Services, Division of Mental Health, shall also work
21 with the Department of Healthcare and Family Services to
22 maximize all recovery support services and treatment that are
23 or can be covered by Medicaid.

1 Section 55. Provider and State agency education on the
2 pilot program. The Department of Human Services, Division of
3 Mental Health shall put together written materials on the
4 Housing is Recovery program and eligibility criteria for
5 purposes of educating participating providers, county jails,
6 the Department of Corrections, hospitals and other relevant
7 stakeholders on the program. The Department of Human Services,
8 Division of Mental Health, shall engage in an ongoing
9 education effort to ensure that all stakeholders are aware of
10 the program and how to screen for eligibility and referral.

11 Section 60. Reimbursement for subsidy administration,
12 housing support and engagement services and other program
13 costs. The Department of Human Services, Division of Mental
14 Health shall develop a reimbursement approach for community
15 providers doing subsidy administration that covers all costs
16 of subsidy administration, quality inspection and other
17 services. The Department of Human Services, Division of Mental
18 Health shall also develop a reimbursement approach that covers
19 all costs incurred by Community Mental Health Centers and
20 housing services providers for identifying and securing rental
21 units for subsidy holders, including all travel related to
22 finding and locating an apartment and move-in of the subsidy
23 holder, quality inspections for temporary housing units,
24 completing and submitting SOAR applications, the costs
25 associated with obtaining necessary documents associated with

1 obtaining a lease for the subsidy holder (such as obtaining a
2 State ID); for engagement services not covered by Medicaid;
3 and for any other reasonable and necessary costs associated
4 with the program outlined in this Act. Reimbursement shall
5 also include all costs associated with collecting and tracking
6 data for purposes of program evaluation and improvement. At
7 the discretion of the Department of Human Services, Division
8 of Mental Health, up to 5% of the annual appropriation may be
9 applied to growing mental health or substance use treatment or
10 recovery support capacity if a participating provider in the
11 Housing is Recovery program demonstrates an inability to take
12 eligible individuals due to such capacity limitations.

13 Section 65. Subsidy termination. The subsidy holder shall
14 continue to hold the subsidy until he or she receives a housing
15 voucher or rental subsidy through a Public Housing Authority
16 unless:

17 (1) The individual has a stay in a nursing home,
18 Institution for Mental Disease (IMD) or specialized mental
19 health rehabilitation facility (SMHRF) exceeding 6
20 consecutive months. During a stay in nursing home, IMD or
21 SMHRF of less than 6 months, the program will continue to
22 pay the subsidized portion of the rent in order to
23 maintain the housing unit for the subsidy holder upon
24 discharge.

25 (2) The individual has a stay in a correctional

1 facility exceeding 6 consecutive months. During a
2 correctional facility stay of less than 6 months, the
3 program will continue to pay the subsidized portion of the
4 rent in order to maintain the housing unit for the subsidy
5 holder.

6 (3) A subsidy does not terminate if the subsidy holder
7 is required to move multiple times due to landlord
8 eviction or does not engage in treatment, as the target
9 population for this pilot program is expected to have
10 multiple barriers to remaining housed.

11 Section 70. Developing public-private partnerships to
12 expand affordable housing options for those with serious
13 mental illnesses. The Department of Human Services, Division
14 of Mental Health shall work with the Department of Healthcare
15 and Family Services, Medicaid managed care organizations and
16 hospitals across the State to develop public-private
17 partnerships to incentivize private funding from hospitals and
18 managed care organizations to match State dollars invested in
19 the Housing is Recovery program for purposes of preventing
20 repeated preventable hospitalizations, overdose deaths and
21 unnecessary institutionalization.

22 Section 75. Data collection and program evaluation.

23 (a) For purposes of evaluating the effectiveness of the
24 Housing is Recovery program and for making improvements to the

1 program, the Department of Human Services, Division of Mental
2 Health shall contract with an independent outside research
3 organization with expertise in housing services for
4 individuals with serious mental illnesses and substance use
5 disorders to evaluate the program's effectiveness on enabling
6 housing stability, reducing hospitalizations and justice
7 system involvement, encouraging engagement in mental health
8 and substance use treatment, fostering employment engagement,
9 and reducing institutionalization and overdose deaths. Such
10 evaluation shall commence after 4 years of implementation of
11 the program and shall be submitted to the General Assembly by
12 the end of the fifth year of implementation. For purposes of
13 assisting with this evaluation, the working group established
14 pursuant to Section 20 shall also make recommendations to the
15 Department of Human Services, Division of Mental Health,
16 regarding what data must be tracked by providers and the
17 Department of Human Services, Division of Mental Health, to
18 evaluate the program and to make future changes to the program
19 to ensure its effectiveness in meeting the triple aim stated
20 in Section 5.

21 (b) Beginning after the first 12 months of implementation
22 and on an annual basis, the Department of Human Services,
23 Division of Mental Health, shall track and make public the
24 following information: (1) the number of individuals receiving
25 subsidies in reporting period (12-month average); (2)
26 participant demographics including age, race, gender identity,

1 and primary language; (3) the average duration of time
2 individuals are enrolled in the program (by months); (4) the
3 number of individuals removed from the program and reasons for
4 removal; (5) the number of grievances filed by participants
5 and a summary of grievance type; and (6) program referral
6 sources. Reports shall be generated on an annual basis and
7 publicly posted on the Department of Human Services website.

8 Section 80. Act subject to appropriation. This Act is
9 subject to appropriation. The appropriation shall be divided
10 equally between bridge subsidies issued to individuals who are
11 at high risk of unnecessary institutionalization and those who
12 are at high risk of overdose.

13 Section 85. Rulemaking authority. Any administrative rules
14 necessary to implement this Act shall be filed within 12
15 months following the effective date of this Act.

16 Section 99. Effective date. This Act takes effect upon
17 becoming law.