



JB Pritzker, Governor

Dulce M. Quintero, Secretary Designate

DATE: July 26, 2024

MEMORANDUM

TO: The Honorable John F. Curran, Senate Minority Leader
The Honorable Don Harmon, Senate President
The Honorable Tony McCombie, House Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Dulce M. Quintero 
Secretary Designate 
Illinois Department of Human Services

SUBJECT: **Strengthening and Transforming Behavioral Health Crisis Care in Illinois
Action Plan and Status Report**

The Illinois Department of Human Services respectfully submits the Strengthening and Transforming Behavioral Health Crisis Care in Illinois Action Plan and Status Report on behalf of the Division of Mental Health in order to fulfill the requirements set forth in P.A. 103-337 (405 ILCS 160/25).

If you have any questions or comments, please contact Lee Ann Reinert, Deputy Director of Policy, Planning, and Innovation, at Lee.Reinert@illinois.gov or 217-299-3079.

cc: The Honorable JB Pritzker, Governor
John W. Hollman, Clerk of the House
Tim Anderson, Secretary of the Illinois Senate
Legislative Research Unit
State Government Report Center

Strengthening and Transforming Behavioral Health Crisis Care in Illinois

July 26, 2024

Pursuant to 405 ILCS 160 – Strengthening and Transforming Behavioral Health Crisis Care in Illinois Act (STBHCC) – the Illinois Department of Human Services (IDHS) / Division of Mental Health (DMH), in partnership with the Illinois Department of Healthcare and Family Services (HFS) and the Governor’s Office’s Chief Behavioral Health Officer (CBHO), is pleased to present this status report and Action Plan to the Illinois General Assembly.

Fiscal Analysis

Consistent with 405 ILCS 160/15, DMH asked its academic partner, the University of Illinois Chicago, Jane Addams College of Social Work (UIC), to work with an independent expert consulting firm to engage stakeholders and conduct an in-depth analysis of the fiscal needs of the behavioral health crisis system. This engagement will result in recommendations on multiple funding sources that could potentially be utilized to support a sustainable and comprehensive continuum of behavioral health crisis response services across the lifespan. On January 11, 2024, UIC selected The Chartis Group, LLC (Chartis) to partner with UIC on this work.

In collaboration with UIC, subject matter experts, stakeholders, focus groups, model end users, and additional research partners, Chartis has engaged in a three-pronged approach to determine recommendations for sustainable funding of a comprehensive crisis continuum for the lifespan:

Conducting Stakeholder Interviews & Focus Groups – Utilizing interviews with key stakeholders and multiple rounds of service-specific focus groups, areas of opportunity for improving behavioral health crisis service delivery and provision have been identified with the purpose of creating an aspirational vision necessary to fully understand all components essential to a comprehensive crisis response system that serves individuals across the lifespan.

Creating a Comprehensive, Flexible Cost Model – Utilizing data from State agencies—supplemented with external research on crisis services benchmarks, key performance indicators, and industry and peer standards—Chartis is creating a five-year cost projection model that includes all necessary components of a comprehensive crisis response system.

Developing Strategies for Sustainable and Innovative System Financing – The Chartis subject matter expert on behavioral health financing solutions, with consideration of external research and stakeholder input, is identifying and classifying potential funding streams and recommended strategies for innovative financing solutions.

It should be noted that this is a non-linear process. Work in one phase was not required to be completed before work in another began, allowing Chartis to capitalize on the full breadth of their organizational

expertise to meet critical deadlines set by IDHS/DMH and UIC to provide a detailed response in this required report to the ILGA.

UIC/Chartis identified 15 strategic recommendations that cross six core drivers of the ideal crisis continuum to achieve a sustainably funded system. This approach intends to ensure that the full needs of the comprehensive crisis continuum are identified and incorporated into the cost model developed for use by DMH and the State partners to ensure adequate resources to effectively and efficiently create and operate the continuum.

