

SB1560 - 104th General Assembly (2025-2026)

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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 ,~~ the Office of the Governor,
22 and relevant stakeholders as needed shall release a strategy
23 that includes a tool for measuring capacity and readiness to

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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 procedures and
16 guidance informed by a phased approach to implementing
17 universal mental health screening in schools. These model
18 school district procedures 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

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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 grade 3 through grade 12, at
5 least once a year, beginning with the 2027-2028 school year. A
6 district may, by action of the State Board of Education, apply
7 for an extension of the 2027-2028 school year implementation
8 deadline if the school district meets criteria set by rule by
9 the State Board of Education, which shall be based on the
10 recommendations of the report issued in accordance with
11 subsection (c). Notwithstanding the provisions of this
12 subsection, the requirement to offer mental health screenings
13 shall be in effect only for school years in which the State has
14 successfully procured a screening tool that offers a
15 self-report option for students and is made available to
16 school districts at no cost.

17 (Source: P.A. 103-546, eff. 8-11-23; 103-605, eff. 7-1-24;
18 103-885, eff. 8-9-24.)

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

21 (305 ILCS 5/5-5.23)

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

23 (a) The Department of Healthcare and Family Services, by
24 rule, shall require the screening and assessment of a child

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1 prior to any Medicaid-funded admission to an inpatient
2 hospital for psychiatric services to be funded by Medicaid.
3 The screening and assessment shall include a determination of
4 the appropriateness and availability of out-patient support
5 services for necessary treatment. The Department, by rule,
6 shall establish methods and standards of payment for the
7 screening, assessment, and necessary alternative support
8 services.

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

21 (c) The Department of Healthcare and Family Services shall
22 work collaboratively with the Department of Children and
23 Family Services and the Division of Mental Health of the
24 Department of Human Services to implement subsections (a) and
25 (b).

26 (d) On and after July 1, 2012, the Department shall reduce

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1 any rate of reimbursement for services or other payments or
2 alter any methodologies authorized by this Code to reduce any
3 rate of reimbursement for services or other payments in
4 accordance with Section 5-5e.

5 (e) All rights, powers, duties, and responsibilities
6 currently exercised by the Department of Human Services
7 related to the Individual Care Grant program are transferred
8 to the Department of Healthcare and Family Services with the
9 transfer and transition of the Individual Care Grant program
10 to the Department of Healthcare and Family Services to be
11 completed and implemented within 6 months after the effective
12 date of this amendatory Act of the 99th General Assembly. For
13 the purposes of the Successor Agency Act, the Department of
14 Healthcare and Family Services is declared to be the successor
15 agency of the Department of Human Services, but only with
16 respect to the functions of the Department of Human Services
17 that are transferred to the Department of Healthcare and
18 Family Services under this amendatory Act of the 99th General
19 Assembly.

20 (1) Each act done by the Department of Healthcare and
21 Family Services in exercise of the transferred powers,
22 duties, rights, and responsibilities shall have the same
23 legal effect as if done by the Department of Human
24 Services or its offices.

25 (2) Any rules of the Department of Human Services that
26 relate to the functions and programs transferred by this

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

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1 (3) All unexpended appropriations and balances and
2 other funds available for use in connection with any
3 functions of the Individual Care Grant program shall be
4 transferred for the use of the Department of Healthcare
5 and Family Services to operate the Individual Care Grant
6 program. Unexpended balances shall be expended only for
7 the purpose for which the appropriation was originally
8 made. The Department of Healthcare and Family Services
9 shall exercise all rights, powers, duties, and
10 responsibilities for operation of the Individual Care
11 Grant program.

12 (4) Existing personnel and positions of the Department
13 of Human Services pertaining to the administration of the

14 Individual Care Grant program shall be transferred to the
15 Department of Healthcare and Family Services with the
16 transfer and transition of the Individual Care Grant
17 program to the Department of Healthcare and Family
18 Services. The status and rights of Department of Human
19 Services employees engaged in the performance of the
20 functions of the Individual Care Grant program shall not
21 be affected by this amendatory Act of the 99th General
22 Assembly. The rights of the employees, the State of
23 Illinois, and its agencies under the Personnel Code and
24 applicable collective bargaining agreements or under any
25 pension, retirement, or annuity plan shall not be affected
26 by this amendatory Act of the 99th General Assembly. All

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1 transferred employees who are members of collective
2 bargaining units shall retain their seniority, continuous
3 service, salary, and accrued benefits.

