



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB4317

Introduced 1/5/2022, by Rep. Denyse Wang Stoneback

SYNOPSIS AS INTRODUCED:

New Act

Creates the Commission on Mental Health Reform Act. Creates the Commission on Mental Health Reform. Establishes membership on the Commission and its duties. Provides that the Commission shall be chaired by the Secretary of Human Services or the Secretary's designee. Provides that the Department of Human Services shall provide necessary administrative and other support for the Commission. Provides that the Commission, with administrative support provided by the Department of Human Services, shall produce and submit policy recommendations, both administrative and legislative, to the General Assembly and the Governor in the form of an annual report. Provides that the annual report shall include summary information about mental health services in the State, including challenges, deficiency in services, and recommendations for increasing and improving mental health services and bringing about reform. Provides that the report must address all of the concerns and issues listed. Provides that the Commission shall submit the annual report in the month of March, and during this month its representatives shall testify before the Mental Health and Addiction Committee of the House of Representatives and the Health Committee of the Senate to present its findings, make recommendations, and answer questions. Provides that the first annual report shall be submitted within one year after the first meeting of the Commission. Provides that the Commission shall be dissolved 5 years after the effective date of the Act. Repeal the Act 6 years after its effective date.

LRB102 22494 RLC 31635 b

1 AN ACT concerning 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 Commission on Mental Health Reform Act.

6 Section 5. Commission on Mental Health Reform.

7 (a) It is the intent of the General Assembly to create a
8 Commission on Mental Health Reform to:

9 (1) assess the current needs and advise on the
10 necessary reform of mental health services in this State;

11 (2) build upon the existing reform efforts with which
12 State agencies, coalitions, and advocates are currently
13 engaged in the field of mental health;

14 (3) have a critical role in bringing agencies together
15 to coordinate initiatives, share information, and create a
16 larger systemic impact. This coordination and the input of
17 stakeholders who had mental health issues shall provide a
18 foundation to align systems and identify and bridge
19 systemic gaps around mental health to best serve the needs
20 of the residents of this State;

21 (4) assess the landscape of mental health care in this
22 State and determine the levels of service and investment
23 of resources in geographical areas across the State; and

1 (5) make recommendations on the next steps for future
2 investments and actions based upon apparent needs.

3 (b) There is created the Commission on Mental Health
4 Reform composed of at least 37 members. The Commission shall
5 be appointed by the Secretary of Human Services or the
6 Secretary's designee and shall be composed of at least the
7 following:

8 (1) the Director of Public Health or the Director's
9 designee;

10 (2) the Director of the Division of Mental Health of
11 the Department of Human Services, or the Director's
12 designee;

13 (3) the Secretary of Human Services or the Secretary's
14 designee;

15 (4) the Director of the Division of Developmental
16 Disabilities, or the Director's designee;

17 (5) the Director of Children and Family Services or
18 the Director's designee;

19 (6) the Director of Healthcare and Family Services or
20 the Director's designee;

21 (7) the Director of Juvenile Justice or the Director's
22 designee;

23 (8) the Director of Corrections or the Director's
24 designee;

25 (9) the Director of Insurance or the Director's
26 designee;

1 (10) a representative of the Governor's Office of
2 Management and Budget;

3 (11) the Director of the Illinois Housing Development
4 Authority or the Director's designee;

5 (12) the Director of Aging or the Director's designee;

6 (13) a mental health clinician with experience
7 managing or directing a program in another state where
8 mental health services are successful;

9 (14) an expert mental health clinician who has
10 experience evaluating and providing services to people in
11 psychiatric distress in emergency room settings;

12 (15) representatives from at least 3 geographically
13 diverse mental health provider agencies in Illinois, with
14 experience in community-based services;

15 (16) at least 2 members of the House of
16 Representatives who serve on the Mental Health and
17 Addiction Committee or the Human Services Committee;

18 (17) at least 2 members of the Senate who serve on the
19 Health Committee;

20 (18) a representative from a public health
21 organization that does research on the treatment of mental
22 health conditions and diseases;

23 (19) representatives from at least 2 non-profit
24 organizations that educate and advocate for people with
25 mental health conditions;

26 (20) a Medicaid recipient who has received mental

1 health services in this State;

2 (21) a family member of a Medicaid recipient who has
3 received mental health services in this State;

4 (22) a member of law enforcement who has been trained
5 in Crisis Intervention Training;

6 (23) a representative from a non-profit organization
7 that educates and advocates for the prevention of suicide;

8 (22) the Director of the Office of Firearm Violence
9 Prevention or the Director's designee;

10 (23) a psychiatrist and a therapist or psychologist
11 specializing in the treatment of adults;

12 (24) a psychiatrist and a therapist or psychologist
13 specializing in the treatment of children and youth;

14 (25) a mental health specialist who serves clients who
15 have been recently incarcerated;

16 (26) a representative of the Community and Residential
17 Services Authority;

18 (27) a representative of the State Board of Education;

19 and

20 (28) a representative of the Office of State Guardian.

