

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 Alternatives to Crisis Escalation (ACE) Act.

6 Section 5. Purpose. This Act is intended to strengthen and
7 bring community awareness to underutilized Medicaid mental
8 health and substance use crisis response services, called
9 adult mobile crisis response services, to enable timely
10 community-based stabilization, symptom management, and
11 connection to treatment before crisis symptoms escalate to an
12 emergent level, and to enable similar crisis response services
13 for anyone regardless of insurance status.

14 Section 10. Public awareness campaign. The Department of
15 Public Health, or a third-party contractor with experience in
16 successful public education and awareness campaigns selected
17 by the Department of Public Health, shall develop and lead a
18 2-year educational campaign within each of Illinois' 11 health
19 regions on the availability of adult mobile crisis response
20 services within each region and how to access such services.
21 The Department of Public Health shall develop and implement
22 this public awareness and educational campaign in

1 collaboration with community stakeholders, including the types
2 of organizations and individuals listed in paragraph (5), the
3 Department of Healthcare and Family Services, and the
4 Department of Human Services. This campaign shall align with
5 and be coordinated with any rollout of a centralized 988
6 crisis line in Illinois for the development of a coordinated
7 mental health and substance use crisis response system of care
8 and to ensure aligned messaging around such services. Such a
9 campaign shall also take into account crisis services, if any,
10 offered under Section 15, and shall begin by no later than
11 January 1, 2022.

12 (1) The public awareness campaign shall be culturally
13 competent and locally tailored to ensure local buy-in and
14 community understanding and use of adult mobile crisis
15 response services.

16 (2) Any written public or community awareness
17 materials must be written in plain, easy-to-understand
18 language, and shall be available in multiple languages
19 that are representative of the communities in a particular
20 health region.

21 (3) All written or visual materials, videos, webinars,
22 presentations, social media, or other methods of
23 communication or marketing used for increasing community
24 awareness and public support and use of adult mobile
25 crisis response services shall be specifically tailored
26 for different types of community stakeholders or

1 audiences, including, but not limited to, healthcare
2 providers, law enforcement, and community groups, for
3 purposes of increasing support for and use of such
4 services.

5 (4) The public awareness and educational campaign
6 shall be directed toward community entities and actors,
7 including, but not limited to, those listed in paragraph
8 (5), that are likely to come into contact with individuals
9 in crisis or that have broad community involvement and
10 support, as well as to individuals who might seek mental
11 health or substance use crisis support services.

12 (5) The following types of stakeholders shall be
13 included as partner-stakeholders in the development of the
14 campaign:

15 (A) Individuals who have or might use adult mobile
16 crisis response services.

17 (B) Mental health and substance use disorder
18 organizations representing individuals and family
19 members, including peer support networks.

20 (C) Hospitals and primary care clinics.

21 (D) Local law enforcement, including units trained
22 in crisis intervention team training.

23 (E) Law enforcement associations.

24 (F) The Illinois Law Enforcement Training
25 Standards Board.

26 (G) The Illinois State Police.

1 (H) Local fire departments.

2 (I) Municipalities.

3 (J) Faith-based organizations.

4 (K) Food pantries.

5 (L) Homeless shelters.

6 (M) Local public officials.

7 (N) Nursing homes, specialized mental health
8 rehabilitation facilities, and facilities that qualify
9 as an institution for mental diseases as defined in 42
10 U.S.C. 1369(d) (i).

11 (N) Other community organizations or providers
12 that may come into frequent contact with individuals
13 in a mental health or substance use crisis, or that
14 have broad community support and involvement.

15 Section 15. Enabling universal access to adult mobile
16 crisis response services. Subject to appropriation, the
17 Department of Human Services shall establish a grant program
18 for purposes of providing adult mobile crisis response
19 services to any adult age 18 or older experiencing a mental
20 health or substance use crisis regardless of insurance status.
21 The adult mobile crisis response services covered by this
22 grant shall mirror the adult mobile crisis services covered by
23 Illinois' Medicaid program at a minimum. Such grant shall also
24 cover linkage, case management, and any wrap around treatment
25 and support services that are medically necessary for up to 90

1 days following a mental health or substance use crisis. Such
2 grant shall also support the service provider's work on
3 enrolling the individual in Medicaid if they are eligible for
4 enrollment. The grant services covered in accordance with this
5 Section shall not be used to pay for adult mobile crisis
6 response services or other services for individuals enrolled
7 in Illinois' Medicaid program, or for individuals whose
8 private insurance plan covers similar mobile crisis response
9 or wrap around services. The Department of Human Services'
10 Division of Mental Health and Division of Substance Use
11 Prevention and Recovery shall convene a working group of
12 providers and other stakeholders for purposes of receiving
13 meaningful input on development of the grant program covered
14 by this Section to ensure that there is no duplication of
15 services, and to avoid placing any unnecessary barriers that
16 impede access to crisis response services. This grant program
17 for adult mobile crisis response services shall not replace or
18 diminish existing Department of Human Services grants for
19 crisis services, and are intended to fill the gap in mobile
20 crisis response services for individuals not covered by
21 Medicaid.

