

1 AN ACT concerning mental 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 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
17 support and care they need, and the pandemic has amplified
18 these challenges for children and adults.

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

23 (6) The ultimate goal of the 9-8-8 crisis response system

1 is to reduce the over-reliance on 9-1-1 and law enforcement
2 response to suicide, mental health, or substance use crises,
3 so that every Illinoisan is ensured appropriate and supportive
4 assistance from trained mental health professionals during his
5 or her time of need.

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

11 (8) The transition to 9-8-8 provides a historic
12 opportunity to strengthen and transform the way behavioral
13 health crises are treated in Illinois and moves us away from
14 criminalizing mental health and substance use disorders and
15 treating them as health issues.

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

18 (10) Individuals who interact with the 9-8-8 crisis
19 response system should receive follow-up and be connected to
20 local mental health and substance use resources and other
21 community supports.

22 (11) Transforming the Illinois behavioral health crisis
23 response system will require long-term structural changes and
24 investments. These include strengthening core behavioral
25 health crisis care services, ensuring rapid post-crisis
26 access, increasing coordination across systems and State

1 agencies, enhancing the behavioral health crisis care
2 workforce, and establishing sustainable funding from various
3 streams for all dimensions of the crisis response system.

4 Section 10. Purpose. The purpose of this Act is to improve
5 the quality and access to behavioral health crisis services;
6 reduce stigma surrounding suicide, mental health, and
7 substance use conditions; provide a behavioral health crisis
8 response that is equivalent to the response already provided
9 to individuals who require emergency physical health care in
10 the State; improve equity in addressing mental health and
11 substance use conditions; ensure a culturally and
12 linguistically competent response to behavioral health crises
13 and saving lives; build a new system of equitable and
14 linguistically appropriate behavioral crisis services in which
15 all individuals are treated with respect, dignity, cultural
16 competence, and humility; and comply with the National Suicide
17 Hotline Designation Act of 2020 and the Federal Communication
18 Commission's rules adopted July 16, 2020 to ensure that all
19 citizens and visitors of the State of Illinois receive a
20 consistent level of 9-8-8 and crisis behavioral health
21 services no matter where they live, work, or travel in the
22 State.

23 Section 15. Cost analysis and sources of funding.

24 (a)(1) Subject to appropriation, the Department of Human

1 Services, Division of Mental Health, shall use an independent
2 third-party expert to conduct a cost analysis and determine
3 sound costs associated with developing and maintaining a
4 statewide initiative for the coordination and delivery of the
5 continuum of behavioral health crisis response services in the
6 State, including all of the following:

7 (A) Crisis call centers.

8 (B) Mobile crisis response team services.

9 (C) Crisis receiving and stabilization centers.

10 (D) Follow-up and other acute behavioral health
11 services.

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

14 (A) staffing and technological infrastructure
15 enhancements necessary to achieve operational and clinical
16 standards and best practices set forth by the 9-8-8
17 Suicide and Crisis Lifeline;

18 (B) the recruitment of personnel that reflect the
19 demographics of the community served; specialized training
20 of staff to assess and serve people experiencing mental
21 health, substance use, and suicidal crises, including
22 specialized training to serve at-risk communities,
23 including culturally and linguistically competent services
24 for LGBTQ+, racially, ethnically, and linguistically
25 diverse communities;

26 (C) the need to develop staffing that is consistent

1 with federal guidelines for mobile crisis response times,
2 based on call volume and the geography served;

3 (D) the provision of call, text, and chat response;
4 mobile crisis response; and follow-up and crisis
5 stabilization services that are in response to the 9-8-8
6 Suicide and Crisis Lifeline;

7 (E) the costs related to developing and maintaining
8 the physical plant, operations, and staffing of crisis
9 receiving and stabilization centers;

10 (F) the provision of data, reporting, participation in
11 evaluations, and related quality improvement activities as
12 may be required;

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

15 (H) the coordination with 9-1-1, emergency service
16 providers, crisis co-responders, and other system
17 partners, including service providers; and

18 (I) the development of service enhancements or
19 targeted responses to improve outcomes and address gaps
20 and needs.

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

25 (b) The Department of Human Services, Division of Mental
26 Health, and independent third-party experts, with meaningful

1 stakeholder engagement, shall provide a set of recommendations
2 on multiple sources of funding that could potentially be
3 utilized to support a sustainable and comprehensive continuum
4 of behavioral health crisis response services.

5 (c) The Department of Human Services, Division of Mental
6 Health, may hire an independent third-party expert, amend an
7 existing Department of Human Services contract with an
8 independent third-party expert, or coordinate with the
9 Department of Healthcare and Family Services to amend and
10 utilize an independent third-party expert contracted with the
11 Department of Healthcare and Family Services to conduct a cost
12 analysis and determine sound costs as outlined in this
13 Section.

14 Section 20. Behavioral health crisis workforce.

15 (a) The Department of Human Services, Division of Mental
16 Health, with meaningful stakeholder engagement shall do all of
17 the following:

18 (1) Examine eligibility for participation as an
19 Engagement Specialist under the Division of Mental
20 Health's Crisis Care Continuum Program. As used in this
21 paragraph, "Engagement Specialist" means an individual
22 with the lived experience of recovery from a mental health
23 condition, substance use disorder, or both.

24 (2) Consider many additional experiences, including
25 but not limited to, being a parent or family member of a

1 person with a mental health or substance use disorder,
2 being from a disadvantaged or marginalized population that
3 would be valuable to this role and can help provide a more
4 culturally competent crisis response. This includes the
5 need for crisis responders who are African American,
6 Latinx, have been incarcerated, experienced homelessness,
7 identify as LGBTQ+, or are veterans.

8 (3) Consider how that expansion impacts the unique
9 training and support needs of Engagement Specialists from
10 different populations.

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

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

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

21 Section 25. Action plan. Not later than 12 months after
22 the effective date of this Act, the Department of Human
23 Services, Division of Mental Health, shall submit an action
24 plan to the General Assembly on the activities under Sections
25 15 and 20 of this Act. The action plan shall be filed

1 electronically with the General Assembly, as provided under
2 Section 3.1 of the General Assembly Organization Act, and
3 shall be provided electronically to any member of the General
4 Assembly upon request. The action plan shall be published on
5 the Department of Human Services' website for the public.

6 Section 30. Coordination across State agencies.

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

13 (b) The stakeholder working group shall:

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

20 (2) Consider cross-program identification and
21 alignment of providers within geographic regions,
22 messaging regarding the 9-8-8 Suicide and Crisis Lifeline
23 and the Illinois Crisis and Referral Entry Services
24 (CARES) lines, and coordination between disparate program
25 plan goals to ensure that crisis response services are

1 delivered efficiently and without duplication.

2 (c) The stakeholder working group shall at least include
3 Division of Mental Health Crisis Care Continuum Program
4 providers, Pathways to Success providers, parents, family
5 advocates, associations that represent behavioral health
6 providers, and labor unions that represent workers in the
7 behavioral health workforce and shall meet no less than once
8 per month.

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

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.