21 Additional members may be included on the Commission at
22 the discretion of the Secretary of Human Services to achieve
23 geographic diversity, balance, or representation of necessary
24 perspectives.

25 Other than ex officio members, members of the Commission
26 shall serve 3-year terms. With the exception of persons

1 impacted by mental health issues serving on the Commission,
2 the members of the Commission shall serve without
3 compensation. The members of the Commission impacted by mental
4 health issues shall receive a stipend from appropriations made
5 to them by the General Assembly.

6 (c) The Commission shall be chaired by the Secretary of
7 Human Services or the Secretary's designee. The first meeting
8 of the Commission shall be convened no later than 3 months
9 after the effective date of this Act. Meeting of the
10 Commission are subject to the Open Meetings Act. The
11 Commission may meet in person or virtually to carry out its
12 duties. The Department of Human Services shall provide
13 necessary administrative and other support for the Commission.
14 All State agencies represented on the Commission, including
15 the Department of Public Health, Department of Corrections,
16 Department of Juvenile Justice, Department of Children and
17 Family Services, Healthcare and Family Services, Department on
18 Aging, Department of Human Services, Illinois Housing
19 Development Authority, Governor's Office of Management and
20 Budget, Department of Insurance, State Board of Education, and
21 Office of State Guardian, shall facilitate the prompt and
22 timely collection and provision of data as requested by or on
23 behalf of the Commission. The facilitation shall include,
24 without limitation, authorizing the provision of reports and
25 underlying State agency data that the State agency currently
26 or previously has provided or made available to university

1 partners and consultants. Any data provided by State agencies
2 shall redact any personally identifiable information of any
3 clients or families before release to the Commission.

4 (d) The Commission may organize into sub-committees or
5 subgroups if it deems necessary. The sub-committees or
6 subgroups shall be working groups focused on the following
7 areas:

8 (1) budgetary needs and insurance;

9 (2) clinician assessment and recommendations for
10 mental health care for adults;

11 (3) clinician assessment and recommendations for
12 mental health care for children and youth; and

13 (4) mental health needs of persons who are or have
14 been incarcerated.

15 (e) The Commission shall:

16 (1) assess needs for mental health care in this State;

17 (2) identify gaps around mental health in geographical
18 areas across this State;

19 (3) establish rules around data collection and
20 publishing;

21 (4) meet benchmarks stipulated in this Act and
22 establish a more specific timeframe for recommended
23 reform;

24 (5) in order to align systems, identify when
25 coordination of initiatives, sharing of information, and
26 transparency is needed between agencies on data of

1 availability of mental health and related services, and
2 funding streams for mental health services;

3 (6) issue recommendations, goals, and benchmarks for:

4 (A) improvements to and expansion of
5 community-based mental health and substance abuse
6 treatment services including through Assertive
7 Community Treatment (ACT) and Intensive Case
8 Management (ICM) Teams;

9 (B) increasing early diagnosis and treatment
10 rather than late-stage treatment of mental health
11 conditions;

12 (C) increasing availability of psychiatric
13 residential placements based on data analysis and in
14 accordance with least-restrictive standard of care;

15 (D) in accordance with least-restrictive care
16 principles building service capacity, improving access
17 to services by reforming Medicaid rates to cover the
18 cost, enable capacity growth, and institute
19 value-based payment;

20 (E) building a system of care for children and
21 young adults;

22 (F) increasing mental health care for children;

23 (G) improving insurance practices and coverage of
24 proven treatments, including implementing and
25 enforcing parity laws, and ensuring coverage of proven
26 treatments not covered by insurance;

1 (H) developing the mental health workforce through
2 incentives to grow this workforce;

3 (I) enabling affordable housing through rental
4 subsidies, through investment in rental subsidies,
5 combined with treatment, supportive housing, diversion
6 strategies to stop the cycle of hospitalizations, and
7 criminal legal system involvement for those persons
8 with disabilities and left homeless by their
9 disability;

10 (J) treating currently incarcerated people who
11 suffer from mental health conditions;

12 (K) improving coordination of mental health
13 related services between government agencies, service
14 providers, and patients; and

15 (L) easing the administrative burdens that are a
16 barrier to access to mental health services;

17 (7) take action and implement its findings and
18 recommendations. An explanation must be provided in the
19 annual report for any recommendation an agency does not
20 choose to implement;

21 (8) review the relevant consent decrees and focus
22 recommendations to comply with the following consent
23 decrees:

