



Rep. Lindsey LaPointe

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LRB103 29430 KTG 58589 a

1 AMENDMENT TO HOUSE BILL 3230

2 AMENDMENT NO. _____. Amend House Bill 3230 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Strengthening and Transforming Behavioral Health Crisis Care
6 in Illinois Act.

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

8 (1) 1,440 Illinois residents died from suicide in 2021, up
9 from 1,358 in 2020 or a 6% increase.

10 (2) An estimated 110,000 Illinois adults struggle with
11 schizophrenia, and 220,000 with bipolar disorder.

12 (3) 3,013 Illinois residents died due to opioid overdose
13 in 2021, a 2.3% increase from 2020 and a 35.8% increase from
14 2019.

15 (4) Too many people are experiencing suicidal crises, and
16 mental health or substance use-related distress without the

1 support and care they need, and the pandemic has amplified
2 these challenges for children and adults.

3 (5) On July 16, 2022, the U.S. transitioned the 10-digit
4 National Suicide Prevention Lifeline to 9-8-8, an
5 easy-to-remember 3-digit number for 24/7 behavioral health
6 crisis care.

7 (6) The ultimate goal of the 9-8-8 crisis response system
8 is to reduce the over-reliance on 9-1-1 and law enforcement
9 response to suicide, mental health, or substance use crises,
10 so that every Illinoisan is ensured appropriate and supportive
11 assistance from trained mental health professionals during his
12 or her time of need.

13 (7) The 3 interdependent pillars of the 9-8-8 crisis
14 response system include someone to call (Lifeline Call
15 Centers), someone to respond (Mobile Crisis Response Teams),
16 and somewhere to go (Crisis Receiving and Stabilization
17 Centers).

18 (8) The transition to 9-8-8 provides a historic
19 opportunity to strengthen and transform the way behavioral
20 health crises are treated in Illinois and moves us away from
21 criminalizing mental health and substance use disorders and
22 treating them as health issues.

23 (9) Having a range of mobile crisis response options has
24 the potential to save lives.

25 (10) Individuals who interact with the 9-8-8 crisis
26 response system should receive follow-up and be connected to

1 local mental health and substance use resources and other
2 community supports.

3 (11) Transforming the Illinois behavioral health crisis
4 response system will require long-term structural changes and
5 investments. These include strengthening core behavioral
6 health crisis care services, ensuring rapid post-crisis
7 access, increasing coordination across systems and State
8 agencies, enhancing the behavioral health crisis care
9 workforce, and establishing sustainable funding from various
10 streams for all dimensions of the crisis response system.

11 Section 10. Purpose. The purpose of this Act is to improve
12 the quality and access to behavioral health crisis services;
13 reduce stigma surrounding suicide, mental health, and
14 substance use conditions; provide a behavioral health crisis
15 response that is equivalent to the response already provided
16 to individuals who require emergency physical health care in
17 the State; improve equity in addressing mental health and
18 substance use conditions; ensure a culturally and
19 linguistically competent response to behavioral health crises
20 and saving lives; build a new system of equitable and
21 linguistically appropriate behavioral crisis services in which
22 all individuals are treated with respect, dignity, cultural
23 competence, and humility; and comply with the National Suicide
24 Hotline Designation Act of 2020 and the Federal Communication
25 Commission's rules adopted July 16, 2020 to ensure that all

1 citizens and visitors of the State of Illinois receive a
2 consistent level of 9-8-8 and crisis behavioral health
3 services no matter where they live, work, or travel in the
4 State.

5 Section 15. Cost analysis and sources of funding.

6 (a)(1) Subject to appropriation, the Department of Human
7 Services, Division of Mental Health, shall use an independent
8 third-party expert to conduct a cost analysis and determine
9 actuarially sound costs associated with developing and
10 maintaining a statewide initiative for the coordination and
11 delivery of the continuum of behavioral health crisis response
12 services in the State, including all of the following:

13 (A) Crisis call centers.

14 (B) Mobile crisis response team services.

15 (C) Crisis receiving and stabilization centers.

16 (D) Follow-up and other acute behavioral health
17 services.

18 (2) The analysis shall include costs that are or can be
19 reasonably attributed to, but not limited to:

20 (A) staffing and technological infrastructure
21 enhancements necessary to achieve operational and clinical
22 standards and best practices set forth by the 9-8-8
23 Suicide and Crisis Lifeline;

24 (B) the recruitment of personnel that reflect the
25 demographics of the community served; specialized training

1 of staff to assess and serve people experiencing mental
2 health, substance use, and suicidal crises, including
3 specialized training to serve at-risk communities,
4 including culturally and linguistically competent services
5 for LGBTQ+, racially, ethnically, and linguistically
6 diverse communities;

7 (C) the need to develop staffing that is consistent
8 with federal guidelines for mobile crisis response times,
9 based on call volume and the geography served;

10 (D) the provision of call, text, and chat response;
11 mobile crisis response; and follow-up and crisis
12 stabilization services that are in response to the 9-8-8
13 Suicide and Crisis Lifeline;

14 (E) the costs related to developing and maintaining
15 the physical plant, operations, and staffing of crisis
16 receiving and stabilization centers;

17 (F) the provision of data, reporting, participation in
18 evaluations, and related quality improvement activities as
19 may be required;

20 (G) the administration, oversight, and evaluation of
21 the Statewide 9-8-8 Trust Fund;

22 (H) the coordination with 9-1-1, emergency service
23 providers, crisis co-responders, and other system
24 partners, including service providers; and

25 (I) the development of service enhancements or
26 targeted responses to improve outcomes and address gaps

1 and needs.