4 (5) All books, records, papers, documents, property
5 (real and personal), contracts, and pending business
6 pertaining to the powers, duties, rights, and
7 responsibilities related to the functions of the
8 Individual Care Grant program, including, but not limited
9 to, material in electronic or magnetic format and
10 necessary computer hardware and software, shall be
11 delivered to the Department of Healthcare and Family
12 Services; provided, however, that the delivery of this
13 information shall not violate any applicable
14 confidentiality constraints.

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

23 (7) This amendatory Act of the 99th General Assembly
24 shall not affect any act done, ratified, or canceled or
25 any right occurring or established or any action or
26 proceeding had or commenced in an administrative, civil,

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1 or criminal cause regarding the Department of Human
2 Services before the effective date of this amendatory Act
3 of the 99th General Assembly; and those actions or
4 proceedings may be defended, prosecuted, and continued by
5 the Department of Human Services.

6 (f) (Blank).

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

13 (1) As used in this subsection and in subsections (h)
14 through (s):

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

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

18 (C) "Transition-age adult" means a person who is
19 21 through 25 years of age.

20 (2) The Department shall amend 89 Ill. Adm. Code 139
21 in accordance with this Section and consistent with the
22 timelines outlined in this Section.

23 (3) Implementation of any amended requirements shall
24 be completed within 8 months of the adoption of any
25 amendment to 89 Ill. Adm. Code 139 that is consistent with
26 the provisions of this Section.

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1 (4) To align the Family Support Program with the
2 Medicaid system of care, the services available to a
3 youth, emerging adult, or transition-age adult through the
4 Family Support Program shall include all Medicaid
5 community-based mental health treatment services and all
6 Family Support Program services included under 89 Ill.
7 Adm. Code 139. No person receiving services through the
8 Family Support Program or the Specialized Family Support
9 Program shall become a Medicaid enrollee unless Medicaid
10 eligibility criteria are met and the person is enrolled in
11 Medicaid. No part of this Section creates an entitlement
12 to services through the Family Support Program, the
13 Specialized Family Support Program, or the Medicaid
14 program.

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

17 (A) Treatment and support services shall be based
18 on the results of an integrated behavioral health
19 assessment and treatment plan using an instrument
20 approved by the Department of Healthcare and Family
21 Services.

22 (B) Strong interagency collaboration between all
23 State agencies the parent or legal guardian is
24 involved with for services, including the Department
25 of Healthcare and Family Services, the Department of
26 Human Services, the Department of Children and Family

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1 Services, the Department of Juvenile Justice, and the
2 Illinois State Board of Education.

3 (C) Individualized, strengths-based practices and
4 trauma-informed treatment approaches.

5 (D) For a youth, full participation of the parent
6 or legal guardian at all levels of treatment through a
7 process that is family-centered and youth-focused. The
8 process shall include consideration of the services
9 and supports the parent, legal guardian, or caregiver
10 requires for family stabilization, and shall connect
11 such person or persons to services based on available
12 insurance coverage.

13 (h) Eligibility for the Family Support Program.
14 Eligibility criteria established under 89 Ill. Adm. Code 139
15 for the Family Support Program shall include the following:

16 (1) Individuals applying to the program must be under
17 the age of 26.

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

22 (3) Youth, emerging adults, and transition-age adults
23 are eligible for services under the Family Support Program
24 upon their third inpatient admission to a hospital or
25 similar treatment facility for the primary purpose of
26 psychiatric treatment within the most recent 12 months and

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1 are hospitalized for the purpose of psychiatric treatment.

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

6 (5) School participation is not applicable to
7 transition-age adults.

8 (i) Notification of Family Support Program and Specialized
9 Family Support Program services.

