



July 15, 2021

In July 2022, the Illinois Department of Human Services-Division of Mental Health (IDHS-DMH) plans to operationalize “988” as a three-digit phone number for a national suicide prevention and mental health crisis hotline. Since April, IDHS-DMH has been holding planning calls for the statewide implementation of 988. In addition to existing 988 planning, legislation related to broader behavioral health crisis response is simultaneously awaiting the Governor’s signature. Further background on both initiatives is described below.

988 Mental Health Crisis Line

988 is the newly approved three-digit phone number that will replace the 1-800-273-8255 phone number for the National Suicide Prevention Lifeline (Lifeline) and will also be utilized for calls from individuals experiencing any mental health crises. The mental health crisis line was created by the National Suicide Hotline Act of 2018 ([Public Law 115-233](#)) and designated as a national hotline by the Federal Communications Commission in 2020. Consistent with the Substance Abuse and Mental Health Services Administration’s [Crisis Services: Meeting Needs, Saving Lives](#) initiative and national plans for 988, the state’s plans will serve as a core component of crisis care. IDHS-DMH is partnering with the six existing Lifeline call centers in Illinois, as well as a coalition of key stakeholders in the state to ensure a smooth transition to the 988 system when it rolls out in July 2022. Illinois was awarded a grant from Vibrant, the operator of Lifeline, to plan for the implementation. The goal is to develop a roadmap for the state to address key coordination, capacity, funding, and communication strategies for the launching of 988. The grant team is also expected to plan for the long-term improvement of in-state answer rates for 988 calls originating in Illinois.

According to IDHS-DMH, the first guidance document for 988 implementation may be finalized by the end of the summer. For member hospitals and health systems interested in following or participating in this stage of the 988 planning process (for example, leaders from the [38 Resource Hospitals](#) that coordinate with Illinois’ Emergency Medical Services System), meeting information is below:

<i>Meeting Dates</i>	<i>Meeting Information</i>
<i>July 27, 1:30 pm-3:30 pm</i>	WebEx Link , 1-415-655-0002 (Not Toll-Free) Meeting ID: 133 471 0630, Passcode: DMH21
<i>August 24, 1:30 pm-3:30 pm</i>	WebEx Link , 1-415-655-0002 (Not Toll-Free) Meeting ID: 133 144 4362, Passcode: DMH21
<i>September 28, 1:30 pm-3:30 pm</i>	WebEx Link , 1-415-655-0002 (Not Toll-Free) Meeting ID: 133 014 2735, Passcode: DMH21

IDHS-DMH has also recently awarded new grants to expand the crisis service continuum. For more information, see the [Notice of Funding Opportunity](#) for Program 590: Crisis Care System and the associated [Question & Answer](#) document.

Questions regarding the Illinois 988 Planning and Implementation work may be directed to Courtney.E.Aidich@illinois.gov. For more information on past and future meetings, see the [IDHS: 988 Planning webpage](#).

Legislation on Behavioral Health Crisis Response Implementation

As noted in [IHA’s Overview of the General Assembly’s Spring 2021 Session](#), two key initiatives related to behavioral health crisis response implementation passed both chambers and were both sent to Governor Pritzker on June 28. The Governor has 60

days from that date to take action.

House Bill 2784 (Rep. Kelly Cassidy/Sen. Robert Peters) requires emergency service providers to coordinate with mobile behavioral health services established by IDHS-DMH to ensure that individuals experiencing behavioral health crises are diverted from hospitalization and instead linked with available community services, as appropriate. IDHS-DMH must establish and provide oversight to Regional Advisory Committees in each EMS region, while Resource Hospital EMS Medical Directors will be responsible for convening the meetings of the committees.

Senate Bill 693 (Sen. Melinda Bush/Rep. Deb Conroy) allows EMS patients who meet proper criteria to be transported to an EMS System-approved mental health facility or an urgent care/immediate care facility after consulting with Online Medical Control. This bill also permits private, non-public ambulance provider agencies to implement alternative staffing models.

For more questions or comments on these updates, please [contact IHA](#).

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