



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB3440

Introduced 2/18/2025, by Rep. Lindsey LaPointe

#### SYNOPSIS AS INTRODUCED:

105 ILCS 5/2-3.203  
305 ILCS 5/5-5.23  
405 ILCS 165/35 new

Amends the Interagency Children's Behavioral Health Services Act. Requires the Department of Human Services, in coordination with a statewide association representing a majority of hospitals, to establish and offer a voluntary training that will be recorded and made available on the Department's website to all hospital social workers, clinicians, and administrative staff to inform them of BEACON, a centralized resource for Illinois youth and families seeking services for behavioral health needs, with the goal of encouraging families to seek assistance through BEACON and the Interagency Children's Behavioral Health Services Team. Provides that the training shall include how families and hospital staff can access BEACON, the process once a case is entered into BEACON, and State and community programs accessible through BEACON. Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires a psychiatric hospital to contact a youth or the youth's parents, guardian, or caregiver about the BEACON portal (rather than the Family Support Program and the Specialized Family Support Program) prior to referring the youth to the Department of Children and Family Services because the youth was left at the psychiatric hospital beyond medical necessity. Amends the School Code. Requires the State Board of Education, in consultation with the Children's Behavioral Health Transformation Team in the Office of the Governor and relevant stakeholders, to report its work and make available resource materials, including model policies and guidance informed by a phased approach to implementing universal mental health screening in schools. Requires the State Board of Education to report its work by September 1, 2026. Provides that mental health screenings shall be offered by school districts to students enrolled in kindergarten through grade 12, at least once a year, beginning with the 2027-2028 school year.

LRB104 11208 KTG 21290 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 5. The School Code is amended by changing Section  
5 2-3.203 as follows:

6 (105 ILCS 5/2-3.203)

7 Sec. 2-3.203. Mental health screenings.

8 (a) On or before December 15, 2023, the State Board of  
9 Education, in consultation with the ~~Children's Behavioral~~  
10 ~~Health Transformation Officer,~~ Children's Behavioral Health  
11 Transformation Team in ~~and~~ the Office of the Governor, shall  
12 file a report with the Governor and the General Assembly that  
13 includes recommendations for implementation of mental health  
14 screenings in schools for students enrolled in kindergarten  
15 through grade 12. This report must include a landscape scan of  
16 current district-wide screenings, recommendations for  
17 screening tools, training for staff, and linkage and referral  
18 for identified students.

19 (b) On or before October 1, 2024, the State Board of  
20 Education, in consultation with the Children's Behavioral  
21 Health Transformation Team in ~~and~~ the Office of the Governor, and  
22 relevant stakeholders as needed shall release a strategy that  
23 includes a tool for measuring capacity and readiness to

1 implement universal mental health screening of students. The  
2 strategy shall build upon existing efforts to understand  
3 district needs for resources, technology, training, and  
4 infrastructure supports. The strategy shall include a  
5 framework for supporting districts in a phased approach to  
6 implement universal mental health screenings. The State Board  
7 of Education shall issue a report to the Governor and the  
8 General Assembly on school district readiness and plan for  
9 phased approach to universal mental health screening of  
10 students on or before April 1, 2025.

11 (c) On or before September 1, 2026, the State Board of  
12 Education, in consultation with the Children's Behavioral  
13 Health Transformation Team in the Office of the Governor and  
14 relevant stakeholders, shall report its work and make  
15 available resource materials, including model policies and  
16 guidance informed by a phased approach to implementing  
17 universal mental health screening in schools. These model  
18 school district policies to facilitate the implementation of  
19 mental health screenings, shall include, but are not limited  
20 to, the option to opt-out, confidentiality and privacy  
21 considerations, communication with families and communities  
22 about the use of mental health screenings, data sharing, and  
23 storage of mental health screening results and plans for  
24 follow-up and linkage to resources after screenings. Guidance  
25 shall include (1) mental health screening tools available for  
26 school districts to use with students and (2) associated

1 training for school personnel. The State Board of Education  
2 shall make these resource materials available on its website.

3 (d) Mental health screenings shall be offered by school  
4 districts to students enrolled in kindergarten through grade  
5 12, at least once a year, beginning with the 2027-2028 school  
6 year. A district may, by action of the State Board of  
7 Education, apply for an extension of the 2027-2028 school year  
8 implementation deadline if the school district meets criteria  
9 set by rule by the State Board of Education, which shall be  
10 based on the recommendations of the report issued in  
11 accordance with subsection (c).