22 Section 20. Strengthening CARES line capacity and
23 implementing best practices.

24 (a) By no later than one year after the effective date of
25 this Act, the Department of Healthcare and Family Services,

1 with meaningful stakeholder input and input from states and
2 localities across the country that have implemented nationally
3 recognized or emerging best practices in crisis response
4 systems of care, shall do all of the following:

5 (1) Develop and implement training and protocols for
6 individuals answering crisis calls to the Crisis and
7 Referral Entry Services (CARES) line that support and
8 enable providing triage and de-escalation to CARES line
9 callers when appropriate and safe. The Department of
10 Healthcare and Family Services shall ensure that CARES
11 line call takers are trained mental health professionals,
12 which may also include peers who are individuals with a
13 lived experience of a mental health or substance use
14 condition.

15 (2) Develop and implement protocols and training for
16 CARES line staff to conduct quality control and caller
17 satisfaction follow up.

18 (3) Ensure coordination of adult mobile crisis
19 response services and CARES line services with other
20 existing and future crisis response services and hotlines,
21 such as any future 988 centralized crisis line that may be
22 established.

23 (b) By no later than one year after the effective date of
24 this Act, the Department of Healthcare and Family Services,
25 with meaningful input from adult mobile crisis response and
26 CARES line providers and organizations representing

1 individuals and families with lived experience of mental
2 health and substance use conditions, shall identify crisis
3 response policies and practices that must be standardized
4 across providers to ensure quality and consistency of crisis
5 response care, and shall identify strategies to expand
6 staffing for CARES line call takers to reduce wait times. Any
7 standardization of policies and practices must also allow for
8 variability to ensure the ability to effectively provide these
9 services in a manner that reflects the unique needs of the
10 communities served in each health region.

11 (c) The Department of Healthcare and Family Services shall
12 convene a workgroup that includes the appropriate stakeholders
13 to help inform the development and implementation of this
14 subsection.

15 Section 25. Use of data to strengthen CARES line responses
16 and adult mobile crisis response services.

17 (a) The Department of Healthcare and Family Services shall
18 annually track the following data related to CARES line calls
19 for purposes of developing a crisis response system of care in
20 each of Illinois' 11 health regions.

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

23 (2) The number and percentage of calls to the CARES
24 line by adults in a substance use crisis by health region.

25 (3) The number and percentage of CARES line calls for

1 which adult mobile crisis response services were rejected
2 or not provided and why.

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

7 (5) The number of callers to the CARES line who needed
8 to be referred to a second provider due to a wait list or
9 the inability to access timely services.

10 (b) The Department of Healthcare and Family Services shall
11 track the following data annually related to adult mobile
12 crisis response services by using the data reported by adult
13 mobile crisis response providers of such services on the
14 Illinois Medicaid - Crisis Assessment Tool.

15 (1) Demographics (race, gender expression, and
16 Illinois health region of residence) for individuals who
17 received adult mobile crisis response services.

18 (2) The number of providers delivering adult mobile
19 crisis response services in each of Illinois' 11 health
20 regions, and the zip codes in which they operate.

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

24 (4) The types of mental health or substance use
25 services to which individuals are linked and the
26 percentage of that type of linkage through the year

1 following receiving adult mobile crisis response services,
2 including:

3 (A) Hospital emergency rooms.

4 (B) Inpatient hospitalization.

5 (C) Crisis stabilization or triage units.

6 (D) Detoxification services.

7 (E) Substance use disorder residential treatment.

8 (F) Outpatient substance use disorder treatment.

9 (G) Living room services.

10 (H) Assertive community treatment.

11 (I) Community support treatment.

12 (J) Case management.

13 (K) Individual or group mental health or substance
14 use services.

15 (L) Placement in a nursing home, an institution
16 for mental diseases, or a specialized mental health
17 rehabilitation facility.

18 (c) The data collected under this Section shall be
19 reported annually on the official website of the Department of
20 Healthcare and Family Services by July 1st of each year
21 beginning in calendar year 2022.

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

1 of this Act.

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