2 (3) The Department of Human Services, Division of Mental
3 Health, and independent third-party experts shall obtain
4 meaningful stakeholder engagement on the cost analysis
5 conducted in accordance with paragraphs (1) and (2).

6 (b) The Department of Human Services, Division of Mental
7 Health, and independent third-party experts, with meaningful
8 stakeholder engagement, shall provide a set of recommendations
9 on multiple sources of funding that could potentially be
10 utilized to support a sustainable and comprehensive continuum
11 of behavioral health crisis response services.

12 (c) The Department of Human Services, Division of Mental
13 Health, may hire an independent third-party expert, amend an
14 existing Department of Human Services contract with an
15 independent third-party expert, or coordinate with the
16 Department of Healthcare and Family Services to amend and
17 utilize an independent third-party expert contracted with the
18 Department of Healthcare and Family Services.

19 Section 20. Behavioral health crisis workforce.

20 (a) The Department of Human Services, Division of Mental
21 Health, with meaningful stakeholder engagement shall do all of
22 the following:

23 (1) Examine eligibility for participation as an
24 Engagement Specialist under the Division of Mental
25 Health's Crisis Care Continuum Program. As used in this

1 paragraph, "Engagement Specialist" means an individual
2 with the lived experience of recovery from a mental health
3 condition, substance use disorder, or both.

4 (2) Consider many additional experiences, including
5 but not limited to, being a parent or family member of a
6 person with a mental health or substance use disorder,
7 being from a disadvantaged or marginalized population that
8 would be valuable to this role and can help provide a more
9 culturally competent crisis response. This includes the
10 need for crisis responders who are African American,
11 Latinx, have been incarcerated, experienced homelessness,
12 identify as LGBTQ+, or are veterans.

13 (3) Consider how that expansion impacts the unique
14 training and support needs of Engagement Specialists from
15 different populations.

16 (4) Allow providers to use their clinical discretion
17 to determine responses by one individual or by a
18 two-person team depending on the nature of the call with
19 access to an Engagement Specialist.

20 (5) Collect feedback on other policies to address the
21 behavioral health workforce issues.

22 (b) The Department of Human Services, Division of Mental
23 Health, shall implement a process to obtain meaningful
24 stakeholder engagement not later than 6 months after the
25 effective date of this Act.

1 Section 25. Action plan. Not later than 12 months after
2 the effective date of this Act, the Department of Human
3 Services, Division of Mental Health, shall submit an action
4 plan to the General Assembly on the activities under Sections
5 15 and 20 of this Act. The action plan shall be filed
6 electronically with the General Assembly, as provided under
7 Section 3.1 of the General Assembly Organization Act, and
8 shall be provided electronically to any member of the General
9 Assembly upon request. The action plan shall be published on
10 the Department of Human Services' website for the public.

11 Section 30. Coordination across State agencies.

12 (a) The Department of Human Services, Division of Mental
13 Health, and the Department of Healthcare and Family Services
14 shall convene a stakeholder working group immediately after
15 the effective date of this Act to develop recommendations to
16 coordinate programming and strategies to support a cohesive
17 behavioral health crisis response system.

18 (b) The stakeholder working group shall:

19 (1) Identify logistical challenges and solutions and
20 define a process to ensure the Illinois crisis response
21 system established by the Division of Mental Health's
22 Crisis Care Continuum Program and the Department of
23 Healthcare and Family Services' Medicaid Mobile Crisis
24 Response is coordinated across the lifespan.

25 (2) Consider cross-program identification and

1 alignment of providers within geographic regions,
2 messaging regarding the 9-8-8 Suicide and Crisis Lifeline
3 and the Illinois Crisis and Referral Entry Services
4 (CARES) lines, and coordination between disparate program
5 plan goals to ensure that crisis response services are
6 delivered efficiently and without duplication.

7 (c) The stakeholder working group shall at least include
8 Division of Mental Health Crisis Care Continuum Program
9 providers, Pathways to Success providers, parent, and family
10 advocates, and associations that represent behavioral health
11 providers and shall meet no less than once per month.

12 (d) Not later than 6 months after the effective date of
13 this Act, the Department of Human Services, Division of Mental
14 Health, in collaboration with the Department of Healthcare and
15 Family Services, shall submit an action plan to the General
16 Assembly on the activities under Section 30 of this Act. The
17 action plan shall be filed electronically with the General
18 Assembly, as provided under Section 3.1 of the General
19 Assembly Organization Act, and shall be provided
20 electronically to any member of the General Assembly upon
21 request. The action plan shall be published on the Department
22 of Human Services' website for the public.

23 Section 99. Effective date. This Act takes effect upon
24 becoming law."