



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

**HB2944**

Introduced 2/19/2021, by Rep. Barbara Hernandez

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Mind Strong Act. Requires the Department of Public Health, or a third party contractor with experience in successful public education and awareness campaigns selected by the Department of Public Health, to develop and lead a 2-year educational campaign within each of Illinois' 11 health regions on the availability of adult mobile crisis response services within each region. Requires the Department to work in collaboration with community stakeholders, including certain organizations, the Department of Healthcare and Family Services, and the Department of Human Services. Requires the public awareness campaign to begin no later than January 1, 2022. Sets forth certain requirements for the public awareness campaign, including that it be culturally competent and that any written materials be written in plain, easy-to-understand language and available in multiple languages that are representative of the communities in a particular health region. Lists the types of organizations that must be the focus of the educational campaign. Requires the Department of Human Services to establish, subject to appropriation, a grant program for adult mobile crisis response services to any adult age 18 or older experiencing a mental health or substance use crisis regardless of insurance status. Requires the Department of Healthcare and Family Services to develop and implement training and protocols for individuals answering crisis calls to the Crisis and Referral Entry Services (CARES) line. Contains provisions concerning the use of data to strengthen CARES line responses and adult mobile crisis response services, and other matters. Requires the Departments of Public Health, Human Services, and Healthcare and Family Services to adopt rules to implement the Act. Effective immediately.

LRB102 14030 KTG 19382 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 Mind  
5 Strong Act.

6 Section 5. Purpose. This Act is intended to strengthen  
7 State mental health and substance use crisis response services  
8 to avoid the unnecessary involvement of law enforcement in  
9 such crises.

10 Section 10. Public awareness campaign. For purposes of  
11 educating targeted community stakeholders about the  
12 availability of adult mobile crisis response services for  
13 individuals experiencing a mental health or substance use  
14 crisis as an alternative to a law enforcement response when  
15 appropriate, the Department of Public Health, or a third party  
16 contractor with experience in successful public education and  
17 awareness campaigns selected by the Department of Public  
18 Health, shall develop and lead a 2-year educational campaign  
19 within each of Illinois' 11 health regions on the availability  
20 of adult mobile crisis response services within each region.  
21 The Department of Public Health shall work on this public  
22 awareness and educational campaign in collaboration with

1 community stakeholders, including the types of organizations  
2 listed in paragraph (5), the Department of Healthcare and  
3 Family Services, and the Department of Human Services. The  
4 public awareness campaign shall begin no later than January 1,  
5 2022.

6 (1) The public awareness campaign shall be culturally  
7 competent and locally tailored to ensure local buy-in and  
8 community understanding and use of adult mobile crisis  
9 response services.

10 (2) Any written public or community awareness  
11 materials must be written in plain, easy-to-understand  
12 language, and shall be available in multiple languages  
13 that are representative of the communities in a particular  
14 health region.

15 (3) All written or visual materials, videos, webinars,  
16 presentations, social media, or other methods of  
17 communication or marketing used for increasing community  
18 awareness and public support and use of adult mobile  
19 crisis response services shall be specifically tailored  
20 for different types of community stakeholders or  
21 audiences, including, but not limited to, healthcare  
22 providers, law enforcement, and community groups, for  
23 purposes of increasing support for and use of such  
24 services.

25 (4) The public awareness and educational campaign  
26 shall be directed toward community entities and actors,

1 including, but not limited to, those listed in paragraph  
2 (5), that are likely to come into contact with individuals  
3 in crisis or that have broad community involvement and  
4 support, as well as to individuals who might seek mental  
5 health or substance use crisis support services.

6 (5) The following types of organizations shall be the  
7 focus of the educational campaign and shall be included as  
8 partner-stakeholders in the development of the campaign:

9 (A) Individuals who have or might use adult mobile  
10 crisis response services.

11 (B) Mental health and substance use disorder  
12 organizations representing individuals and family  
13 members, including peer support networks.

14 (C) Hospitals and primary care clinics.

15 (D) Local law enforcement.

16 (E) Law enforcement associations.

17 (F) The Illinois Law Enforcement Training  
18 Standards Board.

19 (G) The Illinois State Police.

20 (H) Local fire departments.

21 (I) Faith-based organizations.

22 (J) Food pantries.

23 (K) Homeless shelters.

24 (L) Local public officials.

25 (M) Nursing homes, specialized mental health  
26 rehabilitation facilities, and facilities that qualify

1 as an institution for mental diseases as defined in 42  
2 U.S.C. 1369(d) (i).

3 (N) Other community organizations or providers  
4 that may come into frequent contact with individuals  
5 in a mental health or substance use crisis, or that  
6 have broad community support and involvement.

7 Section 15. Enabling universal access to adult mobile  
8 crisis services as an alternative to a law enforcement  
9 response. Subject to appropriation, the Department of Human  
10 Services shall establish a grant program for purposes of  
11 providing adult mobile crisis response services to any adult  
12 age 18 or older experiencing a mental health or substance use  
13 crisis regardless of insurance status, including individuals  
14 with private health insurance and individuals who are  
15 uninsured. The adult mobile crisis response services covered  
16 by the grant shall mirror the adult mobile crisis services  
17 covered by Illinois' Medicaid program at a minimum. For  
18 purposes of preventing repeating mental health or substance  
19 use crises and to stabilize individuals post-crisis, such  
20 grant shall also cover linkage, case management, and any wrap  
21 around treatment and support services that are medically  
22 necessary for up to 90 days following a mental health or  
23 substance use crisis if the individual's health benefits do  
24 not cover such services or if the individual is uninsured.  
25 Such grant shall also support the service provider's work on

1 enrolling the individual in Medicaid if they are eligible for  
2 enrollment. The grant services covered in accordance with this  
3 Section shall not be used to pay for adult mobile crisis  
4 response services or other services for individuals enrolled  
5 in Illinois' Medicaid program, as Medicaid will be the payor  
6 for such services for Medicaid enrollees. The Department of  
7 Human Services' Division of Mental Health and Division of  
8 Substance Use Prevention and Recovery shall (i) convene a  
9 working group of providers and other stakeholders for purposes  
10 of receiving meaningful input on development of the grant  
11 program covered by this Section, (ii) ensure that there is no  
12 duplication of services, and (iii) avoid placing any  
13 unnecessary barriers that impede access to crisis response  
14 services.

