



Sen. Robert Peters

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1 AMENDMENT TO SENATE BILL 347

2 AMENDMENT NO. _____. Amend Senate Bill 347 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Alternatives to Crisis Escalation (ACE) Act.

6 Section 5. Purpose. This Act is intended to strengthen and
7 bring community awareness to underutilized Medicaid mental
8 health and substance use crisis response services, called
9 adult mobile crisis response services, to enable timely
10 community-based stabilization, symptom management, and
11 connection to treatment before crisis symptoms escalate to an
12 emergent level, and to enable similar crisis response services
13 for anyone regardless of insurance status.

14 Section 10. Public awareness campaign. The Department of
15 Public Health, or a third-party contractor with experience in

1 successful public education and awareness campaigns selected
2 by the Department of Public Health, shall develop and lead a
3 2-year educational campaign within each of Illinois' 11 health
4 regions on the availability of adult mobile crisis response
5 services within each region and how to access such services.
6 The Department of Public Health shall develop and implement
7 this public awareness and educational campaign in
8 collaboration with community stakeholders, including the types
9 of organizations and individuals listed in paragraph (5), the
10 Department of Healthcare and Family Services, and the
11 Department of Human Services. This campaign shall align with
12 and be coordinated with any rollout of a centralized 988
13 crisis line in Illinois for the development of a coordinated
14 mental health and substance use crisis response system of care
15 and to ensure aligned messaging around such services. Such a
16 campaign shall also take into account crisis services, if any,
17 offered under Section 15, and shall begin by no later than
18 January 1, 2022.

19 (1) The public awareness campaign shall be culturally
20 competent and locally tailored to ensure local buy-in and
21 community understanding and use of adult mobile crisis
22 response services.

23 (2) Any written public or community awareness
24 materials must be written in plain, easy-to-understand
25 language, and shall be available in multiple languages
26 that are representative of the communities in a particular

1 health region.

2 (3) All written or visual materials, videos, webinars,
3 presentations, social media, or other methods of
4 communication or marketing used for increasing community
5 awareness and public support and use of adult mobile
6 crisis response services shall be specifically tailored
7 for different types of community stakeholders or
8 audiences, including, but not limited to, healthcare
9 providers, law enforcement, and community groups, for
10 purposes of increasing support for and use of such
11 services.

12 (4) The public awareness and educational campaign
13 shall be directed toward community entities and actors,
14 including, but not limited to, those listed in paragraph
15 (5), that are likely to come into contact with individuals
16 in crisis or that have broad community involvement and
17 support, as well as to individuals who might seek mental
18 health or substance use crisis support services.

19 (5) The following types of stakeholders shall be
20 included as partner-stakeholders in the development of the
21 campaign:

22 (A) Individuals who have or might use adult mobile
23 crisis response services.

24 (B) Mental health and substance use disorder
25 organizations representing individuals and family
26 members, including peer support networks.

1 (C) Hospitals and primary care clinics.

2 (D) Local law enforcement, including units trained
3 in crisis intervention team training.

4 (E) Law enforcement associations.

5 (F) The Illinois Law Enforcement Training
6 Standards Board.

7 (G) The Illinois State Police.

8 (H) Local fire departments.

9 (I) Municipalities.

10 (J) Faith-based organizations.

11 (K) Food pantries.

12 (L) Homeless shelters.

13 (M) Local public officials.

14 (N) Nursing homes, specialized mental health
15 rehabilitation facilities, and facilities that qualify
16 as an institution for mental diseases as defined in 42
17 U.S.C. 1369(d)(i).

18 (N) Other community organizations or providers
19 that may come into frequent contact with individuals
20 in a mental health or substance use crisis, or that
21 have broad community support and involvement.

22 Section 15. Enabling universal access to adult mobile
23 crisis response services. Subject to appropriation, the
24 Department of Human Services shall establish a grant program
25 for purposes of providing adult mobile crisis response

1 services to any adult age 18 or older experiencing a mental
2 health or substance use crisis regardless of insurance status.
3 The adult mobile crisis response services covered by this
4 grant shall mirror the adult mobile crisis services covered by
5 Illinois' Medicaid program at a minimum. Such grant shall also
6 cover linkage, case management, and any wrap around treatment
7 and support services that are medically necessary for up to 90
8 days following a mental health or substance use crisis. Such
9 grant shall also support the service provider's work on
10 enrolling the individual in Medicaid if they are eligible for
11 enrollment. The grant services covered in accordance with this
12 Section shall not be used to pay for adult mobile crisis
13 response services or other services for individuals enrolled
14 in Illinois' Medicaid program, or for individuals whose
15 private insurance plan covers similar mobile crisis response
16 or wrap around services. The Department of Human Services'
17 Division of Mental Health and Division of Substance Use
18 Prevention and Recovery shall convene a working group of
19 providers and other stakeholders for purposes of receiving
20 meaningful input on development of the grant program covered
21 by this Section to ensure that there is no duplication of
22 services, and to avoid placing any unnecessary barriers that
23 impede access to crisis response services. This grant program
24 for adult mobile crisis response services shall not replace or
25 diminish existing Department of Human Services grants for
26 crisis services, and are intended to fill the gap in mobile

1 crisis response services for individuals not covered by
2 Medicaid.