12 (Source: P.A. 103-546, eff. 8-11-23; 103-605, eff. 7-1-24;  
13 103-885, eff. 8-9-24.)

14 Section 10. The Illinois Public Aid Code is amended by  
15 changing Section 5-5.23 as follows:

16 (305 ILCS 5/5-5.23)

17 Sec. 5-5.23. Children's mental health services.

18 (a) The Department of Healthcare and Family Services, by  
19 rule, shall require the screening and assessment of a child  
20 prior to any Medicaid-funded admission to an inpatient  
21 hospital for psychiatric services to be funded by Medicaid.  
22 The screening and assessment shall include a determination of  
23 the appropriateness and availability of out-patient support  
24 services for necessary treatment. The Department, by rule,

1 shall establish methods and standards of payment for the  
2 screening, assessment, and necessary alternative support  
3 services.

4 (b) The Department of Healthcare and Family Services, to  
5 the extent allowable under federal law, shall secure federal  
6 financial participation for Individual Care Grant expenditures  
7 made by the Department of Healthcare and Family Services for  
8 the Medicaid optional service authorized under Section 1905(h)  
9 of the federal Social Security Act, pursuant to the provisions  
10 of Section 7.1 of the Mental Health and Developmental  
11 Disabilities Administrative Act. The Department of Healthcare  
12 and Family Services may exercise the authority under this  
13 Section as is necessary to administer Individual Care Grants  
14 as authorized under Section 7.1 of the Mental Health and  
15 Developmental Disabilities Administrative Act.

16 (c) The Department of Healthcare and Family Services shall  
17 work collaboratively with the Department of Children and  
18 Family Services and the Division of Mental Health of the  
19 Department of Human Services to implement subsections (a) and  
20 (b).

21 (d) On and after July 1, 2012, the Department shall reduce  
22 any rate of reimbursement for services or other payments or  
23 alter any methodologies authorized by this Code to reduce any  
24 rate of reimbursement for services or other payments in  
25 accordance with Section 5-5e.

26 (e) All rights, powers, duties, and responsibilities

1 currently exercised by the Department of Human Services  
2 related to the Individual Care Grant program are transferred  
3 to the Department of Healthcare and Family Services with the  
4 transfer and transition of the Individual Care Grant program  
5 to the Department of Healthcare and Family Services to be  
6 completed and implemented within 6 months after the effective  
7 date of this amendatory Act of the 99th General Assembly. For  
8 the purposes of the Successor Agency Act, the Department of  
9 Healthcare and Family Services is declared to be the successor  
10 agency of the Department of Human Services, but only with  
11 respect to the functions of the Department of Human Services  
12 that are transferred to the Department of Healthcare and  
13 Family Services under this amendatory Act of the 99th General  
14 Assembly.

15 (1) Each act done by the Department of Healthcare and  
16 Family Services in exercise of the transferred powers,  
17 duties, rights, and responsibilities shall have the same  
18 legal effect as if done by the Department of Human  
19 Services or its offices.

20 (2) Any rules of the Department of Human Services that  
21 relate to the functions and programs transferred by this  
22 amendatory Act of the 99th General Assembly that are in  
23 full force on the effective date of this amendatory Act of  
24 the 99th General Assembly shall become the rules of the  
25 Department of Healthcare and Family Services. All rules  
26 transferred under this amendatory Act of the 99th General

1 Assembly are hereby amended such that the term  
2 "Department" shall be defined as the Department of  
3 Healthcare and Family Services and all references to the  
4 "Secretary" shall be changed to the "Director of  
5 Healthcare and Family Services or his or her designee". As  
6 soon as practicable hereafter, the Department of  
7 Healthcare and Family Services shall revise and clarify  
8 the rules to reflect the transfer of rights, powers,  
9 duties, and responsibilities affected by this amendatory  
10 Act of the 99th General Assembly, using the procedures for  
11 recodification of rules available under the Illinois  
12 Administrative Procedure Act, except that existing title,  
13 part, and section numbering for the affected rules may be  
14 retained. The Department of Healthcare and Family  
15 Services, consistent with its authority to do so as  
16 granted by this amendatory Act of the 99th General  
17 Assembly, shall propose and adopt any other rules under  
18 the Illinois Administrative Procedure Act as necessary to  
19 administer the Individual Care Grant program. These rules  
20 may include, but are not limited to, the application  
21 process and eligibility requirements for recipients.