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

26 Notification and education may take place through a Family

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1 Support Program coordinator, a mobile crisis response
2 provider, a Comprehensive Community Based Youth Services
3 provider, the Community and Residential Services
4 Authority, or any other designated provider or coordinator
5 identified by the Department of Healthcare and Family
6 Services. In developing this process, the Department of
7 Healthcare and Family Services and the working group shall
8 take into account the unique needs of emerging adults and
9 transition-age adults without parental involvement who are
10 eligible for services under the Family Support Program.
11 The Department of Healthcare and Family Services and the
12 working group shall ensure the appropriate provider or
13 coordinator is required to assist individuals and their
14 parents, guardians, or caregivers, as applicable, in the
15 completion of the application or referral process for the
16 Family Support Program or the Specialized Family Support
17 Program.

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

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1 (3) Psychiatric lockout as last resort.

2 (A) Prior to referring any youth to the Department
3 of Children and Family Services for the filing of a
4 petition in accordance with subparagraph (c) of
5 paragraph (1) of Section 2-4 of the Juvenile Court Act
6 of 1987 alleging that the youth is dependent because
7 the youth was left in a psychiatric hospital beyond
8 medical necessity, the hospital shall attempt to
9 contact the youth and the youth's parents, guardian,
10 or caregiver about the BEACON portal ~~Family Support~~

11 ~~Program and the Specialized Family Support Program and~~
12 ~~shall assist with entering the youth's information~~
13 ~~into the BEACON portal to begin the process of~~
14 ~~connecting the youth and family to available resources~~
15 ~~connections to the designated Family Support Program~~
16 ~~coordinator in the service area by providing~~
17 ~~educational materials developed by the Department of~~
18 ~~Healthcare and Family Services. Once this process has~~
19 ~~begun, any such youth shall be considered a youth for~~
20 ~~whom an application for the Family Support Program is~~
21 ~~pending with the Department of Healthcare and Family~~
22 ~~Services or an active application for the Family~~
23 ~~Support Program was being reviewed by the Department~~
24 ~~for the purposes of subsection (a) of Section 2-4b of~~
25 ~~the Juvenile Court Act of 1987, or for the purposes of~~
26 ~~subsection (a) of Section 5-711 of the Juvenile Court~~

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1 ~~Act of 1987.~~

2 (B) No state agency or hospital shall coach a
3 parent or guardian of a youth in a psychiatric
4 hospital inpatient unit to lock out or otherwise
5 relinquish custody of a youth to the Department of
6 Children and Family Services for the sole purpose of
7 obtaining necessary mental health treatment for the
8 youth. In the absence of abuse or neglect, a
9 psychiatric lockout or custody relinquishment to the
10 Department of Children and Family Services shall only
11 be considered as the option of last resort. Nothing in
12 this Section shall prohibit discussion of medical
13 treatment options or a referral to legal counsel.

14 (4) Development of new Family Support Program
15 services.

16 (A) Development of specialized therapeutic
17 residential treatment for youth and emerging adults
18 with high-acuity mental health conditions. Through a
19 working group led by the Department of Healthcare and
20 Family Services that includes the Department of
21 Children and Family Services and residential treatment
22 providers for youth and emerging adults, the
23 Department of Healthcare and Family Services, within
24 12 months after the effective date of this amendatory
25 Act of the 101st General Assembly, shall develop a
26 plan for the development of specialized therapeutic

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1 residential treatment beds similar to a qualified
2 residential treatment program, as defined in the
3 federal Family First Prevention Services Act, for
4 youth in the Family Support Program with high-acuity
5 mental health needs. The Department of Healthcare and
6 Family Services and the Department of Children and
7 Family Services shall work together to maximize
8 federal funding through Medicaid and Title IV-E of the
9 Social Security Act in the development and
10 implementation of this plan.

11 (B) Using the Department of Children and Family
12 Services' beyond medical necessity data over the last
13 5 years and any other relevant, available data, the
14 Department of Healthcare and Family Services shall
15 assess the estimated number of these specialized
16 high-acuity residential treatment beds that are needed
17 in each region of the State based on the number of
18 youth remaining in psychiatric hospitals beyond
19 medical necessity and the number of youth placed

20 out-of-state who need this level of care. The
21 Department of Healthcare and Family Services shall
22 report the results of this assessment to the General
23 Assembly by no later than December 31, 2020.