3 Section 20. Strengthening CARES line capacity and
4 implementing best practices.

5 (a) By no later than one year after the effective date of
6 this Act, the Department of Healthcare and Family Services,
7 with meaningful stakeholder input and input from states and
8 localities across the country that have implemented nationally
9 recognized or emerging best practices in crisis response
10 systems of care, shall do all of the following:

11 (1) Develop and implement training and protocols for
12 individuals answering crisis calls to the Crisis and
13 Referral Entry Services (CARES) line that support and
14 enable providing triage and de-escalation to CARES line
15 callers when appropriate and safe. The Department of
16 Healthcare and Family Services shall ensure that CARES
17 line call takers are trained mental health professionals,
18 which may also include peers who are individuals with a
19 lived experience of a mental health or substance use
20 condition.

21 (2) Develop and implement protocols and training for
22 CARES line staff to conduct quality control and caller
23 satisfaction follow up.

24 (3) Ensure coordination of adult mobile crisis
25 response services and CARES line services with other

1 existing and future crisis response services and hotlines,
2 such as any future 988 centralized crisis line that may be
3 established.

4 (b) By no later than one year after the effective date of
5 this Act, the Department of Healthcare and Family Services,
6 with meaningful input from adult mobile crisis response and
7 CARES line providers and organizations representing
8 individuals and families with lived experience of mental
9 health and substance use conditions, shall identify crisis
10 response policies and practices that must be standardized
11 across providers to ensure quality and consistency of crisis
12 response care, and shall identify strategies to expand
13 staffing for CARES line call takers to reduce wait times. Any
14 standardization of policies and practices must also allow for
15 variability to ensure the ability to effectively provide these
16 services in a manner that reflects the unique needs of the
17 communities served in each health region.

18 (c) The Department of Healthcare and Family Services shall
19 convene a workgroup that includes the appropriate stakeholders
20 to help inform the development and implementation of this
21 subsection.

22 Section 25. Use of data to strengthen CARES line responses
23 and adult mobile crisis response services.

24 (a) The Department of Healthcare and Family Services shall
25 annually track the following data related to CARES line calls

1 for purposes of developing a crisis response system of care in
2 each of Illinois' 11 health regions.

3 (1) The number and percentage of calls to the CARES
4 line by adults in a mental health crisis by health region.

5 (2) The number and percentage of calls to the CARES
6 line by adults in a substance use crisis by health region.

7 (3) The number and percentage of CARES line calls for
8 which adult mobile crisis response services were rejected
9 or not provided and why.

10 (4) The annual percentage increase or decrease from
11 the previous year in CARES line calls for mental health
12 crises and for substance use crises following the first
13 year of data collection.

14 (5) The number of callers to the CARES line who needed
15 to be referred to a second provider due to a wait list or
16 the inability to access timely services.

17 (b) The Department of Healthcare and Family Services shall
18 track the following data annually related to adult mobile
19 crisis response services by using the data reported by adult
20 mobile crisis response providers of such services on the
21 Illinois Medicaid - Crisis Assessment Tool.

22 (1) Demographics (race, gender expression, and
23 Illinois health region of residence) for individuals who
24 received adult mobile crisis response services.

25 (2) The number of providers delivering adult mobile
26 crisis response services in each of Illinois' 11 health

1 regions, and the zip codes in which they operate.

2 (3) The number and percentage of adult mobile crisis
3 response services calls that involved law enforcement,
4 including transportation services and safety risks.

5 (4) The types of mental health or substance use
6 services to which individuals are linked and the
7 percentage of that type of linkage through the year
8 following receiving adult mobile crisis response services,
9 including:

10 (A) Hospital emergency rooms.

11 (B) Inpatient hospitalization.

12 (C) Crisis stabilization or triage units.

13 (D) Detoxification services.

14 (E) Substance use disorder residential treatment.

15 (F) Outpatient substance use disorder treatment.

16 (G) Living room services.

17 (H) Assertive community treatment.

18 (I) Community support treatment.

19 (J) Case management.

20 (K) Individual or group mental health or substance
21 use services.

22 (L) Placement in a nursing home, an institution
23 for mental diseases, or a specialized mental health
24 rehabilitation facility.

25 (c) The data collected under this Section shall be
26 reported annually on the official website of the Department of

1 Healthcare and Family Services by July 1st of each year
2 beginning in calendar year 2022.

3 Section 30. Rulemaking Authority. The Departments of
4 Public Health, Human Services, and Healthcare and Family
5 Services shall adopt, within one year after the effective date
6 of this Act, any rules necessary to implement the provisions
7 of this Act.

8 Section 99. Effective date. This Act takes effect upon
9 becoming law.".