

102ND GENERAL ASSEMBLY State of Illinois 2021 and 2022 SB4256

Introduced 1/5/2023, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

New Act

Creates the 9-8-8 Suicide and Crisis Lifeline Task Force Act. Provides that the 9-8-8 Suicide and Crisis Lifeline Task Force shall be composed of 12 appointed members and the State's Chief Behavioral Health Officer, or his or her representative. Provides that the 2 Task Force co-chairs shall appoint experts to contribute and participate in the Task Force as nonvoting members. Provides for meetings of the Task Force and responsibilities relating to examination of the first year of implementation and use of the 9-8-8 Suicide and Crisis Lifeline in Illinois. Requires the development of an action plan with specified recommendations to be filed with the Governor and General Assembly by December 31, 2023. Includes legislative findings. Repeals the Act on January 1, 2025. Effective immediately.

LRB102 30020 AWJ 42211 b

1 AN ACT concerning government.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 1. Short title. This Act may be cited as the 9-8-8

 Suicide and Crisis Lifeline Task Force Act.
- 6 Section 5. Findings. The General Assembly finds that:
- 7 (1) In the summer of 2022, 31% of Illinois adults 8 experienced symptoms of anxiety or depression more than half 9 of the days of each week, which is an increase of 20% since
- 10 2019.
- 11 (2) Suicide is the third leading cause of death in 12 Illinois for young adults who are 15 to 34 years of age, and it 13 is the 11th leading cause of death for all Illinoisans. In
- 14 2021, 1,488 Illinois lives were lost to suicide, and an
- estimated 376,000 adults had thoughts of suicide.
- 16 (3) Historically, people in Illinois and nationwide have
- 17 had few and fragmented options to call upon during a mental
- 18 health crisis and have relied upon 9-1-1 and various privately
- 19 funded crisis lines for help.
- 20 (4) In July 2022, Illinois joined the nation in launching
- 21 the 9-8-8 Suicide and Crisis Lifeline, a universal three-digit
- 22 dialing code for a national suicide prevention and mental
- 23 health hotline, meant to offer 24-hours-a-day, 7-days-a-week

- access to trained counselors who can help people experiencing mental-health-related distress.
 - (5) Congress delegated to the states significant decision-making responsibility for structuring and funding the states' 9-8-8 call center networks.
 - (6) States had limited data on which to base their initial decisions because the Substance Abuse and Mental Health Services Administration's projections of future increases in call volumes varied widely, and there was no national best-practice model for the number and organization of 9-8-8 call centers.
 - Administration described the 2022 launch of 9-8-8 as being just the first step toward reimagining our country's mental health crisis system and stipulated that long-term transformation will rely on the willingness of states and territories to build and invest strategically in every level of the continuum of mental health crisis care over the next several years.
 - (8) In 2023, the General Assembly and other state leaders can assess the first year of operations of the 9-8-8 call center system, identify legislative solutions to any funding and programmatic gaps that are emerging, and set the course for Illinois to eventually lead the country in providing quality and accessible 9-8-8 care and in connecting individuals with the mental health resources necessary to

- 1 sustain long-term recovery.
- 2 (9) The launch of the 9-8-8 Suicide and Crisis Lifeline
- 3 has created a once-in-a-generation opportunity to improve
- 4 mental health crisis care in Illinois.
- 5 (10) Illinois' success or failure in building a
- 6 high-quality call center network in the initial years will be
- 7 an important factor in determining whether 9-8-8 is perceived
- 8 as a trusted resource in the State.
- 9 (11) Illinois' success or failure in building
- 10 high-quality 9-8-8 call center network will disproportionately
- 11 affect Black, Brown, and other marginalized residents who are
- most likely to rely on crisis services to access mental health
- 13 care and are most likely to be criminalized or harmed by the
- existing crisis response system.
- 15 Section 10. Suicide and Crisis Lifeline Task Force.
- 16 (a) The 9-8-8 Suicide and Crisis Lifeline Task Force is
- 17 created. The Task Force shall be composed of the following
- 18 voting members:
- 19 (1) 4 members of the House of Representatives, 2
- appointed by the Speaker of the House of Representatives
- 21 and 2 appointed by the Minority Leader of the House of
- 22 Representatives;
- 23 (2) 4 members of the Senate, 2 appointed by the
- 24 President of the Senate and 2 appointed by the Minority
- 25 Leader of the Senate;

1	(3) a	represen	tative	from	the	Department	of	Human
2	Services,	Division	of Me	ntal	Healt	th, appoint	ed 1	by the
3	Governor;							
4	(4) a	represent	tative	from	t.he	Department	of	Public

