

SB1979



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB1979

Introduced 2/26/2021, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

New Act

Creates the Behavioral Health Workforce Education Center of Illinois Act. Creates the Behavioral Health Workforce Education Center of Illinois, to be administered by a specified public institution of higher education for the purpose of leveraging workforce and behavioral health resources to produce reforms in Illinois. Provides for the structure and duties of the Center. Provides for the selection of the public institution of higher education to administer the Center. Provides for the adoption of rules. Effective immediately.

LRB102 10469 CMG 15798 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning education.

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 Behavioral Health Workforce Education Center of Illinois Act.

6 Section 5. Findings. The General Assembly finds as
7 follows:

8 (1) There are insufficient behavioral health
9 professionals in this State's behavioral health workforce
10 and further that there are insufficient behavioral health
11 professionals trained in evidence-based practices.

12 (2) The Illinois behavioral health workforce situation
13 is at a crisis state and the lack of a behavioral health
14 strategy is exacerbating the problem.

15 (3) In 2019, the Journal of Community Health found
16 that suicide rates are disproportionately higher among
17 African American adolescents. From 2001 to 2017, the rate
18 for African American teen boys rose 60%, according to the
19 study. Among African American teen girls, rates nearly
20 tripled, rising by an astounding 182%. Illinois was among
21 the 10 states with the greatest number of African American
22 adolescent suicides (2015-2017).

23 (4) Workforce shortages are evident in all behavioral

1 health professions, including, but not limited to,
2 psychiatry, psychiatric nursing, psychiatric physician
3 assistant, social work (licensed social work, licensed
4 clinical social work), counseling (licensed professional
5 counseling, licensed clinical professional counseling),
6 marriage and family therapy, licensed clinical psychology,
7 occupational therapy, prevention, substance use disorder
8 counseling, and peer support.

9 (5) The shortage of behavioral health practitioners
10 affects every Illinois county, every group of people with
11 behavioral health needs, including children and
12 adolescents, justice-involved populations, working
13 adults, people experiencing homelessness, veterans, and
14 older adults, and every health care and social service
15 setting, from residential facilities and hospitals to
16 community-based organizations and primary care clinics.

17 (6) Estimates of unmet needs consistently highlight
18 the dire situation in Illinois. Mental Health America
19 ranks Illinois 29th in the country in mental health
20 workforce availability based on its 480-to-1 ratio of
21 population to mental health professionals, and the Kaiser
22 Family Foundation estimates that only 23.3% of
23 Illinoisans' mental health needs can be met with its
24 current workforce.

25 (7) Shortages are especially acute in rural areas and
26 among low-income and under-insured individuals and

1 families. 30.3% of Illinois' rural hospitals are in
2 designated primary care shortage areas and 93.7% are in
3 designated mental health shortage areas. Nationally, 40%
4 of psychiatrists work in cash-only practices, limiting
5 access for those who cannot afford high out-of-pocket
6 costs, especially Medicaid eligible individuals and
7 families.

8 (8) Spanish speaking therapists in suburban Cook
9 County, as well as in immigrant new growth communities
10 throughout the State, for example, and master's-prepared
11 social workers in rural communities are especially
12 difficult to recruit and retain.

13 (9) Illinois' shortage of psychiatrists specializing
14 in serving children and adolescents is also severe.
15 Eighty-one out of 102 Illinois counties have no child and
16 adolescent psychiatrists, and the remaining 21 counties
17 have only 310 child and adolescent psychiatrists for a
18 population of 2,450,000 children.

19 (10) Only 38.9% of the 121,000 Illinois youth aged 12
20 through 17 who experienced a major depressive episode
21 received care.

22 (11) An annual average of 799,000 people in Illinois
23 aged 12 and older need but do not receive substance use
24 disorder treatment at specialty facilities.

25 (12) According to the Department of Public Health,
26 opioid overdoses have killed nearly 11,000 people in

1 Illinois since 2008. Just last year, nearly 2,000 people
2 died of overdoses, almost twice the number of fatal car
3 accidents.

4 (13) Behavioral health workforce shortages have led to
5 well-documented problems of long wait times for
6 appointments with psychiatrists (4 to 6 months in some
7 cases), high turnover, and unfilled vacancies for social
8 workers and other behavioral health professionals that
9 have eroded the gains in insurance coverage for mental
10 illness and substance use disorder under the federal
11 Affordable Care Act and parity laws.

