

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 Regional Integrated Behavioral Health Networks Act.

6 Section 5. Legislative Findings. The General Assembly  
7 recognizes that an estimated 25% of Illinoisans aged 18 years  
8 or older have experienced a mental or substance use disorder,  
9 an estimated 700,000 Illinois adults aged 18 years or older  
10 have a serious mental illness and an estimated 240,000 Illinois  
11 children and adolescents have a serious emotional disturbance.  
12 And on any given day, many go without treatment because it is  
13 not available or accessible. Recent federal and State fiscal  
14 crises have exacerbated an already deteriorating mental health  
15 and substance abuse (behavioral health) treatment system that  
16 is characterized by fragmentation, geographic disparities,  
17 inadequate funding, psychiatric and other mental health  
18 workforce shortages, lack of transportation, and overuse of  
19 acute and emergency care by persons in crisis who are unable to  
20 obtain treatment from less intensive community alternatives.  
21 The failure to treat mental and substance use illnesses has  
22 human and financial consequences: human suffering and loss of  
23 function; increased use of hospital emergency departments;

1 increased use of all medical services; increased unemployment  
2 and lack of productivity; lack of meaningful engagement in  
3 family and communities; school failure; homelessness;  
4 incarceration; and, in some instances, death. The citizens of  
5 Illinois with mental and substance use illnesses need an  
6 organized and integrated system of care that recognizes  
7 regional differences and is able to deliver the right care to  
8 the right person at the right time.

9 Section 10. Purpose. The purpose of this Act is to require  
10 the Department of Human Services to facilitate the creation of  
11 Regional Integrated Behavioral Health Networks (hereinafter  
12 "Networks") for the purpose of ensuring and improving access to  
13 appropriate mental health and substance abuse (hereinafter  
14 "behavioral health") services throughout Illinois by providing  
15 a platform for the organization of all relevant health, mental  
16 health, substance abuse, and other community entities, and by  
17 providing a mechanism to use and channel financial and other  
18 resources efficiently and effectively. Networks may be located  
19 in each of the Department of Human Services geographic regions.

20 Section 15. Goals. Goals shall include, but not be limited  
21 to, the following: enabling persons with mental and substance  
22 use illnesses to access clinically appropriate, evidence-based  
23 services, regardless of where they reside in the State and  
24 particularly in rural areas; improving access to mental health

1 and substance abuse services throughout Illinois, but  
2 especially in rural Illinois communities, by fostering  
3 innovative financing and collaboration among a variety of  
4 health, behavioral health, social service, and other community  
5 entities and by supporting the development of  
6 regional-specific planning and strategies; facilitating the  
7 integration of behavioral health services with primary and  
8 other medical services, advancing opportunities under federal  
9 health reform initiatives; ensuring actual or  
10 technologically-assisted access to the entire continuum of  
11 integrated care, including the provision of services in the  
12 areas of prevention, consumer or patient assessment and  
13 diagnosis, psychiatric care, case coordination, crisis and  
14 emergency care, acute inpatient and outpatient treatment in  
15 private hospitals and from other community providers, support  
16 services, and community residential settings; identifying  
17 funding for persons who do not have insurance and do not  
18 qualify for State and federal healthcare payment programs such  
19 as Medicaid or Medicare; and improving access to transportation  
20 in rural areas.

21 Section 20. Steering Committee and Networks.

22 (a) To achieve these goals, the Department of Human  
23 Services shall convene a Regional Integrated Behavioral Health  
24 Networks Steering Committee (hereinafter "Steering Committee")  
25 comprised of State agencies involved in the provision,

1 regulation, or financing of health, mental health, substance  
2 abuse, rehabilitation, and other services. These include, but  
3 shall not be limited to, the following agencies:

4 (1) The Department of Healthcare and Family Services.

5 (2) The Department of Human Services and its Divisions  
6 of Mental Illness and Alcoholism and Substance Abuse  
7 Services.

8 (3) The Department of Public Health, including its  
9 Center for Rural Health.

10 The Steering Committee shall include a representative from  
11 each Network. The agencies of the Steering Committee are  
12 directed to work collaboratively to provide consultation,  
13 advice, and leadership to the Networks in facilitating  
14 communication within and across multiple agencies and in  
15 removing regulatory barriers that may prevent Networks from  
16 accomplishing the goals. The Steering Committee collectively  
17 or through one of its member Agencies shall also provide  
18 technical assistance to the Networks.