- (4) a representative from the Department of Public Health, appointed by the Governor;
- (5) a representative from the Department of Healthcare and Family Services, appointed by the Governor;
- (6) a representative from the Department of Insurance, appointed by the Governor; and
- (7) the State's Chief Behavioral Health Officer, or his or her representative.
- (b) The Speaker of the House of Representatives and the President of the Senate shall appoint one co-chair from each chamber of the General Assembly, selecting from the 8 members appointed under paragraphs (1) and (2) of subsection (a).
- (c) The 2 co-chairs shall select expert participants, who will be nonvoting members, to contribute to and participate in this Task Force. Expert participants shall include, at a minimum:
 - (1) service providers from regional and statewide 9-8-8 call centers;
 - (2) providers, or representatives of providers, of community-based mobile crisis response services, including representation from both urban and nonurban settings;
 - (3) a representative of an organization that advocates for people with mental health conditions or substance use

disorders, or both health conditions and substance use disorders;

- (4) a representative of an organization that operates an Illinois social services helpline or crisis line other than 9-8-8;
- (5) more than one individual with personal or family-lived experience of a mental health condition or substance use disorder;
- (6) a representative of the University of Illinois at Chicago involved in providing research and analytical support to the State's 9-8-8 operations; and
- (7) a representative with expertise in 9-1-1 call center protocols and operations.
- (d) Members and expert participants shall serve without compensation and are responsible for the cost of all reasonable and necessary travel expenses connected to Task Force business.

Task Force members shall be appointed by June 1, 2023. The Task Force must convene its first meeting by July 1, 2023 and may meet at other times at the call of a co-chair appointed under subsection (b). Expert participants shall be selected by the Task Force co-chairs before the first meeting. The Task Force may establish committees that address specific issues or populations and may select expert participants to serve on committees as needed. The Department of Human Services will provide administrative and other support to the Task Force.

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- 1 (e) If a vacancy occurs in the Task Force membership or 2 the expert participant membership, the vacancy shall be filled 3 in the same manner as the original appointment for the 4 remainder of the term of the Task Force.
 - Section 15. Responsibilities; action plan.
 - (a) The Task Force has the following responsibilities:
 - (1) to review existing information about the first year of 9-8-8 call center operations in Illinois, including, but not limited to, state-level and county-level use data, progress around the federal measures of success determined by the Substance Abuse and Mental Health Services Administration, and research conducted by any State-contracted partners around cost projections, best practice standards, and geographic needs;
 - (2) to review the recommendations and decisions of previous State-led workgroups on transforming the mental health crisis response system, including, but not limited to, the 9-8-8 Stakeholder Coalition and Subcommittees convened in 2021 and the Statewide Advisory Committee and Regional Advisory Committees established under the Community Emergency Services and Support Act;
 - (3) to review other states' models and emerging best practices around structuring 9-8-8 call center networks, with an emphasis on promoting high-quality phone

interve	entions,	coord	lination	with	other	crisis	lines	and
crisis	services	, and	connect	ion to	commu	nity-bas	ed supp	port
for the	ose in nee	ed;						

- (4) to review governmental infrastructures created in other states to promote sustainability and quality in 9-8-8 call centers and crisis system operations;
- (5) to review changes and new initiatives that have been advanced by the Substance Abuse and Mental Health Services Administration and Vibrant Emotional Health since Illinois launched 9-8-8 in July 2022, such as new training curricula for call takers and new technology platforms;
- (6) to consider testimony from call-center personnel, providers, and advocates about strengths, weaknesses, and service gaps in Illinois; and
- (7) to develop an action plan with recommendations to the Governor and General Assembly that include the following:
 - (A) a future structure for a network of 9-8-8 call centers in Illinois that will best promote equity, quality, and connection to care;
 - (B) metrics that Illinois should use to measure the success of our statewide system in promoting equity, quality, and connection to care and a system to measure those metrics, considering the metrics imposed by the Substance Abuse and Mental Health Services Administration as only a starting point for

measurement of success in Illinois;

- (C) a plan to sustainably fund a statewide 9-8-8 call center network under subparagraphs (A) and (B) in fiscal year 2025 and beyond, which shall identify potential funding sources, future funding amounts, and a mechanism by which funding needs can be calculated;
- (D) recommendations to further fund and strengthen the rest of Illinois' behavioral health services and crisis assistance programs based on lessons learned from 9-8-8 use; and
- (E) recommendations on a long-term governmental infrastructure to provide advice and recommendations necessary to sustainably implement and monitor the progress of the 9-8-8 Suicide and Crisis Lifeline in Illinois and to make recommendations for the statewide improvement of behavioral health crisis response and suicide prevention services in the State.

The action plan shall be approved by a majority of Task Force members who are voting members.

- (b) The Task Force shall complete and file the action plan with the Governor and General Assembly by no later than December 31, 2023.
- (c) Nothing in the action plan filed under this Section shall be construed to supersede the recommendations of the Statewide Advisory Committee or Regional Advisory Committees created by the Community Emergency Services and Support Act.

- 1 Section 20. Repeal. This Act is repealed on January 1,
- 2 2025.
- 3 Section 99. Effective date. This Act takes effect upon
- 4 becoming law.