24 (C) Development of an age-appropriate therapeutic
25 residential treatment model for emerging adults and
26 transition-age adults. Within 30 months after the

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1 effective date of this amendatory Act of the 101st
2 General Assembly, the Department of Healthcare and
3 Family Services, in partnership with the Department of
4 Human Services' Division of Mental Health and with
5 significant and meaningful stakeholder input through a
6 working group of providers and other stakeholders,
7 shall develop a supportive housing model for emerging
8 adults and transition-age adults receiving services
9 through the Family Support Program who need
10 residential treatment and support to enable recovery.
11 Such a model shall be age-appropriate and shall allow
12 the residential component of the model to be in a
13 community-based setting combined with intensive
14 community-based mental health services.

15 (j) Workgroup to develop a plan for improving access to
16 substance use treatment. The Department of Healthcare and
17 Family Services and the Department of Human Services' Division
18 of Substance Use Prevention and Recovery shall co-lead a
19 working group that includes Family Support Program providers,
20 family support organizations, and other stakeholders over a
21 12-month period beginning in the first quarter of calendar
22 year 2020 to develop a plan for increasing access to substance
23 use treatment services for youth, emerging adults, and
24 transition-age adults who are eligible for Family Support
25 Program services.

26 (k) Appropriation. Implementation of this Section shall be

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1 limited by the State's annual appropriation to the Family
2 Support Program. Spending within the Family Support Program
3 appropriation shall be further limited for the new Family
4 Support Program services to be developed accordingly:

5 (1) Targeted use of specialized therapeutic
6 residential treatment for youth and emerging adults with
7 high-acuity mental health conditions through appropriation
8 limitation. No more than 12% of all annual Family Support
9 Program funds shall be spent on this level of care in any
10 given state fiscal year.

11 (2) Targeted use of residential treatment model
12 established for emerging adults and transition-age adults
13 through appropriation limitation. No more than one-quarter
14 of all annual Family Support Program funds shall be spent
15 on this level of care in any given state fiscal year.
16 (1) Exhausting third party insurance coverage first.

17 (A) A parent, legal guardian, emerging adult, or
18 transition-age adult with private insurance coverage shall
19 work with the Department of Healthcare and Family
20 Services, or its designee, to identify insurance coverage
21 for any and all benefits covered by their plan. If
22 insurance cost-sharing by any method for treatment is
23 cost-prohibitive for the parent, legal guardian, emerging
24 adult, or transition-age adult, Family Support Program
25 funds may be applied as a payer of last resort toward
26 insurance cost-sharing for purposes of using private

1 insurance coverage to the fullest extent for the
2 recommended treatment. If the Department, or its agent,
3 has a concern relating to the parent's, legal guardian's,
4 emerging adult's, or transition-age adult's insurer's
5 compliance with Illinois or federal insurance requirements
6 relating to the coverage of mental health or substance use
7 disorders, it shall refer all relevant information to the
8 applicable regulatory authority.

9 (B) The Department of Healthcare and Family Services
10 shall use Medicaid funds first for an individual who has
11 Medicaid coverage if the treatment or service recommended
12 using an integrated behavioral health assessment and
13 treatment plan (using the instrument approved by the
14 Department of Healthcare and Family Services) is covered
15 by Medicaid.

16 (C) If private or public insurance coverage does not
17 cover the needed treatment or service, Family Support
18 Program funds shall be used to cover the services offered
19 through the Family Support Program.

20 (m) Service authorization. A youth, emerging adult, or
21 transition-age adult enrolled in the Family Support Program or
22 the Specialized Family Support Program shall be eligible to
23 receive a mental health treatment service covered by the
24 applicable program if the medical necessity criteria
25 established by the Department of Healthcare and Family
26 Services are met.

1 (n) Streamlined application. The Department of Healthcare
2 and Family Services shall revise the Family Support Program
3 applications and the application process to reflect the
4 changes made to this Section by this amendatory Act of the
5 101st General Assembly within 8 months after the adoption of
6 any amendments to 89 Ill. Adm. Code 139.

7 (o) Study of reimbursement policies during planned and
8 unplanned absences of youth and emerging adults in Family
9 Support Program residential treatment settings. The Department
10 of Healthcare and Family Services shall undertake a study of
11 those standards of the Department of Children and Family
12 Services and other states for reimbursement of residential
13 treatment during planned and unplanned absences to determine
14 if reimbursing residential providers for such unplanned
15 absences positively impacts the availability of residential
16 treatment for youth and emerging adults. The Department of
17 Healthcare and Family Services shall begin the study on July
18 1, 2019 and shall report its findings and the results of the
19 study to the General Assembly, along with any recommendations
20 for or against adopting a similar policy, by December 31,
21 2020.