22 (3) All unexpended appropriations and balances and  
23 other funds available for use in connection with any  
24 functions of the Individual Care Grant program shall be  
25 transferred for the use of the Department of Healthcare  
26 and Family Services to operate the Individual Care Grant

1 program. Unexpended balances shall be expended only for  
2 the purpose for which the appropriation was originally  
3 made. The Department of Healthcare and Family Services  
4 shall exercise all rights, powers, duties, and  
5 responsibilities for operation of the Individual Care  
6 Grant program.

7 (4) Existing personnel and positions of the Department  
8 of Human Services pertaining to the administration of the  
9 Individual Care Grant program shall be transferred to the  
10 Department of Healthcare and Family Services with the  
11 transfer and transition of the Individual Care Grant  
12 program to the Department of Healthcare and Family  
13 Services. The status and rights of Department of Human  
14 Services employees engaged in the performance of the  
15 functions of the Individual Care Grant program shall not  
16 be affected by this amendatory Act of the 99th General  
17 Assembly. The rights of the employees, the State of  
18 Illinois, and its agencies under the Personnel Code and  
19 applicable collective bargaining agreements or under any  
20 pension, retirement, or annuity plan shall not be affected  
21 by this amendatory Act of the 99th General Assembly. All  
22 transferred employees who are members of collective  
23 bargaining units shall retain their seniority, continuous  
24 service, salary, and accrued benefits.

25 (5) All books, records, papers, documents, property  
26 (real and personal), contracts, and pending business

1           pertaining to the powers, duties, rights, and  
2           responsibilities related to the functions of the  
3           Individual Care Grant program, including, but not limited  
4           to, material in electronic or magnetic format and  
5           necessary computer hardware and software, shall be  
6           delivered to the Department of Healthcare and Family  
7           Services; provided, however, that the delivery of this  
8           information shall not violate any applicable  
9           confidentiality constraints.

10           (6) Whenever reports or notices are now required to be  
11           made or given or papers or documents furnished or served  
12           by any person to or upon the Department of Human Services  
13           in connection with any of the functions transferred by  
14           this amendatory Act of the 99th General Assembly, the same  
15           shall be made, given, furnished, or served in the same  
16           manner to or upon the Department of Healthcare and Family  
17           Services.

18           (7) This amendatory Act of the 99th General Assembly  
19           shall not affect any act done, ratified, or canceled or  
20           any right occurring or established or any action or  
21           proceeding had or commenced in an administrative, civil,  
22           or criminal cause regarding the Department of Human  
23           Services before the effective date of this amendatory Act  
24           of the 99th General Assembly; and those actions or  
25           proceedings may be defended, prosecuted, and continued by  
26           the Department of Human Services.

1 (f) (Blank).

2 (g) Family Support Program. The Department of Healthcare  
3 and Family Services shall restructure the Family Support  
4 Program, formerly known as the Individual Care Grant program,  
5 to enable early treatment of youth, emerging adults, and  
6 transition-age adults with a serious mental illness or serious  
7 emotional disturbance.

8 (1) As used in this subsection and in subsections (h)  
9 through (s):

10 (A) "Youth" means a person under the age of 18.

11 (B) "Emerging adult" means a person who is 18  
12 through 20 years of age.

13 (C) "Transition-age adult" means a person who is  
14 21 through 25 years of age.

15 (2) The Department shall amend 89 Ill. Adm. Code 139  
16 in accordance with this Section and consistent with the  
17 timelines outlined in this Section.

18 (3) Implementation of any amended requirements shall  
19 be completed within 8 months of the adoption of any  
20 amendment to 89 Ill. Adm. Code 139 that is consistent with  
21 the provisions of this Section.

