



The Illinois Psychiatric Society (IPS) serves as the voice of psychiatry in Illinois. In that capacity, we strongly urge the state to overhaul how it provides care for people who are severely mentally ill. We recommend that the state:

1. Allocate the vast majority of state and federal funds to agencies that provide community-based care, such as psychosocial rehabilitation programs and mental healthcare in community mental health centers, assertive case management services, employment and housing assistance.

We are sure that this state will save money if chronically mentally ill patients are not warehoused in nursing homes but provided evidence-based psychosocial rehabilitation programs and medication therapy in the community. Nursing homes should only be utilized temporarily for those who have been acutely hospitalized and need further supervision before returning to independent living. Testimony by members of the Governor's Nursing Home Safety Task Force has supported that many nursing homes fail to provide substantive psychosocial rehabilitative services in their provision of care to mentally ill residents. Services are provided by some community programs such as Heartland Alliance and Thresholds and they provide models of care that could be adopted throughout the state. Other providers such as Corporation for Supportive Housing and Supportive Housing Providers Association have put together supportive housing programs for the mentally ill, which have been very successful in helping mentally ill persons live in the community. As a result, our loved ones can live more productive and independent lives in the community. Supported Employment Programs such as the one at Thresholds also helps get people off the Medicaid rolls and into employer provided insurance plans.

2. Improve communication between State Agencies. Earlier this year, IPS was asked to comment on the issue of providing group psychotherapy services to residents of nursing homes. During our involvement we became acutely aware of the fragmentation between the Division of Mental Health (DMH) and the Department of Healthcare and Family Services (HFS). We strongly recommend this untenable relationship be reformed. Currently DMH is not seen in this state as the authority on mental health spending and because of the fragmentation, there is little oversight and coordinated planning for care of the mentally ill in this state.

3. Certify more community mental health centers and provide adequate funding for existing clinics. In the last five years, the Illinois Department of Mental Health has not certified any new centers. In fact, some have closed. Many people who suffer from chronic psychiatric illnesses could be treated at these mental health centers and helped to live independently with case management assistance, instead of in nursing homes.

4. Work harder to be sure that the Illinois Department of Healthcare and Family Services funding for treating the severely mentally ill is being well-spent. Any therapy for people who are severely mentally ill in nursing homes must meet generally accepted psychosocial rehabilitation protocols, and there must be strong oversight of the facilities conducting rehabilitation. Unfortunately, as the system exists now, there is an incentive built in to the reimbursement schedule to keep patients in nursing homes.

5. Improve communication among providers in the continuum of care for people with mental illnesses. Many mentally ill patients are now being treated in the jail and prison system due to many complicated factors including the shrinking number of psychiatric beds available in state facilities for care. Currently, ex-offenders with mental illnesses are leaving prisons and jails without documentation regarding their diagnosis and treatment. The Illinois Department of Corrections has contended that such information is protected by HIPAA. We have been unable to locate any support for this contention and this system must change. By making sure that ex-offenders receive appropriate treatment post-incarceration, there is a better chance of avoiding recidivism. Electronic medical records that can communicate patient information across the continuum of care (Medicaid eligibility, Medicare eligibility, prison, jail, hospital, community mental health center, etc.) should be implemented.

6. Make substance abuse treatment available for all persons with chronic substance abuse problems. As part of the Medicaid Primary Care Case Management program, mandatory screening for addictions and brief intervention by primary care providers should be conducted on every patient. In addition, IPS recommends that the following elements should be included for such patients:

- a. Day treatment facilities,
- b. Intensive outpatient treatment,
- c. Partial hospitalization, and
- d. Any substance abuse treatment facility must have a psychiatrist involved with the program.

7. Improve coordination among the agencies responsible for caring for people with mental illnesses including: Nursing homes, Institutions for Mental Diseases (IMDs), hospitals and community healthcare providers, community mental healthcare providers and providers of supportive housing. As part of this coordination, the assessment and referral process must be improved. Persons with mental illnesses should not be routinely referred from hospitals to nursing homes or IMDs. Rather, a more thoughtful approach should be used. The process, of course, must include consideration of a person's criminal background and the need for placement of ex-offenders in facilities, such as St. Leonard's House or John Howard Association that can appropriately care, monitor and treat such mentally ill persons.

8. Increase usage of telepsychiatry services by the state. IPS helped pass a law requiring that Medicaid must reimburse for telepsychiatry services. Telepsychiatry is an effective method for providing services in rural and underserved areas. DMH and DHFS must work together to provide access to this mode of care and reimbursement to physicians offering it. Telepsychiatry may also be very helpful for children to obtain psychiatric care and improve coordination with schools.

9. Avoid legislating psychiatric medication use. Advocates have suggested that the state should refuse to pay for certain medications for nursing home residents. IPS supports the ongoing education of physicians in appropriate use of psychotropic medications but not legislating how they are used. Patients respond differently to medications. Many chronically psychiatrically ill patients have complicated medical problems and access to all medications is necessary to provide individualized and optimal care.

10. Increase reimbursement rates for psychiatrists. Low reimbursement rates for Medicaid patients and the lack of timely payment by the state have conspired to limit the number of psychiatrists willing to accept Medicaid patients. This system must change to improve access to care.