22 (p) Public awareness and educational campaign for all
23 relevant providers. The Department of Healthcare and Family
24 Services shall engage in a public awareness campaign to
25 educate hospitals with psychiatric units, crisis response
26 providers such as Screening, Assessment and Support Services

1 providers and Comprehensive Community Based Youth Services
2 agencies, schools, and other community institutions and
3 providers across Illinois on the changes made by this
4 amendatory Act of the 101st General Assembly to the Family
5 Support Program. The Department of Healthcare and Family
6 Services shall produce written materials geared for the
7 appropriate target audience, develop webinars, and conduct

8 outreach visits over a 12-month period beginning after
9 implementation of the changes made to this Section by this
10 amendatory Act of the 101st General Assembly.

11 (q) Maximizing federal matching funds for the Family
12 Support Program and the Specialized Family Support Program.
13 The Department of Healthcare and Family Services, as the sole
14 Medicaid State agency, shall seek approval from the federal
15 Centers for Medicare and Medicaid Services within 12 months
16 after the effective date of this amendatory Act of the 101st
17 General Assembly to draw additional federal Medicaid matching
18 funds for individuals served under the Family Support Program
19 or the Specialized Family Support Program who are not covered
20 by the Department's medical assistance programs. The
21 Department of Children and Family Services, as the State
22 agency responsible for administering federal funds pursuant to
23 Title IV-E of the Social Security Act, shall submit a State
24 Plan to the federal government within 12 months after the
25 effective date of this amendatory Act of the 101st General
26 Assembly to maximize the use of federal Title IV-E prevention

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1 funds through the federal Family First Prevention Services
2 Act, to provide mental health and substance use disorder
3 treatment services and supports, including, but not limited
4 to, the provision of short-term crisis and transition beds
5 post-hospitalization for youth who are at imminent risk of
6 entering Illinois' youth welfare system solely due to the
7 inability to access mental health or substance use treatment
8 services.

9 (r) Outcomes and data reported annually to the General
10 Assembly. Beginning in 2021, the Department of Healthcare and
11 Family Services shall submit an annual report to the General
12 Assembly that includes the following information with respect
13 to the time period covered by the report:

14 (1) The number and ages of youth, emerging adults, and
15 transition-age adults who requested services under the
16 Family Support Program and the Specialized Family Support
17 Program and the services received.

18 (2) The number and ages of youth, emerging adults, and
19 transition-age adults who requested services under the
20 Specialized Family Support Program who were eligible for
21 services based on the number of hospitalizations.

22 (3) The number and ages of youth, emerging adults, and
23 transition-age adults who applied for Family Support
24 Program or Specialized Family Support Program services but
25 did not receive any services.

26 (s) Rulemaking authority. Unless a timeline is otherwise

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1 specified in a subsection, if amendments to 89 Ill. Adm. Code
2 139 are needed for implementation of this Section, such
3 amendments shall be filed by the Department of Healthcare and
4 Family Services within one year after the effective date of
5 this amendatory Act of the 101st General Assembly.
6 (Source: P.A. 101-461, eff. 1-1-20; 101-616, eff. 12-20-19.)

7 Section 15. The Interagency Children's Behavioral Health
8 Services Act is amended by adding Section 35 as follows:

9 (405 ILCS 165/35 new)

10 Sec. 35. BEACON training. The Department of Human
11 Services, in coordination with a statewide association
12 representing a majority of hospitals, shall establish and
13 offer a voluntary training that will be recorded and made
14 available on the Department's website to all hospital social
15 workers, clinicians, and administrative staff to inform them

16 of BEACON, a centralized resource for Illinois youth and
17 families seeking services for behavioral health needs, with
18 the goal of encouraging families to seek assistance through
19 BEACON and the Interagency Children's Behavioral Health
20 Services Team. The training shall include how families and
21 hospital staff can access BEACON, the process once a case is
22 entered into BEACON, and State and community programs
23 accessible through BEACON.