22 (4) To align the Family Support Program with the  
23 Medicaid system of care, the services available to a  
24 youth, emerging adult, or transition-age adult through the  
25 Family Support Program shall include all Medicaid  
26 community-based mental health treatment services and all

1 Family Support Program services included under 89 Ill.  
2 Adm. Code 139. No person receiving services through the  
3 Family Support Program or the Specialized Family Support  
4 Program shall become a Medicaid enrollee unless Medicaid  
5 eligibility criteria are met and the person is enrolled in  
6 Medicaid. No part of this Section creates an entitlement  
7 to services through the Family Support Program, the  
8 Specialized Family Support Program, or the Medicaid  
9 program.

10 (5) The Family Support Program shall align with the  
11 following system of care principles:

12 (A) Treatment and support services shall be based  
13 on the results of an integrated behavioral health  
14 assessment and treatment plan using an instrument  
15 approved by the Department of Healthcare and Family  
16 Services.

17 (B) Strong interagency collaboration between all  
18 State agencies the parent or legal guardian is  
19 involved with for services, including the Department  
20 of Healthcare and Family Services, the Department of  
21 Human Services, the Department of Children and Family  
22 Services, the Department of Juvenile Justice, and the  
23 Illinois State Board of Education.

24 (C) Individualized, strengths-based practices and  
25 trauma-informed treatment approaches.

26 (D) For a youth, full participation of the parent

1 or legal guardian at all levels of treatment through a  
2 process that is family-centered and youth-focused. The  
3 process shall include consideration of the services  
4 and supports the parent, legal guardian, or caregiver  
5 requires for family stabilization, and shall connect  
6 such person or persons to services based on available  
7 insurance coverage.

8 (h) Eligibility for the Family Support Program.  
9 Eligibility criteria established under 89 Ill. Adm. Code 139  
10 for the Family Support Program shall include the following:

11 (1) Individuals applying to the program must be under  
12 the age of 26.

13 (2) Requirements for parental or legal guardian  
14 involvement are applicable to youth and to emerging adults  
15 or transition-age adults who have a guardian appointed  
16 under Article XIa of the Probate Act.

17 (3) Youth, emerging adults, and transition-age adults  
18 are eligible for services under the Family Support Program  
19 upon their third inpatient admission to a hospital or  
20 similar treatment facility for the primary purpose of  
21 psychiatric treatment within the most recent 12 months and  
22 are hospitalized for the purpose of psychiatric treatment.

23 (4) School participation for emerging adults applying  
24 for services under the Family Support Program may be  
25 waived by request of the individual at the sole discretion  
26 of the Department of Healthcare and Family Services.

1           (5) School participation is not applicable to  
2 transition-age adults.

3           (i) Notification of Family Support Program and Specialized  
4 Family Support Program services.

5           (1) Within 12 months after the effective date of this  
6 amendatory Act of the 101st General Assembly, the  
7 Department of Healthcare and Family Services, with  
8 meaningful stakeholder input through a working group of  
9 psychiatric hospitals, Family Support Program providers,  
10 family support organizations, the Community and  
11 Residential Services Authority, a statewide association  
12 representing a majority of hospitals, a statewide  
13 association representing physicians, and foster care  
14 alumni advocates, shall establish a clear process by which  
15 a youth's or emerging adult's parents, guardian, or  
16 caregiver, or the emerging adult or transition-age adult,  
17 is identified, notified, and educated about the Family  
18 Support Program and the Specialized Family Support Program  
19 upon a first psychiatric inpatient hospital admission, and  
20 any following psychiatric inpatient admissions.  
21 Notification and education may take place through a Family  
22 Support Program coordinator, a mobile crisis response  
23 provider, a Comprehensive Community Based Youth Services  
24 provider, the Community and Residential Services  
25 Authority, or any other designated provider or coordinator  
26 identified by the Department of Healthcare and Family

1 Services. In developing this process, the Department of  
2 Healthcare and Family Services and the working group shall  
3 take into account the unique needs of emerging adults and  
4 transition-age adults without parental involvement who are  
5 eligible for services under the Family Support Program.  
6 The Department of Healthcare and Family Services and the  
7 working group shall ensure the appropriate provider or  
8 coordinator is required to assist individuals and their  
9 parents, guardians, or caregivers, as applicable, in the  
10 completion of the application or referral process for the  
11 Family Support Program or the Specialized Family Support  
12 Program.