19 (b) There also shall be convened Networks in each of the  
20 Department of Human Services' regions comprised of  
21 representatives of community stakeholders represented in the  
22 Network, including when available, but not limited to, relevant  
23 trade and professional associations representing hospitals,  
24 community providers, public health care, hospice care, long  
25 term care, law enforcement, emergency medical service,  
26 physicians trained in psychiatry; an organization that

1 advocates on behalf of federally qualified health centers, an  
2 organization that advocates on behalf of persons suffering with  
3 mental illness and substance abuse disorders, an organization  
4 that advocates on behalf of persons with disabilities, an  
5 organization that advocates on behalf of persons who live in  
6 rural areas, an organization that advocates on behalf of  
7 persons who live in medically underserved areas; and others  
8 designated by the Steering Committee or the Networks. A member  
9 from each Network may choose a representative who may serve on  
10 the Steering Committee.

11 Section 25. Development of Network Plans. Each Network  
12 shall develop a plan for its respective region that addresses  
13 the following:

14 (a) Inventory of all mental health and substance abuse  
15 treatment services, primary health care facilities and  
16 services, private hospitals, State-operated psychiatric  
17 hospitals, long term care facilities, social services,  
18 transportation services, and any services available to serve  
19 persons with mental and substance use illnesses.

20 (b) Identification of unmet community needs, including,  
21 but not limited to, the following:

22 (1) Waiting lists in community mental health and  
23 substance abuse services.

24 (2) Hospital emergency department use by persons with  
25 mental and substance use illnesses, including volume,

1 length of stay, and challenges associated with obtaining  
2 psychiatric assessment.

3 (3) Difficulty obtaining admission to inpatient  
4 facilities, and reasons therefore.

5 (4) Availability of primary care providers in the  
6 community, including Federally Qualified Health Centers  
7 and Rural Health Centers.

8 (5) Availability of psychiatrists and mental health  
9 professionals.

10 (6) Transportation issues.

11 (7) Other.

12 (c) Identification of opportunities to improve access to  
13 mental and substance abuse services through the integration of  
14 specialty behavioral health services with primary care,  
15 including, but not limited to, the following:

16 (1) Availability of Federally Qualified Health Centers  
17 in community with mental health staff.

18 (2) Development of accountable care organizations or  
19 other primary care entities.

20 (3) Availability of acute care hospitals with  
21 specialized psychiatric capacity.

22 (4) Community providers with an interest in  
23 collaborating with acute care providers.

24 (d) Development of a plan to address community needs,  
25 including a specific timeline for implementation of specific  
26 objectives and establishment of evaluation measures. The

1 comprehensive plan should include the complete continuum of  
2 behavioral health services, including, but not limited to, the  
3 following:

4 (1) Prevention.

5 (2) Client assessment and diagnosis.

6 (3) An array of outpatient behavioral health services.

7 (4) Case coordination.

8 (5) Crisis and emergency services.

9 (6) Treatment, including inpatient psychiatric  
10 services in public and private hospitals.

11 (7) Long term care facilities.

12 (8) Community residential alternatives to  
13 institutional settings.

14 (9) Primary care services.

15 Section 30. Timeline. The Network plans shall be prepared  
16 within 6 months of establishment of the Network. The Steering  
17 Committee shall assist the Networks in the development of plans  
18 by providing technical expertise and in facilitating funding  
19 support and opportunities for the development of services  
20 identified under each of the plans.

21 Section 35. Report to Governor and General Assembly. The  
22 Steering Committee shall report to the Governor and General  
23 Assembly the status of each regional plan, including the  
24 recommendations of the Network Councils to accomplish their

1 goals and improve access to behavioral health services. The  
2 report shall also contain performance measures, including  
3 changes to the behavioral health services capacity in the  
4 region; any waiting lists for community services; volume and  
5 wait times in hospital emergency departments for access to  
6 behavioral health services; development of primary  
7 care-behavioral health partnerships or barriers to their  
8 formation; and funding challenges and opportunities. This  
9 report shall be submitted on an annual basis.

10 Section 99. Effective date. This Act takes effect January  
11 1, 2012.