24 (A) Lippert v. Jeffreys (Department of
25 Corrections-healthcare);

26 (B) Monroe v. Jeffreys (Department of

1 Corrections-gender dysphoria treatment);

2 (C) Rasho v. Jeffreys (Department of
3 Corrections-mental health care);

4 (D) RJ v. Mueller (Department of Juvenile
5 Justice-conditions and services available to persons
6 confined at State-operated juvenile justice facilities
7 including issues re: mental health and confinement
8 conditions);

9 (E) Williams v. Pritzker (Department on Aging,
10 Healthcare and Family Services, Department of Human
11 Services-individuals in nursing homes for persons with
12 mental illnesses-Olmstead);

13 (F) Ligas v. Eagleson (Healthcare and Family
14 Services-unnecessary segregation and
15 institutionalization of persons with developmental
16 disabilities in large intermediate care facilities
17 when they could be better served in smaller, community
18 settings-Olmstead);

19 (G) BH v. Smith (Department of Children and Family
20 Services-care and conditions including severe
21 shortages of mental health services and substandard
22 conditions at various residential treatment centers
23 treating youth in care);

24 (H) NB v. Eagleson (Healthcare and Family
25 Services-Medicaid eligible children under 21 with a
26 mental or behavioral health diagnosis in need of

1 community-based services);

2 (I) Colbert v. Pritzker (Department of Human
3 Services, Healthcare and Family
4 Services-institutionalizing people with disabilities
5 when they could live in their own homes or other small,
6 community-based settings-Olmstead); and

7 (J) Memisovski v. Maram (Healthcare and Family
8 Services, Department of Human Services-access and
9 availability of Medicaid services to children).

10 (e) The Commission, with administrative support provided
11 by the Department of Human Services, shall produce and submit
12 policy recommendations, both administrative and legislative,
13 to the General Assembly and the Governor in the form of an
14 annual report. The first annual report shall be submitted
15 within one year after the first meeting of the Commission.

16 The annual report shall include summary information about
17 mental health services in this State, including challenges,
18 deficiency in services, and recommendations for increasing and
19 improving mental health services and bringing about reform.
20 The report must address all of the concerns and issues listed.
21 The Commission shall submit the annual report in the month of
22 March, and during this month its representatives shall testify
23 before the Mental Health and Addiction Committee of the House
24 of Representatives and the Health Committee of the Senate to
25 present its findings, make recommendations, and answer
26 questions. The Directors of Public Health, Children and Family

1 Services, Juvenile Justice, Department of Corrections,
2 Healthcare and Family Services, Aging, Insurance, Governor's
3 Office of Management and Budget, Illinois Housing Development
4 Authority, State Board of Education, the Secretary of Human
5 Services, and a representative of the Office of the Governor
6 shall testify before these committees as to their respective
7 actions taken in response to the findings and recommendations
8 of the Commission. Any State agency that has not adopted or
9 implemented a Commission recommendation made for that agency,
10 shall provide written and oral testimony explaining their
11 rationale for this decision. The annual reports shall include
12 the following items:

13 (1) Year 1: Identification of gaps in mental health
14 care. Assessment of budgetary needs for State agencies to
15 build necessary service capacity to meet the needs of
16 mental health in this State. Assessment of each State
17 agency's compliance with requirements of consent decrees
18 and the State agency's responses to its level of
19 compliance.

20 (2) Year 2: Report on the progression of
21 implementation of recommended actions from Year 1,
22 including barriers to progress and recommended actions to
23 address these barriers. Roles of State agencies,
24 coalitions, advocates, and other stakeholders currently
25 engaged in the field of mental health in this State.
26 Recommendations of needed coordination between them to

1 bridge the systemic gaps.

2 (3) Year 3: Report on the progression of
3 implementation of recommended actions from Years 1 and 2,
4 including barriers to progress and recommended actions to
5 address these barriers. Recommendations for expansion of
6 community-based mental health and substance abuse
7 treatment services.

8 (4) Year 4: Report on the progression of
9 implementation of recommended actions from Years 1, 2, and
10 3, including barriers to progress and recommended actions
11 to address such barriers. Phasing in of recommendations
12 for gaps in mental health care.

13 (5) Year 5: Report on the progression of
14 implementation of recommended actions from previous Years.
15 Phasing in of recommendations for gaps in mental health
16 care.

17 (f) The Commission chair shall convene a final meeting
18 before the repeal date of this Act to discuss an
19 implementation plan based on the produced policy
20 recommendations.

21 (g) The Commission shall be dissolved 5 years after the
22 effective date of this Act.

23 Section 10. Repeal. This Act is repealed 6 years after the
24 effective date of this Act.