



Making Illinois a Leader in Mental Health and Substance Use Treatment

What's At Stake?

Mental health and substance use disorders (MH/SUD) affect more than 3.5 million people in Illinois.¹ For those impacted by these conditions, the road to recovery isn't just about medical services. With stable housing, employment opportunities, support in the community and proper treatment, people live full lives, like others living with chronic and persistent medical conditions. However, for far too many people, our mental health and substance use treatment system is not set up in a way that provides access to these services. Instead, we rely on serving people when they have reached the point of crisis. While crisis services are critical, our system must shift towards promoting prevention and early intervention. The people in our communities that need support deserve a stronger system. Now is the time for leadership that puts Illinois at the forefront of mental health and substance use treatment.

Illinois' Interrelated Opioid Epidemic and Mental Health Crisis

Illinois is experiencing an opioid epidemic and a mental health crisis, leading to overdose deaths and suicides that each now outpace homicides.² Between 2013 and 2016, opioid overdose deaths in Illinois increased 82% and continue to rise.³ Illinois' suicide rate increased 23% between 1999 and 2016⁴ and is the third leading cause of death for young people between the ages of 15-34.⁵ Despite these crises, mental health and substance use treatment is out of reach for far too many Illinoisans. The opioid and mental health crises are interrelated because a high percentage of people cope with symptoms of untreated mental health conditions by using substances such as drugs or alcohol.⁶

Working with stakeholders within the behavioral health system, such as providers, advocates, and individuals with lived experience, our state must focus on building an effective and efficient mental health and substance use treatment system centering on early diagnosis and treatment that leads to recovery and improves the overall health of individuals. Approaching this epidemic at the beginning of these illnesses will lower costs and make our communities safer.

The Solution

Treatment works – it just needs to be accessible at the right time and in the right place whether people have private insurance or public coverage. The state should focus on the following in building a treatment system that:

- ✓ **Prioritizes Prevention and Early Treatment**
- ✓ **Develops Crisis Services for People in a Mental Health or Substance Use Crisis**
- ✓ **Ends Insurance Discrimination**

¹ Combined statistics, National Alliance on Mental Illness; U.S. Census Bureau, American Community Survey, Demographics and Housing Estimates (applying national prevalence percentage to Illinois population data) and Mental Health America, *Parity or Disparity: The State of Mental Health in America*, 2015.

² Illinois Department of Public Health, *Opioids: Illinois' Greatest Public Health and Public Safety Crisis*.

³ Illinois Department of Public Health, *State of Illinois Comprehensive Opioid Data Report*, December 4, 2017.

⁴ U.S., Center for Disease Control, *Suicide Rising Across the U.S.*, June, 2018.

⁵ Illinois Department of Public Health.

⁶ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Mental and Substance Use Disorders*.

Below is the outline of a plan for building the treatment system Illinois needs. These priorities have been identified by many partners across the sector, with long standing knowledge of system gaps and the reforms needed to improve lives and health outcomes. It is important to note that Illinois' 1115 waiver and related Medicaid State Plan Amendments approved by the federal government were considerably watered down, have serious implementation challenges, and are inadequately funded. While these efforts are a good start as long as some adjustments are made to address the challenges, much more needs to be done. In an accompanying document, detailed justifications and steps for implementation will be provided.

Building the Mental Health and Substance Use Treatment System Illinois Needs

RECOMMENDATIONS – EXECUTIVE SUMMARY

Within One Year

Prioritizing Prevention and Early Treatment	Timeline
<ul style="list-style-type: none"> ● Realign the state agencies that administer mental health and substance use services to bridge agency silos. While there are vital state-funded grant programs for non-Medicaid mental health and substance use services that must be preserved, most publicly funded treatment services are covered by Medicaid. Create senior policy advisor position in the Governor's Office to oversee realignment and all mental health and substance use policy. 	<p>First 10 Days Executive Order/Legislative</p>
<ul style="list-style-type: none"> ● To grow access to treatment, implement Medicaid rate increases for mental health and substance use services. This must be combined with regulatory reform that rewards positive health outcomes and allows the sector to modernize and innovate. 	<p>First 100 Days Budgetary//Legislative/ Regulatory</p>
<ul style="list-style-type: none"> ● Make adjustments to the Medicaid 1115 waiver and related State Plan Amendments to ensure success. Serious challenges exist with implementation. 	<p>First 30 Days Administrative</p>
<ul style="list-style-type: none"> ● Evaluate the implementation plan for the <i>NB</i> Consent Decree for children covered by Medicaid to determine the most effective way to build a strong system of care. 	<p>First 100 Days Administrative/Budgetary</p>
<ul style="list-style-type: none"> ● Implement the Early Mental Health and Addictions Treatment Act (PA 100-1016 - Feigenholtz-Bush). Passed in 2018, the Act pilots Medicaid early treatment programs. 	<p>First Year Administrative</p>
<ul style="list-style-type: none"> ● Support SB3213 (Bush-Conroy), which would require private insurance to cover First Episode Psychosis treatment and other similar treatment models. 	<p>First 100 Days Legislative</p>