13 (2) (Blank) ~~Upon a youth's, emerging adult's or~~  
14 ~~transition age adult's second psychiatric inpatient~~  
15 ~~hospital admission, prior to hospital discharge, the~~  
16 ~~hospital must, if it is aware of the patient's prior~~  
17 ~~psychiatric inpatient hospital admission, ensure that the~~  
18 ~~youth's parents, guardian, or caregiver, or the emerging~~  
19 ~~adult or transition age adult, has been notified of the~~  
20 ~~Family Support Program and the Specialized Family Support~~  
21 ~~Program.~~

22 (3) Psychiatric lockout as last resort.

23 (A) Prior to referring any youth to the Department  
24 of Children and Family Services for the filing of a  
25 petition in accordance with subparagraph (c) of  
26 paragraph (1) of Section 2-4 of the Juvenile Court Act

1 of 1987 alleging that the youth is dependent because  
2 the youth was left in a psychiatric hospital beyond  
3 medical necessity, the hospital shall attempt to  
4 contact the youth and the youth's parents, guardian,  
5 or caregiver about the BEACON portal and Family  
6 ~~Support Program and the Specialized Family Support~~  
7 ~~Program~~ and shall assist with connections to the  
8 designated Family Support Program coordinator in the  
9 service area by providing educational materials  
10 developed by the Department of Healthcare and Family  
11 Services. Once this process has begun, any such youth  
12 shall be considered a youth for whom an application  
13 for the Family Support Program is pending with the  
14 Department of Healthcare and Family Services or an  
15 active application for the Family Support Program was  
16 being reviewed by the Department for the purposes of  
17 subsection (a) of Section 2-4b of the Juvenile Court  
18 Act of 1987, or for the purposes of subsection (a) of  
19 Section 5-711 of the Juvenile Court Act of 1987.

20 (B) No state agency or hospital shall coach a  
21 parent or guardian of a youth in a psychiatric  
22 hospital inpatient unit to lock out or otherwise  
23 relinquish custody of a youth to the Department of  
24 Children and Family Services for the sole purpose of  
25 obtaining necessary mental health treatment for the  
26 youth. In the absence of abuse or neglect, a

1 psychiatric lockout or custody relinquishment to the  
2 Department of Children and Family Services shall only  
3 be considered as the option of last resort. Nothing in  
4 this Section shall prohibit discussion of medical  
5 treatment options or a referral to legal counsel.

6 (4) Development of new Family Support Program  
7 services.

8 (A) Development of specialized therapeutic  
9 residential treatment for youth and emerging adults  
10 with high-acuity mental health conditions. Through a  
11 working group led by the Department of Healthcare and  
12 Family Services that includes the Department of  
13 Children and Family Services and residential treatment  
14 providers for youth and emerging adults, the  
15 Department of Healthcare and Family Services, within  
16 12 months after the effective date of this amendatory  
17 Act of the 101st General Assembly, shall develop a  
18 plan for the development of specialized therapeutic  
19 residential treatment beds similar to a qualified  
20 residential treatment program, as defined in the  
21 federal Family First Prevention Services Act, for  
22 youth in the Family Support Program with high-acuity  
23 mental health needs. The Department of Healthcare and  
24 Family Services and the Department of Children and  
25 Family Services shall work together to maximize  
26 federal funding through Medicaid and Title IV-E of the

1 Social Security Act in the development and  
2 implementation of this plan.

3 (B) Using the Department of Children and Family  
4 Services' beyond medical necessity data over the last  
5 5 years and any other relevant, available data, the  
6 Department of Healthcare and Family Services shall  
7 assess the estimated number of these specialized  
8 high-acuity residential treatment beds that are needed  
9 in each region of the State based on the number of  
10 youth remaining in psychiatric hospitals beyond  
11 medical necessity and the number of youth placed  
12 out-of-state who need this level of care. The  
13 Department of Healthcare and Family Services shall  
14 report the results of this assessment to the General  
15 Assembly by no later than December 31, 2020.

16 (C) Development of an age-appropriate therapeutic  
17 residential treatment model for emerging adults and  
18 transition-age adults. Within 30 months after the  
19 effective date of this amendatory Act of the 101st  
20 General Assembly, the Department of Healthcare and  
21 Family Services, in partnership with the Department of  
22 Human Services' Division of Mental Health and with  
23 significant and meaningful stakeholder input through a  
24 working group of providers and other stakeholders,  
25 shall develop a supportive housing model for emerging  
26 adults and transition-age adults receiving services

1 through the Family Support Program who need  
2 residential treatment and support to enable recovery.  
3 Such a model shall be age-appropriate and shall allow  
4 the residential component of the model to be in a  
5 community-based setting combined with intensive  
6 community-based mental health services.