12 (14) As a result, individuals with mental illness or
13 substance use disorders end up in hospital emergency
14 rooms, which are the most expensive level of care, or are
15 incarcerated and do not receive adequate care, if any.

16 (15) There are many organizations and institutions
17 that are affected by behavioral health workforce
18 shortages, but no one entity is responsible for monitoring
19 the workforce supply and intervening to ensure it can
20 effectively meet behavioral health needs throughout the
21 State.

22 (16) Workforce shortages are more complex than simple
23 numerical shortfalls. Identifying the optimal number,
24 type, and location of behavioral health professionals to
25 meet the differing needs of Illinois' diverse regions and
26 populations across the lifespan is a difficult logistical

1 problem at the system and practice level that requires
2 coordinated efforts in research, education, service
3 delivery, and policy.

4 (17) This State has a compelling and substantial
5 interest in building a pipeline for behavioral health
6 professionals and to anchor research and education for
7 behavioral health workforce development. Beginning with
8 the proposed Behavioral Health Workforce Education Center
9 of Illinois, Illinois has the chance to develop a
10 blueprint to be a national leader in behavioral health
11 workforce development.

12 (18) The State must act now to improve the ability of
13 its residents to achieve their human potential and to live
14 healthy, productive lives by reducing the misery and
15 suffering of unmet behavioral health needs.

16 Section 10. Behavioral Health Workforce Education Center
17 of Illinois.

18 (a) The Behavioral Health Workforce Education Center of
19 Illinois is created and shall be administered by a teaching,
20 research, or both teaching and research public institution of
21 higher education in this State. Subject to appropriation, the
22 Center shall be operational on or before July 1, 2023.

23 (b) The Behavioral Health Workforce Education Center of
24 Illinois shall leverage workforce and behavioral health
25 resources, including, but not limited to, State, federal, and

1 foundation grant funding, federal Workforce Investment Act of
2 1998 programs, the National Health Service Corps and other
3 nongraduate medical education physician workforce training
4 programs, and existing behavioral health partnerships, and
5 align with reforms in Illinois.

6 Section 15. Structure.

7 (a) The Behavioral Health Workforce Education Center of
8 Illinois shall be structured as a multisite model, and the
9 administering public institution of higher education shall
10 serve as the hub institution, complemented by secondary
11 regional hubs, namely academic institutions, that serve rural
12 and small urban areas and at least one academic institution
13 serving a densely urban municipality with more than 1,000,000
14 inhabitants.

15 (b) The Behavioral Health Workforce Education Center of
16 Illinois shall be located within one academic institution and
17 shall be tasked with a convening and coordinating role for
18 workforce research and planning, including monitoring progress
19 toward Center goals.

20 (c) The Behavioral Health Workforce Education Center of
21 Illinois shall also coordinate with key State agencies
22 involved in behavioral health, workforce development, and
23 higher education in order to leverage disparate resources from
24 health care, workforce, and economic development programs in
25 Illinois government.

1 Section 20. Duties. The Behavioral Health Workforce
2 Education Center of Illinois shall perform the following
3 duties:

4 (1) Organize a consortium of universities in
5 partnerships with providers, school districts, law
6 enforcement, consumers and their families, State agencies,
7 and other stakeholders to implement workforce development
8 concepts and strategies in every region of this State.

9 (2) Be responsible for developing and implementing a
10 strategic plan for the recruitment, education, and
11 retention of a qualified, diverse, and evolving behavioral
12 health workforce in this State. Its planning and
13 activities shall include:

14 (A) convening and organizing vested stakeholders
15 spanning government agencies, clinics, behavioral
16 health facilities, prevention programs, hospitals,
17 schools, jails, prisons and juvenile justice, police
18 and emergency medical services, consumers and their
19 families, and other stakeholders;

20 (B) collecting and analyzing data on the
21 behavioral health workforce in Illinois, with detailed
22 information on specialties, credentials, additional
23 qualifications (such as training or experience in
24 particular models of care), location of practice, and
25 demographic characteristics, including age, gender,

1 race and ethnicity, and languages spoken;

2 (C) building partnerships with school districts,
3 public institutions of higher education, and workforce
4 investment agencies to create pipelines to behavioral
5 health careers from high schools and colleges,
6 pathways to behavioral health specialization among
7 health professional students, and expanded behavioral
8 health residency and internship opportunities for
9 graduates;

10 (D) evaluating and disseminating information about
11 evidence-based practices emerging from research
12 regarding promising modalities of treatment, care
13 coordination models, and medications;

14 (E) developing systems for tracking the
15 utilization of evidence-based practices that most
16 effectively meet behavioral health needs; and

17 (F) providing technical assistance to support
18 professional training and continuing education
19 programs that provide effective training in
20 evidence-based behavioral health practices.

