AN ACT concerning mental health.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

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

Section 5. Findings. The General Assembly finds that:

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

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

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

(4) Too many people are experiencing suicidal crises, and mental health or substance use-related distress without the support and care they need, and the pandemic has amplified these challenges for children and adults.

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

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

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

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

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

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

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

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

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

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

Section 15. Cost analysis and sources of funding.

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

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

(A) Crisis call centers.

(B) Mobile crisis response team services.

(C) Crisis receiving and stabilization centers.

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

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

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

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

(C) the need to develop staffing that is consistent

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

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

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

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

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

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

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

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

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

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

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

Section 20. Behavioral health crisis workforce.

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

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

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

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

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

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

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

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

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

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

Section 30. Coordination across State agencies.

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

(b) The stakeholder working group shall:

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

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

delivered efficiently and without duplication.

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

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

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