7 (j) Workgroup to develop a plan for improving access to  
8 substance use treatment. The Department of Healthcare and  
9 Family Services and the Department of Human Services' Division  
10 of Substance Use Prevention and Recovery shall co-lead a  
11 working group that includes Family Support Program providers,  
12 family support organizations, and other stakeholders over a  
13 12-month period beginning in the first quarter of calendar  
14 year 2020 to develop a plan for increasing access to substance  
15 use treatment services for youth, emerging adults, and  
16 transition-age adults who are eligible for Family Support  
17 Program services.

18 (k) Appropriation. Implementation of this Section shall be  
19 limited by the State's annual appropriation to the Family  
20 Support Program. Spending within the Family Support Program  
21 appropriation shall be further limited for the new Family  
22 Support Program services to be developed accordingly:

23 (1) Targeted use of specialized therapeutic  
24 residential treatment for youth and emerging adults with  
25 high-acuity mental health conditions through appropriation  
26 limitation. No more than 12% of all annual Family Support

1 Program funds shall be spent on this level of care in any  
2 given state fiscal year.

3 (2) Targeted use of residential treatment model  
4 established for emerging adults and transition-age adults  
5 through appropriation limitation. No more than one-quarter  
6 of all annual Family Support Program funds shall be spent  
7 on this level of care in any given state fiscal year.

8 (1) Exhausting third party insurance coverage first.

9 (A) A parent, legal guardian, emerging adult, or  
10 transition-age adult with private insurance coverage shall  
11 work with the Department of Healthcare and Family  
12 Services, or its designee, to identify insurance coverage  
13 for any and all benefits covered by their plan. If  
14 insurance cost-sharing by any method for treatment is  
15 cost-prohibitive for the parent, legal guardian, emerging  
16 adult, or transition-age adult, Family Support Program  
17 funds may be applied as a payer of last resort toward  
18 insurance cost-sharing for purposes of using private  
19 insurance coverage to the fullest extent for the  
20 recommended treatment. If the Department, or its agent,  
21 has a concern relating to the parent's, legal guardian's,  
22 emerging adult's, or transition-age adult's insurer's  
23 compliance with Illinois or federal insurance requirements  
24 relating to the coverage of mental health or substance use  
25 disorders, it shall refer all relevant information to the  
26 applicable regulatory authority.

1           (B) The Department of Healthcare and Family Services  
2           shall use Medicaid funds first for an individual who has  
3           Medicaid coverage if the treatment or service recommended  
4           using an integrated behavioral health assessment and  
5           treatment plan (using the instrument approved by the  
6           Department of Healthcare and Family Services) is covered  
7           by Medicaid.

8           (C) If private or public insurance coverage does not  
9           cover the needed treatment or service, Family Support  
10          Program funds shall be used to cover the services offered  
11          through the Family Support Program.

12          (m) Service authorization. A youth, emerging adult, or  
13          transition-age adult enrolled in the Family Support Program or  
14          the Specialized Family Support Program shall be eligible to  
15          receive a mental health treatment service covered by the  
16          applicable program if the medical necessity criteria  
17          established by the Department of Healthcare and Family  
18          Services are met.

19          (n) Streamlined application. The Department of Healthcare  
20          and Family Services shall revise the Family Support Program  
21          applications and the application process to reflect the  
22          changes made to this Section by this amendatory Act of the  
23          101st General Assembly within 8 months after the adoption of  
24          any amendments to 89 Ill. Adm. Code 139.

25          (o) Study of reimbursement policies during planned and  
26          unplanned absences of youth and emerging adults in Family

1 Support Program residential treatment settings. The Department  
2 of Healthcare and Family Services shall undertake a study of  
3 those standards of the Department of Children and Family  
4 Services and other states for reimbursement of residential  
5 treatment during planned and unplanned absences to determine  
6 if reimbursing residential providers for such unplanned  
7 absences positively impacts the availability of residential  
8 treatment for youth and emerging adults. The Department of  
9 Healthcare and Family Services shall begin the study on July  
10 1, 2019 and shall report its findings and the results of the  
11 study to the General Assembly, along with any recommendations  
12 for or against adopting a similar policy, by December 31,  
13 2020.

