



Rep. Joe Sosnowski

**Filed: 3/24/2011**

09700HB2982ham003

LRB097 10532 KTG 53333 a

1 AMENDMENT TO HOUSE BILL 2982

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2982 by replacing  
3 everything after the enacting clause with the following:

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,

1 inadequate funding, psychiatric and other mental health  
2 workforce shortages, lack of transportation, and overuse of  
3 acute and emergency care by persons in crisis who are unable to  
4 obtain treatment from less intensive community alternatives.  
5 The failure to treat mental and substance use illnesses has  
6 human and financial consequences: human suffering and loss of  
7 function; increased use of hospital emergency departments;  
8 increased use of all medical services; increased unemployment  
9 and lack of productivity; lack of meaningful engagement in  
10 family and communities; school failure; homelessness;  
11 incarceration; and, in some instances, death. The citizens of  
12 Illinois with mental and substance use illnesses need an  
13 organized and integrated system of care that recognizes  
14 regional differences and is able to deliver the right care to  
15 the right person at the right time.

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

1 in each of the Department of Human Services geographic regions.

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

1 rural areas.

2 Section 20. Steering Committee and Networks.

3 (a) To achieve these goals, the Department of Human  
4 Services shall convene a Regional Integrated Behavioral Health  
5 Networks Steering Committee (hereinafter "Steering Committee")  
6 comprised of State agencies involved in the provision,  
7 regulation, or financing of health, mental health, substance  
8 abuse, rehabilitation, and other services. These include, but  
9 shall not be limited to, the following agencies:

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

11 (2) The Department of Human Services and its Divisions  
12 of Mental Illness and Alcoholism and Substance Abuse  
13 Services.

14 (3) The Department of Public Health, including its  
15 Center for Rural Health.

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

25 (b) There also shall be convened Networks in each of the

1 Department of Human Services' regions comprised of  
2 representatives of community stakeholders represented in the  
3 Network, including when available, but not limited to, relevant  
4 trade and professional associations representing hospitals,  
5 community providers, public health care, hospice care, long  
6 term care, law enforcement, emergency medical service,  
7 physicians trained in psychiatry; an organization that  
8 advocates on behalf of federally qualified health centers, an  
9 organization that advocates on behalf of persons suffering with  
10 mental illness and substance abuse disorders, an organization  
11 that advocates on behalf of persons with disabilities, an  
12 organization that advocates on behalf of persons who live in  
13 rural areas, an organization that advocates on behalf of  
14 persons who live in medically underserved areas; and others  
15 designated by the Steering Committee or the Networks. A member  
16 from each Network may choose a representative who may serve on  
17 the Steering Committee.

18 Section 25. Development of Network Plans. Each Network  
19 shall develop a plan for its respective region that addresses  
20 the following:

21 (a) Inventory of all mental health and substance abuse  
22 treatment services, primary health care facilities and  
23 services, private hospitals, State-operated psychiatric  
24 hospitals, long term care facilities, social services,  
25 transportation services, and any services available to serve

1 persons with mental and substance use illnesses.

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

4 (1) Waiting lists in community mental health and  
5 substance abuse services.

6 (2) Hospital emergency department use by persons with  
7 mental and substance use illnesses, including volume,  
8 length of stay, and challenges associated with obtaining  
9 psychiatric assessment.

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

12 (4) Availability of primary care providers in the  
13 community, including Federally Qualified Health Centers  
14 and Rural Health Centers.

15 (5) Availability of psychiatrists and mental health  
16 professionals.

17 (6) Transportation issues.

18 (7) Other.

19 (c) Identification of opportunities to improve access to  
20 mental and substance abuse services through the integration of  
21 specialty behavioral health services with primary care,  
22 including, but not limited to, the following:

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

25 (2) Development of accountable care organizations or  
26 other primary care entities.

1           (3) Availability of acute care hospitals with  
2 specialized psychiatric capacity.

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

5           (d) Development of a plan to address community needs,  
6 including a specific timeline for implementation of specific  
7 objectives and establishment of evaluation measures. The  
8 comprehensive plan should include the complete continuum of  
9 behavioral health services, including, but not limited to, the  
10 following:

11           (1) Prevention.

12           (2) Client assessment and diagnosis.

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

14           (4) Case coordination.

15           (5) Crisis and emergency services.

16           (6) Treatment, including inpatient psychiatric  
17 services in public and private hospitals.

18           (7) Long term care facilities.

19           (8) Community residential alternatives to  
20 institutional settings.

21           (9) Primary care services.

22           Section 30. Timeline. The Network plans shall be prepared  
23 within 6 months of establishment of the Network. The Steering  
24 Committee shall assist the Networks in the development of plans  
25 by providing technical expertise and in facilitating funding

1 support and opportunities for the development of services  
2 identified under each of the plans.

3 Section 35. Report to Governor and General Assembly. The  
4 Steering Committee shall report to the Governor and General  
5 Assembly the status of each regional plan, including the  
6 recommendations of the network councils to accomplish their  
7 goals and improve access to behavioral health services. The  
8 report shall also contain performance measures, including  
9 changes to the behavioral health services capacity in the  
10 region; any waiting lists for community services; volume and  
11 wait times in hospital emergency departments for access to  
12 behavioral health services; development of primary  
13 care-behavioral health partnerships or barriers to their  
14 formation; and funding challenges and opportunities. This  
15 report shall be submitted on an annual basis.

16 Section 99. Effective date. This Act takes effect January  
17 1, 2012."