



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB3230

Introduced 2/17/2023, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

New Act

Creates the Strengthening and Transforming Behavioral Health Crisis Care in Illinois Act. Requires the Department of Human Services, Division of Mental Health, to use an independent third-party expert to conduct a cost analysis and determine actuarially sound costs associated with developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State, including crisis call centers, mobile crisis response team services, crisis receiving and stabilization centers, and other acute behavioral health services. Contains provisions concerning recommendations on multiple sources of funding that could potentially be utilized to support a sustainable and comprehensive continuum of behavioral health crisis response services; a behavioral health crisis workforce; an action plan; a stakeholder working group to develop recommendations to coordinate programming and strategies to support a cohesive behavioral health crisis response system; and other matters. Effective immediately.

LRB103 29430 KTG 55821 b

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 Strengthening and Transforming Behavioral Health Crisis Care  
6 in Illinois Act.

7 Section 5. Findings. The General Assembly finds that:

8 (1) 1,440 Illinois residents died from suicide in 2021, up  
9 from 1,358 in 2020 or a 6% increase.

10 (2) An estimated 110,000 Illinois adults struggle with  
11 schizophrenia, and 220,000 with bipolar disorder.

12 (3) 3,013 Illinois residents died due to opioid overdose  
13 in 2021, a 2.3% increase from 2020 and a 35.8% increase from  
14 2019.

15 (4) Too many people are experiencing suicidal crises, and  
16 mental health or substance use-related distress without the  
17 support and care they need, and the pandemic has amplified  
18 these challenges for children and adults.

19 (5) On July 16, 2022, the U.S. transitioned the 10-digit  
20 National Suicide Prevention Lifeline to 988 - an  
21 easy-to-remember 3-digit number for 24/7 behavioral health  
22 crisis care.

23 (6) The ultimate goal of the 988 crisis response system is

1 to reduce the over-reliance on 911 and law enforcement  
2 response to suicide, mental health, or substance use crises,  
3 so that every Illinoisan is ensured appropriate and supportive  
4 assistance from trained mental health professionals during his  
5 or her time of need.

6 (7) The 3 interdependent pillars of the 988 crisis  
7 response system include someone to call (Lifeline Call  
8 Centers), someone to respond (Mobile Crisis Response Teams),  
9 and somewhere to go (Crisis Receiving and Stabilization  
10 Centers).

11 (8) The transition to 988 provides a historic opportunity  
12 to strengthen and transform the way behavioral health crises  
13 are treated in Illinois and moves us away from criminalizing  
14 mental health and substance use disorders and treating them as  
15 health issues.

16 (9) Having a range of mobile crisis response options has  
17 the potential to save lives.

18 (10) Individuals who interact with the 988 crisis response  
19 system should receive follow-up and be connected to local  
20 mental health and substance use resources and other community  
21 supports.

22 (11) Transforming the Illinois behavioral health crisis  
23 response system will require long-term structural changes and  
24 investments. These include strengthening core behavioral  
25 health crisis care services, ensuring rapid post-crisis  
26 access, increasing coordination across systems and State

1 agencies, enhancing the behavioral health crisis care  
2 workforce, and establishing sustainable funding from various  
3 streams for all dimensions of the crisis response system.

4 Section 10. Purpose. The purpose of this Act is to improve  
5 the quality and access to behavioral health crisis services;  
6 reduce stigma surrounding suicide, mental health, and  
7 substance use conditions; provide a behavioral health crisis  
8 response that is equivalent to the response already provided  
9 to individuals who require emergency physical health care in  
10 the State; improve equity in addressing mental health and  
11 substance use conditions; ensure a culturally and  
12 linguistically competent response to behavioral health crises  
13 and saving lives; build a new system of equitable and  
14 linguistically appropriate behavioral crisis services in which  
15 all individuals are treated with respect, dignity, cultural  
16 competence, and humility; and comply with the National Suicide  
17 Hotline Designation Act of 2020 and the Federal Communication  
18 Commission's rules adopted July 16, 2020 to ensure that all  
19 citizens and visitors of the State of Illinois receive a  
20 consistent level of 988 and crisis behavioral health services  
21 no matter where they live, work, or travel in the State.

22 Section 15. Cost analysis and sources of funding.

23 (a) The Department of Human Services, Division of Mental  
24 Health, shall use an independent third-party expert to conduct

1 a cost analysis and determine actuarially sound costs  
2 associated with:

3 (1) Developing and maintaining a statewide initiative  
4 for the coordination and delivery of the continuum of  
5 behavioral health crisis response services in the State,  
6 including all of the following:

7 (A) Crisis call centers.

8 (B) Mobile crisis response team services.

9 (C) Crisis receiving and stabilization centers.

10 (D) Other acute behavioral health services.