14 (p) Public awareness and educational campaign for all  
15 relevant providers. The Department of Healthcare and Family  
16 Services shall engage in a public awareness campaign to  
17 educate hospitals with psychiatric units, crisis response  
18 providers such as Screening, Assessment and Support Services  
19 providers and Comprehensive Community Based Youth Services  
20 agencies, schools, and other community institutions and  
21 providers across Illinois on the changes made by this  
22 amendatory Act of the 101st General Assembly to the Family  
23 Support Program. The Department of Healthcare and Family  
24 Services shall produce written materials geared for the  
25 appropriate target audience, develop webinars, and conduct  
26 outreach visits over a 12-month period beginning after

1 implementation of the changes made to this Section by this  
2 amendatory Act of the 101st General Assembly.

3 (q) Maximizing federal matching funds for the Family  
4 Support Program and the Specialized Family Support Program.  
5 The Department of Healthcare and Family Services, as the sole  
6 Medicaid State agency, shall seek approval from the federal  
7 Centers for Medicare and Medicaid Services within 12 months  
8 after the effective date of this amendatory Act of the 101st  
9 General Assembly to draw additional federal Medicaid matching  
10 funds for individuals served under the Family Support Program  
11 or the Specialized Family Support Program who are not covered  
12 by the Department's medical assistance programs. The  
13 Department of Children and Family Services, as the State  
14 agency responsible for administering federal funds pursuant to  
15 Title IV-E of the Social Security Act, shall submit a State  
16 Plan to the federal government within 12 months after the  
17 effective date of this amendatory Act of the 101st General  
18 Assembly to maximize the use of federal Title IV-E prevention  
19 funds through the federal Family First Prevention Services  
20 Act, to provide mental health and substance use disorder  
21 treatment services and supports, including, but not limited  
22 to, the provision of short-term crisis and transition beds  
23 post-hospitalization for youth who are at imminent risk of  
24 entering Illinois' youth welfare system solely due to the  
25 inability to access mental health or substance use treatment  
26 services.

1 (r) Outcomes and data reported annually to the General  
2 Assembly. Beginning in 2021, the Department of Healthcare and  
3 Family Services shall submit an annual report to the General  
4 Assembly that includes the following information with respect  
5 to the time period covered by the report:

6 (1) The number and ages of youth, emerging adults, and  
7 transition-age adults who requested services under the  
8 Family Support Program and the Specialized Family Support  
9 Program and the services received.

10 (2) The number and ages of youth, emerging adults, and  
11 transition-age adults who requested services under the  
12 Specialized Family Support Program who were eligible for  
13 services based on the number of hospitalizations.

14 (3) The number and ages of youth, emerging adults, and  
15 transition-age adults who applied for Family Support  
16 Program or Specialized Family Support Program services but  
17 did not receive any services.

18 (s) Rulemaking authority. Unless a timeline is otherwise  
19 specified in a subsection, if amendments to 89 Ill. Adm. Code  
20 139 are needed for implementation of this Section, such  
21 amendments shall be filed by the Department of Healthcare and  
22 Family Services within one year after the effective date of  
23 this amendatory Act of the 101st General Assembly.

24 (Source: P.A. 101-461, eff. 1-1-20; 101-616, eff. 12-20-19.)

25 Section 15. The Interagency Children's Behavioral Health

1 Services Act is amended by adding Section 35 as follows:

2 (405 ILCS 165/35 new)

3 Sec. 35. BEACON Training. The Department of Human  
4 Services, in coordination with a statewide association  
5 representing a majority of hospitals, shall establish and  
6 offer a voluntary training that will be recorded and made  
7 available on the Department's website to all hospital social  
8 workers, clinicians, and administrative staff to inform them  
9 of BEACON, a centralized resource for Illinois youth and  
10 families seeking services for behavioral health needs, with  
11 the goal of encouraging families to seek assistance through  
12 BEACON and the Interagency Children's Behavioral Health  
13 Services Team. The training shall include how families and  
14 hospital staff can access BEACON, the process once a case is  
15 entered into BEACON, and State and community programs  
16 accessible through BEACON.