21 (3) Coordinate data collection and analysis, including
22 systematic tracking of the behavioral health workforce and
23 datasets that support workforce planning for an
24 accessible, high-quality behavioral health system. In the
25 medium to long-term, the Center shall develop Illinois
26 behavioral workforce data capacity by:

1 (A) filling gaps in workforce data by collecting
2 information on specialty, training, and qualifications
3 for specific models of care, demographic
4 characteristics, including gender, race, ethnicity,
5 and languages spoken, and participation in public and
6 private insurance networks;

7 (B) identifying the highest priority geographies,
8 populations, and occupations for recruitment and
9 training;

10 (C) monitoring the incidence of behavioral health
11 conditions to improve estimates of unmet need; and

12 (D) compiling up-to-date, evidence-based
13 practices, monitoring utilization, and aligning
14 training resources to improve the uptake of the most
15 effective practices.

16 (4) Work to grow and advance peer and parent-peer
17 workforce development by:

18 (A) assessing the credentialing and reimbursement
19 processes and recommending reforms;

20 (B) evaluating available peer-parent training
21 models, choosing a model that meets Illinois' needs,
22 and working with partners to implement it universally
23 in child-serving programs throughout this State; and

24 (C) including peer recovery specialists and
25 parent-peer support professionals in interdisciplinary
26 training programs.

1 (5) Focus on the training of behavioral health
2 professionals in telehealth techniques, including taking
3 advantage of a telehealth network that exists, and other
4 innovative means of care delivery in order to increase
5 access to behavioral health services for all persons
6 within this State.

7 (6) No later than December 1 of every odd-numbered
8 year, prepare a report of its activities under this Act.
9 The report shall be filed electronically with the General
10 Assembly, as provided under Section 3.1 of the General
11 Assembly Organization Act, and shall be provided
12 electronically to any member of the General Assembly upon
13 request.

14 Section 25. Selection process.

15 (a) No later than 90 days after the effective date of this
16 Act, the Board of Higher Education shall select a public
17 institution of higher education, with input and assistance
18 from the Division of Mental Health of the Department of Human
19 Services, to administer the Behavioral Health Workforce
20 Education Center of Illinois.

21 (b) The selection process shall articulate the principles
22 of the Behavioral Health Workforce Education Center of
23 Illinois, not inconsistent with this Act.

24 (c) The Board of Higher Education, with input and
25 assistance from the Division of Mental Health of the

1 Department of Human Services, shall make its selection of a
2 public institution of higher education based on its ability
3 and willingness to execute the following tasks:

4 (1) Convening academic institutions providing
5 behavioral health education to:

6 (A) develop curricula to train future behavioral
7 health professionals in evidence-based practices that
8 meet the most urgent needs of Illinois' residents;

9 (B) build capacity to provide clinical training
10 and supervision; and

11 (C) facilitate telehealth services to every region
12 of the State.

13 (2) Functioning as a clearinghouse for research,
14 education, and training efforts to identify and
15 disseminate evidence-based practices across the State.

16 (3) Leveraging financial support from grants and
17 social impact loan funds.

18 (4) Providing infrastructure to organize regional
19 behavioral health education and outreach. As budgets
20 allow, this shall include conference and training space,
21 research and faculty staff time, telehealth, and distance
22 learning equipment.

23 (5) Working with regional hubs that assess and serve
24 the workforce needs of specific, well-defined regions and
25 specialize in specific research and training areas, such
26 as telehealth or mental health-criminal justice

1 partnerships, for which the regional hub can serve as a
2 statewide leader.

3 (d) The Board of Higher Education may adopt such rules as
4 may be necessary to implement and administer this Section.

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