11 (2) The analysis shall include costs that are or can  
12 be reasonably attributed to, including, but not limited  
13 to:

14 (A) ensuring the efficient and effective routing  
15 of calls made to the 988 suicide prevention and  
16 behavioral health crisis hotline to the designated  
17 hotline center and community behavioral health  
18 centers, including staffing and technological  
19 infrastructure enhancements necessary to achieve  
20 operational and clinical standards and best practices  
21 set forth by the National Suicide Prevention Lifeline;

22 (B) recruitment of personnel that reflect the  
23 demographics of the community served; specialized  
24 training of staff to assess and serve people  
25 experiencing mental health, substance use, and  
26 suicidal crises, including specialized training to

1 serve at-risk communities, including culturally and  
2 linguistically competent services for LGBTQ+,  
3 racially, ethnically, and linguistically diverse  
4 communities;

5 (C) the need to develop staffing that is adequate  
6 for expedient mobile crisis response times, based on  
7 call volume and the geography served;

8 (D) the provision of acute behavioral health,  
9 crisis outreach, and stabilization services that are  
10 in response to the 988 national suicide prevention and  
11 behavioral health crisis hotline;

12 (E) costs related to developing and maintaining  
13 the physical plant, operations, and staffing of crisis  
14 receiving and stabilization centers;

15 (F) provision of data, reporting, participation in  
16 evaluations, and related quality improvement  
17 activities as may be required;

18 (G) administration, oversight, and evaluation of  
19 the 988 Statewide Trust Fund;

20 (H) coordination with 911, emergency service  
21 providers, crisis co-responders, and other system  
22 partners, including service providers; and

23 (I) development of service enhancements or  
24 targeted responses to improve outcomes and address  
25 gaps and needs.

26 (3) The Department of Human Services, Division of

1 Mental Health, and independent third-party experts shall  
2 obtain meaningful stakeholder engagement on this analysis.

3 (b) The Department of Human Services, Division of Mental  
4 Health, and independent third-party experts, with meaningful  
5 stakeholder engagement, shall provide a set of recommendations  
6 on multiple sources of funding that could potentially be  
7 utilized to support a sustainable and comprehensive continuum  
8 of behavioral health crisis response services.

9 (c) The Department of Human Services, Division of Mental  
10 Health, may hire an independent third-party expert, amend an  
11 existing Department of Human Services contract with an  
12 independent third-party expert, or coordinate with the  
13 Department of Healthcare and Family Services to amend and  
14 utilize an independent third-party expert contracted with  
15 Department of Healthcare and Family Services.

16 Section 20. Behavioral health crisis workforce.

17 (a) The Department of Human Services, Division of Mental  
18 Health, with meaningful stakeholder engagement,

19 (1) shall expand eligibility for participation as an  
20 Engagement Specialist under Program 590.

21 (2) Engagement Specialists are currently defined as  
22 individuals with the lived experience of recovery from a  
23 mental health condition, substance use disorder, or both.

24 (3) shall consider many additional experiences,  
25 including but not limited to, being a parent or family

1 member of a person with a mental health or substance use  
2 disorder, being from a disadvantaged or marginalized  
3 population that would be valuable to this role and can  
4 help provide a more culturally competent crisis response.  
5 This includes the need for crisis responders who are  
6 African American, Latinx, have been incarcerated,  
7 experienced homelessness, identify as LGBTQ+, and  
8 veterans.

9 (4) shall consider how that expansion impacts the  
10 unique training and support needs of Engagement  
11 Specialists from different populations.

12 (5) shall allow providers to use their clinical  
13 discretion to determine responses by one individual or  
14 two-person team depending on the nature of the call with  
15 access to an Engagement Specialist.

16 (6) shall collect feedback on other policies to  
17 address the behavioral health workforce issues.

18 (b)The Department of Human Services, Division of Mental  
19 Health shall implement a process to obtain meaningful  
20 stakeholder engagement not later than 6 months after the  
21 effective date of this Act.

22 Section 25. Action plan. Not later than 12 months after  
23 the effective date of this Act, the Department of Human  
24 Services, Division of Mental Health, shall submit an action  
25 plan to the General Assembly on the activities under Sections

1 15 and 20 of this Act. The action plan shall be filed  
2 electronically with the General Assembly, as provided under  
3 Section 3.1 of the General Assembly Organization Act, and  
4 shall be provided electronically to any member of the General  
5 Assembly upon request. The action plan shall be published on  
6 the Department of Human Services' website for the public.

7 Section 30. Coordination across State agencies.

8 (a) The Department of Human Services, Division of Mental  
9 Health, and the Department of Healthcare and Family Services  
10 shall convene a stakeholder working group immediately after  
11 the effective date of this Act to develop recommendations to  
12 coordinate programming and strategies to support a cohesive  
13 behavioral health crisis response system.

14 (b) The stakeholder working group shall:

15 (1) Identify logistical challenges and solutions and  
16 define a process to ensure the Illinois crisis response  
17 system established by the Division of Mental Health  
18 Program 590 and the Department of Healthcare and Family  
19 Services' Medicaid Mobile Crisis Response is coordinated  
20 across the lifespan.

21 (2) Consider cross-program identification and  
22 alignment of providers within geographic regions,  
23 messaging regarding the 988 and CARES crisis lines, and  
24 coordination between disparate program plan goals to  
25 ensure that crisis response services are delivered

1           efficiently and without duplication.

2           (c) The stakeholder working group shall at least include  
3 Program 590 providers, Pathways to Success providers, parent,  
4 and family advocates, and associations that represent  
5 behavioral health providers and shall meet no less than once  
6 per month.

7           (d) Not later than 6 months after the effective date of  
8 this Act, the Department of Human Services, Division of Mental  
9 Health, in collaboration with the Department of Healthcare and  
10 Family Services, shall submit an action plan to the General  
11 Assembly on the activities under Section 30 of this Act. The  
12 action plan shall be filed electronically with the General  
13 Assembly, as provided under Section 3.1 of the General  
14 Assembly Organization Act, and shall be provided  
15 electronically to any member of the General Assembly upon  
16 request. The action plan shall be published on the Department  
17 of Human Services' website for the public.

18           Section 99. Effective date. This Act takes effect upon  
19 becoming law.