Recommendations

- Establish 988 as the “Main” Front Door
- Facilitate & Incentivize Provider Follow-Up
- Build Out Text & Chat Capabilities
- Prioritize Expansion Efforts in Rural Communities
- Develop Statewide Operational Reporting Systems & Protocols
- Optimize Crisis Services Provider Business Operations
- Integrate Support Services for All Consumers Across the Lifespan
- Enhance Language Accessibility & Cultural Humility
- Develop a Comprehensive Workforce Enhancement Strategy
- Optimize Crisis Services Staffing Models
- Develop a Unified Training & Mentorship Framework
- Build Technology Infrastructure to Support Information Sharing & Response Efficiency
- Create System-Wide Data Sharing Protocols
- Explore Telehealth Solutions for Providers & Partners
- Explore Innovative Payment Models

Core drivers of the system

- System Coordination
- Community Needs
- Workforce Capacity
- Staff Training and Support
- Reporting and Operational Performance
- Technology and Operational Infrastructure

These recommendations and drivers establish the foundation for the action plan that DMH, IDHS’s Division of Substance Use Prevention and Recovery (SUPR), HFS, and the CBHO will undertake, in partnership with the State’s Chief Officer for Children’s Behavioral Health Transformation. Engagement in this process will include State agency partners that have been involved in the work that has now evolved into a Unified Crisis Continuum (UCC) planning effort, led by the CBHO, as well as the STBHCC stakeholder group. Each of these groups was previously described in the January 26, 2024 [report to the General Assembly](#).

Under the leadership of the CBHO, the STBHCC stakeholder workgroup continues to meet monthly and has expanded in membership since the last report. The expanded membership list is included in the

Appendix. The workgroup has received presentations from content area experts on topics including: the Community Emergency Services and Support Act (CESSA), IDHS' Intellectual Disabilities and Developmental Disabilities (IDD) crisis programming, and DuPage County Health Department's innovative Behavioral Health crisis work. These presentations were arranged based on the requests of workgroup members. In February 2024, the workgroup was asked to compile systems-level recommendations for Illinois' UCC. In June 2024, champions were identified to lead subcommittees in these five areas:

- Someone to call,
- Someone to respond,
- Somewhere to go/A safe place to be,
- Secondary response (post-crisis follow-up and prevention), and
- Administrative needs.

The subcommittees have been tasked with compiling high-level recommendations on each area under the leadership of workgroup members who accepted the role of 'champion,' focusing on the functional elements underpinning the implementation of the recommendations. The champions were invited based on their active engagement in STBHCC stakeholder workgroup meetings. The subcommittee members will meet in July and August and then present their suggestions to the larger group for feedback at the August 22, 2024, meeting. Once the workgroups finalize their systems-level recommendations, they will be repurposed into an ongoing UCC workgroup to inform the State's work on the UCC planning and implementation over the next several years.

The CBHO, DMH, and HFS intend to use the data gathered from the STBHCC stakeholder workgroup, the fiscal analysis, and internal strategy to continue toward a UCC. The components of the Action Plan developed pursuant to STBHCC are informed by and consistent with this larger project. The plan includes the following actions:

- Establish a shared understanding of strategic recommendation goals and primary/secondary ownership among State agency partners.
 - A UCC steering committee of State agency partners will continue to meet weekly to develop, plan, and implement a unified crisis delivery system for all Illinoisians: the UCC Workplan.
 - The UCC steering committee will incorporate the UIC/Chartis recommendations into the UCC Workplan to ensure fiscal sustainability.
 - The UCC steering committee will incorporate the recommendations from the STBHCC stakeholder workgroup into the UCC Workplan. The UCC steering committee will incorporate the recommendations from the STBHCC stakeholder workgroup.
- The UCC steering committee will leverage national best practices, notably from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) crisis tool kits, as well as partnerships with other states.
- Continue inclusive planning and implementation committees with State agency partners and providers.
 - STBHCC stakeholder workgroup members, and additional representatives, as needed, will be invited to join the UCC workgroup, which will continue to be convened by the CBHO to inform the development and implementation of the workplan.