<ul style="list-style-type: none"> Support the Advisory Council on Early Identification and Treatment of Mental Health Conditions, which will examine expanding early identification of mental health and substance use conditions in children. 	<p>First Year Administrative</p>
<ul style="list-style-type: none"> Enact legislation that establishes voluntary mental health workplace standards to bring the same level of attention to mental health as has been brought to physical health in the workplace. 	<p>First Year Legislative</p>
Developing Crisis Services	
<ul style="list-style-type: none"> Develop plan to include trauma-informed treatment across all mental health and substance use services, and expand trauma services to address the consequence of community, and other trauma-related experiences. 	<p>First 100 Days Administrative/ Budgetary/Legislative</p>
<ul style="list-style-type: none"> Prioritize harm reduction strategies for substance use treatment, including treatment models, a mobile outreach campaign to encourage people into treatment, and needle exchanges. 	<p>First 100 Days Administrative/ Budgetary/Legislative</p>
Ending Insurance Discrimination	
<ul style="list-style-type: none"> Implement PA 100-1024 and enforce Illinois' mental health and substance use parity law. 	<p>First 100 Days Administrative/Executive Order</p>

Within Two Years

Prioritizing Prevention and Early Treatment	Timeline
<ul style="list-style-type: none"> Increase the state's investment in supportive housing. 	<p>Year 2 Budgetary/Legislative</p>
<ul style="list-style-type: none"> Expand the use of state-funded rental subsidies for high Medicaid/Justice System utilizers with serious mental illnesses who are homeless or unstably housed. 	<p>Year 2 Administrative/ Budgetary/Legislative</p>
<ul style="list-style-type: none"> Expand reimbursement to support team-based MH/SUD treatments such as Assertive Community Support Treatment (ACT) in rural areas. 	<p>Year 2 Budgetary/Legislative</p>
<ul style="list-style-type: none"> Fund PA 100-0862 (Lang, Steans), establishing a student loan repayment program for mental health and substance use disorder professionals to grow the workforce in underserved regions. 	<p>Year 2 Budgetary</p>
<ul style="list-style-type: none"> Strengthen and build services that divert youth and adults with mental health and substance use disorders from correctional systems. 	<p>Year 2 Administrative/ Budgetary/Legislative</p>
<ul style="list-style-type: none"> Incentivize emergency rooms to have strong standardized guidelines for treating overdoses. 	<p>Year 2 Administrative/ Budgetary/Legislative</p>

<ul style="list-style-type: none"> • Increase bed capacity for state-operated psychiatric hospitals to ensure Illinois has the appropriate number of civil and forensic beds needed. 	<p>Year 2 Administrative/Budgetary</p>
<ul style="list-style-type: none"> • Expand school-based and university-based mental health and substance use disorder services. 	<p>Year 2 Budgetary/Legislative</p>
Developing Crisis Services	
<ul style="list-style-type: none"> • Adopt a comprehensive suicide prevention state plan modeled after the Zero Suicide Initiative, which has been shown to dramatically lower suicides. 	<p>Year 2 Administrative/ Budgetary/Legislative</p>
Ending Insurance Discrimination	
<ul style="list-style-type: none"> • Require commercial insurers to reimburse services delivered via telehealth on par with services delivered in non-telehealth settings (e.g., office visits). 	<p>Year 2 Legislative</p>

Within Three Years

Prioritizing Prevention and Early Treatment	Timeline
<ul style="list-style-type: none"> • Expand mental health awareness training for state employees. 	<p>Year 3 Administrative/Budgetary</p>
<ul style="list-style-type: none"> • Develop better outcome measures and implement value-based payment in Medicaid to improve the care that beneficiaries receive. 	<p>Year 3 Administrative / Legislative</p>
Developing Crisis Services	
<ul style="list-style-type: none"> • Incentivize use of long-acting anti-psychotics and medication-assisted treatment by removing prior authorization barriers and allowing pharmacists and other appropriate clinicians to administer them. 	<p>Year 3 Administrative/ Budgetary/Legislative</p>

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