15 Section 20. Centralized program for the CARES line and  
16 adult mobile crisis response services.

17 (a) By no later than one year after the effective date of  
18 this Act, the Department of Healthcare and Family Services,  
19 with meaningful stakeholder input and input from states and  
20 localities across the country that have implemented nationally  
21 recognized or emerging best practices in crisis response  
22 systems of care, shall do all of the following:

23 (1) Develop and implement training and protocols for  
24 individuals answering crisis calls to the Crisis and  
25 Referral Entry Services (CARES) line that support and

1 enable providing triage and de-escalation to CARES line  
2 callers when appropriate and safe. The Department of  
3 Healthcare and Family Services shall ensure that CARES  
4 line call takers are trained mental health professionals,  
5 which may also include peers who are individuals with a  
6 lived experience of a mental health or substance use  
7 condition.

8 (2) Develop and implement protocols and training for  
9 CARES line staff to conduct quality control and caller  
10 satisfaction follow up.

11 (3) Ensure coordination of adult mobile crisis  
12 response services and CARES line services with other  
13 existing and future crisis response services and hotlines.

14 (b) By no later than one year after the effective date of  
15 this Act, the Department of Healthcare and Family Services,  
16 with meaningful input from adult mobile crisis response and  
17 CARES line providers and organizations representing  
18 individuals and families with lived experience of mental  
19 health and substance use conditions, shall identify crisis  
20 response policies and practices that must be standardized  
21 across providers to ensure quality and consistency of crisis  
22 response care, and shall identify strategies to expand  
23 staffing for CARES line call takers to reduce wait times. Any  
24 standardization of policies and practices must also allow for  
25 variability to ensure the ability to effectively provide these  
26 services in a manner that reflects the unique needs of the

1 communities served in each health region.

2 (c) The Department of Healthcare and Family Services shall  
3 convene a workgroup that includes the appropriate stakeholders  
4 to help inform the development and implementation of this  
5 subsection.

6 (d) By no later than one year after the effective date of  
7 this Act, the Department of Healthcare and Family Services,  
8 with meaningful stakeholder input from adult mobile crisis  
9 response providers and organizations representing individuals  
10 and families with lived experience of mental health or  
11 substance use conditions, shall develop an annual training, or  
12 contract with experts or organizations with the appropriate  
13 expertise, for purposes of training adult mobile crisis  
14 response provider personnel on the voluntary and involuntary  
15 commitment processes, and any other processes or services that  
16 are unique to accessing mental health or substance use  
17 services for individuals in crisis.

18 Section 25. Use of data to strengthen CARES line responses  
19 and adult mobile crisis response services. The Department of  
20 Healthcare and Family Services shall collect the following  
21 annual data, and use such data for developing a crisis  
22 response system of care in each of Illinois' 11 health  
23 regions. Data collection shall be done using claims data to  
24 the extent possible to minimize the administrative burden on  
25 providers.



1           (1) The number and percentage of calls to the CARES  
2 line by adults in a mental health crisis.

3           (2) The number and percentage of calls to the CARES  
4 line by adults in a substance use crisis.

5           (3) The number and percentage of CARES line calls for  
6 which adult mobile crisis response services were rejected  
7 or not provided and why.

8           (4) Demographics (race, gender expression, and  
9 Illinois health region of residence) for individuals who  
10 received adult mobile crisis response services.

11           (5) The annual percentage increase or decrease from  
12 the previous year in CARES line calls for mental health  
13 crises and for substance use crises following the first  
14 year of data collection.

15           (6) The number of providers delivering adult mobile  
16 crisis response services in each of Illinois' 11 health  
17 regions, and the zip codes in which they operate.

18           (7) The number of CARES line calls by health region.

19           (8) The number and percentage of adult mobile crisis  
20 response services calls that involved law enforcement,  
21 including transportation services and safety risks.

22           (9) The types of mental health or substance use  
23 services to which individuals are linked and the  
24 percentage of that type of linkage through the year  
25 following a call to the CARES line and following adult  
26 mobile crisis response services, including:

- 1 (A) Hospital emergency rooms.
- 2 (B) Inpatient hospitalization.
- 3 (C) Crisis stabilization or triage units.
- 4 (D) Detoxification services.
- 5 (E) Substance use disorder residential treatment.
- 6 (F) Outpatient substance use disorder treatment.
- 7 (G) Living room services.
- 8 (H) Assertive community treatment.
- 9 (I) Community support treatment.
- 10 (J) Case management.
- 11 (K) Individual or group mental health or substance  
12 use services.
- 13 (L) Placement in a nursing home, an institution  
14 for mental diseases, or a specialized mental health  
15 rehabilitation facility.
- 16 (10) The number of callers to the CARES line that need  
17 to be referred to a second provider due to a wait list or  
18 the inability to access timely services.
- 19 (11) Caller satisfaction with CARES line calls and  
20 adult mobile crisis response services.

21 Section 30. Rulemaking Authority. The Departments of  
22 Public Health, Human Services, and Healthcare and Family  
23 Services shall adopt, within one year after the effective date  
24 of this Act, any rules necessary to implement the provisions  
25 of this Act.

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