- DMH will continue to facilitate the CESSA Statewide and Regional Advisory Committees (SAC, RAC) to ensure that the UCC work remains aligned with the CESSA statutory requirements.
- The CBHO will continue to engage executive IHHS leadership on creating and implementing the UCC to ensure cross-departmental collaboration. This includes, but is not limited to, leadership from the Children’s Behavioral Health Transformation Initiative, IDHS, HFS, the Illinois Departments of Public Health (IDPH), Children and Family Services (DCFS), and Insurance (DOI).
- Create technological infrastructure that facilitates recommendations while supporting workflows.
 - DMH will utilize the UIC Crisis Hub to create a shared web-based platform accessible to 911 Public Service Answering Points (PSAPs), 988 Call Centers, and Mobile Crisis Response Teams for information sharing across systems.
 - DMH, SUPR, and HFS will explore the development of additional infrastructure to support centralized dispatch, HIPAA-compliant, application-based software for providers, GPS-enabled technologies, and claims submission across the crisis continuum.
 - Ensure alignment on the best and most appropriate cross-agency governance models for crisis services.
- Create a targeted change management plan and communication materials for providers and those navigating services.
 - Leverage the UCC workgroup to inform the change management plan, including what tools, resources, and training providers need to be successful.
- Provide consistent and aligned messaging of State agencies around guidelines/expectations for providers.
 - The UIC Crisis Hub will continue to provide quarterly updates of all State initiatives in the UCC. This work began as a request of the SAC and occurs at the beginning of each quarter of the State fiscal year.
 - The UCC steering committee and relevant workgroups will develop written guidelines that are uniform across the State partners, which will be published to the various agencies’ websites and referenced in policy development at the interagency level.
- Attain sustainable funding that follows recommendations (through either additional funding or cost savings), so implementation does not put undue hardship on providers.
 - DMH will share the full report of recommendations developed by UIC and Chartis by posting to the IDHS website.
 - Upon full review of recommendations by the UCC steering committee, strategic plans for addressing revenue streams to support the continuum will be enacted through policy development.
- Monitor plans to measure recommendation processes and outcomes, with a focus on sustainability.
 - UCC steering committee will develop metrics that can be used to measure processes and outcomes and a regular cadence for review.
 - DMH will utilize the tools developed by UIC/Chartis to evaluate system adequacy and identify any funding gaps that need to be addressed.

Behavioral Health Crisis Workforce

Consistent with 405 ILCS 160/20, and as first reported in the January 26, 2024 report to the ILGA, DMH convened an interagency working group to examine the roles of individuals with lived experience in the behavioral health crisis workforce. The development of this group was the result of a recognition that the utilization of individuals with lived expertise in behavioral health crisis service provision requires coordination across the various regulatory authorities whose policies separately impact a single set of behavioral health crisis care providers within communities.

- The Crisis Care Continuum Program funded by DMH includes a role for individuals with lived expertise, which is titled “Engagement Specialist.” An Engagement Specialist is defined as someone with their own lived expertise in receipt of behavioral health care who works as part of a team responding to individuals in the community who are experiencing a behavioral health crisis. DMH has defined specific training for Engagement Specialists as a part of the grant agreements with the community providers who are participating in this program.
- SUPR supports roles similar to the Engagement Specialist, promoting recovery supports delivered by peers, or individuals with lived experience, in treatment, recovery, and community settings.
- HFS has introduced other approaches to peer-based services through the Illinois Administrative Code and under the Illinois Medicaid State Plan, introducing new opportunities and approaches to peer-based services to be supported under the Illinois Medicaid program.

This intergovernmental workgroup has allowed IDHS and HFS to identify opportunities for alignment as plans for the UCC continue to evolve. Included in that work is developing shared definitions across DMH, HFS, and SUPR to align and streamline service provision and submission of claims for peer services.

Under the leadership of the CBHO, stakeholder feedback was solicited during an STBHCC monthly meeting. The Illinois Certification Board noted that the Certified Recovery Support Specialist and Certified Peer Recovery Specialist credentials support standards of practice when behavioral health services are provided by individuals with lived expertise. The State will recognize these established credentials while working to expand the defined roles and services that can be offered by individuals with lived expertise, similar to the roles and services that can be provided by non-credentialed behavioral health professionals, such as Rehabilitative Services Associates who are only required to have a high-school diploma and be at least 21 years of age.

Another conclusion drawn from this meeting, as well as the interagency work, is that it is necessary for the individuals fulfilling the role of Engagement Specialist to have personal lived expertise of behavioral health care. It has also been noted that continued work is necessary to ensure a diverse and representative workforce for the UCC. This includes ensuring that the crisis continuum workforce includes expertise in supporting individuals across the lifespan, such as youth and older adults, and recognizes contexts where individuals receive care via connections through others, including health care and education.

Another area of focus consistent with the January 26, 2024 report to the ILGA was developing recommendations regarding the design and provision of training for individuals providing crisis response. It is important to note that work around training recommendations for mobile crisis response teams and others in the first responder field is already legislatively mandated to be completed through the

Community Emergency Services and Supports Act (CESSA). Thus, any training recommendations that arise from the UCC must be aligned with CESSA to prevent further confusion within the field.

IDHS, HFS, and the CBHO look forward to the continued work in moving the State towards a unified continuum of crisis services for all Illinoisans experiencing a behavioral health crisis.

Appendix

STBHCC stakeholder workgroup participants

Non-Government Stakeholders:

Amburn, Ashley	Hoyleton Youth and Family Services	DMH Mobile Crisis Response (590) Provider
Baker, Lore	Association for Individual Development	DMH Mobile Crisis Response (590) Provider
Barisch, Stephanie	Center for Youth and Family Solutions	HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Boyster, Chris*	Illinois Certification Board (ICB)	Credentialling Entity for Non-Licensed Service Providers
Bradshaw, Jacob *	Illinois Mental Health Collaborative, IL Warmline	BH Crisis Provider – peer warm line
Brothers, Jennifer *	Cook County Health	BH Crisis Provider
Burke, Amie*	Illinois Crisis Prevention Network	BH Crisis Provider - IDD
Broughton, Georgianne*	Community Resource Center	DMH Mobile Crisis Response (590) Provider & SUPR Provider
Campos, Blanca	Community Behavioral Healthcare Association of Illinois (CBHA)	Advocacy Organization
Carnahan, Lori	DuPage County Health Department	988 Provider & HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Churchey-Mims, Michelle	Community Behavioral Healthcare Association of Illinois (CBHA)	Advocacy Organization
Crider, Regina	Chapin Hall	Parents/Family Advocate
Daniels, Lia	Illinois Health and Hospital Association (IHA)	Advocacy Organization
DeLoss, Jud	Illinois Association for Behavioral Health (IABH)	Advocacy Organization
Durbin, Andrea	Illinois Collaboration on Youth (ICOY)	Advocacy Organization
Evans, Josh	Illinois Association of Rehabilitation Facilities (IARF)	Advocacy Organization
Flores, Nestor Isaac	Ada S. McKinley Community Services, Inc.	HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Ford, Julia *	Illinois Certification Board (ICB)	Credentialling Entity for Non-Licensed Service Providers
Gimeno, Jessica	Access Living	Advocacy Organization (CESSA Champion)
Greskiw, Amy	Lake County Health Department and Community Health Center	DMH Mobile Crisis Response (590) & HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Hamann, Tara	Transitions of Western Illinois	HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Harvey, Anna	University of Illinois School of Social Work	Parents/Family Advocate
Hedges, Trenda*	Peer Power	Peer Advocacy Organization

Hewett, Cindy*	Arukah Institute for Healing	DMH Mobile Crisis Response (590) Provider
Joergens, Megan	Lawrence County Health Department	DMH Mobile Crisis Response (590) Provider
Johnson, Sam	Lake County Health Department and Community Health Center	DMH Mobile Crisis Response (590) Provider & HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Kreul, Joseph	Rosecrance	DMH Mobile Crisis Response (590) Provider
Marrero, Alyssa	Association for Individual Development	DMH Mobile Crisis Response (590) Provider
McCormack, Rose*	NAMI Chicago	988 Provider & Advocacy Organization
McNutt, Judy*	Community Resource Center	DMH Mobile Crisis Response (590) Provider & SUPR Provider
Meeks, Jacob	AFSCME Council 31	Labor Unions
Miller, Emily	Illinois Association of Rehabilitation Facilities (IARF)	Advocacy Organization
Nichols, Mike	Comprehensive BH Center of St. Claire County, Inc.	DMH Mobile Crisis Response (590) Provider
Rocha, Lily*	NAMI Chicago	988 Provider & Advocacy Organization
Rosenthal, Lisa*	Northwestern University	Academia
Sandouka, Daphne*	Ecker Center for Behavioral Health	DMH Mobile Crisis Response (590) Provider
Schmitz, Mark	Transitions of Western Illinois	HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Scruggs, Sarah*	Arukah Institute for Healing	DMH Mobile Crisis Response (590) Provider
Shontz, Kim*	Illinois Crisis Prevention Network	IDD Crisis Provider
Smith, Tyler	Community Behavioral Healthcare Association of Illinois (CBHA)	Advocacy Organization
Stiehl, Michael*	University of Chicago, Chapin Hall	Academia
Stinson, Matthew*	University of Illinois School of Social Work, Provider Assistance and Training Hub (PATH)	HFS Clinical Training Partner
Watts-Rich, Halli*	NAMI Chicago	988 Provider & Advocacy Organization
Wilson, Simone	Turning Point	DMH Mobile Crisis Response (590) Provider
Wolf, Sarah*	Sinnissippi Centers	HFS Pathways Care Coordination and Support Organization (CCSO) Provider
Zambrano, Michelle*	Will County Health Department	DMH Mobile Crisis Response (590) Provider

Government Stakeholders:

Albert, David	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State
Allen, Roberta	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State
Betz, Lisa	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State

Cole, Shawn	Office of Medicaid Innovation (OMI), University of Illinois System	HFS Academic Partner
Cooley, Tanya*	Illinois Department of Human Services Division of Mental Health (IDHS-DMH)	State
Craycroft, Lucy	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State
Cunningham, Kelly	Illinois Healthcare and Family Services (HFS)	State
Eckart, Pete*	University of Illinois Chicago Behavioral Health Crisis Hub (UIC Hub)	DMH Academic Partner
Epstein, Jennifer	Illinois Department of Public Health (IDPH)	State
Ferguson, Sarah*	University of Illinois Chicago Behavioral Health Crisis Hub (UIC Hub)	DMH Academic Partner
Flores, Adam	Illinois Department of Insurance (DOI)	State
Frye, Amy	Office of Medicaid Innovation (OMI), University of Illinois System	HFS Academic Partner
Gentile, Jennifer*	Illinois Department of Human Services Division of Developmental Disabilities (IDHS-DDD)	State
Herman, Kristine	Illinois Healthcare and Family Services (HFS)	State
Hinshaw, Kati	Illinois Healthcare and Family Services (HFS)	State
Johnston, Annie*	Office of Medicaid Innovation (OMI), University of Illinois System	HFS Academic Partner
Jones, David T.	Illinois Governor's Office (GO)	Governor's Office
Jones, Lorrie	University of Illinois Chicago Behavioral Health Crisis Hub (UIC Hub)	IDHS Academic Partner
Kennedy, Kristen	Illinois Healthcare and Family Services (HFS)	State
Lake, Amanda	Illinois Department of Human Services - Substance Use Prevention & Recovery (IDHS-SUPR)	State
Larson, Nanette*	Illinois Department of Human Services- Division of Mental Health (IDHS-DMH)	State
Lichterman, Allie	City of Chicago Mayor's Office	City of Chicago
Marshall, Kristen	Illinois Department of Human Services - Division of Family and Community Services (IDHS-FCS)	State
Muehlbauer, Carrie	Office of Medicaid Innovation (OMI), University of Illinois System	HFS Academic Partner
Patton-Burnside, Tiffany	Chicago Department of Public Health (CPDH)	City of Chicago
Pickett, Matt	Illinois Department of Insurance (DOI)	State
Piephoff, Tonya*	Illinois Department of Human Services Division of Developmental Disabilities (IDHS-DDD)	State
Reinert, Lee Ann	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State
Rollinson, Ryan	Illinois Department of Human Services - Division of Mental Health (IDHS-DMH)	State

Rojas, Jonah*	Office of Medicaid Innovation (OMI), University of Illinois System	HFS Academic Partner
Rueter, Karrie	Illinois Department of Human Services - Division of Family and Community Services (IDHS-FCS)	State
Smith, Mary*	University of Illinois Chicago Behavioral Health Crisis Hub (UIC Hub)	IDHS Academic Partner
Sriner, Kim*	Illinois Department of Human Services- Division of Substance Use Prevention & Recovery (IDHS-SUPR)	State
Warren, Alisha	Chicago Department of Public Health (CPDH)	City of Chicago
Weiner, Dana	Illinois Governor's Office (GO)	Governor's Office
Williams, Craig	University of Illinois Chicago Behavioral Health Crisis Hub (UIC Hub)	IDHS Academic Partner

*Members added since January 26, 2024 report on the STBHCC