

Notes from Thurs, June 24, 2021, presentation and discussion:

Human Services Information Sharing – COVID-19
A zoom meeting to reduce isolation, share resources, identify gaps and actions.

New Illinois laws can aid recovery from pandemic-related increases in anxiety and depression
Presented by Heather O'Donnell, Senior Vice President for Public Policy and Advocacy, Thresholds

1. Updates from Public Partners

- a. From Becky Underwood in Rep. Lauren Underwood's office: Advance payments to families for the Child Tax Credit, which has been expanded for 2021, will begin in July.

2. Presentation: New Illinois laws can aid recovery from pandemic-related increases in anxiety and depression

- a. **Heather O'Donnell** shared information about bills passed during the Spring 2021 Illinois General Assembly to help address mental health and substance use disorder treatment. Heather shared a PowerPoint presentation (which is essential partner to these notes.)

b. Background:

- i. Illinois is in a mental health crisis. Legislators and policymakers are starting to recognize and tackle this. The pandemic exposed huge gaps in treatments for mental health, substance use disorder and human services overall.
- ii. The pandemic has brought big challenges: three times as many reporting symptoms of anxiety or depression; threefold increase for suicidal thoughts among the U.S. population; 30 percent increase in overdose deaths.

c. Slide 2 -- Balanced Budget

- i. General Assembly passed a balanced budget and brought an estimated \$1.5B of one-time dollars dedicated to human services. American Rescue Plan Act (ARPA) funds were budgeted, but two-thirds are reserved for future budgets. Illinois continues to have a structural deficit where revenues do not match costs for human services.

d. Slide 3 -- Black Caucus Human Services Pillar

- i. Many good ideas that had been in play for a long time were consolidated into an omnibus bill as a Human Services Pillar in the Black Caucus initiative to address systemic racism (HB158 – see list on accompanying PPT)
- ii. In mental health treatment, we have a workforce crisis: not have enough social workers, case managers, psychiatrists, psychiatric advanced practice nurses. The new

Behavioral Health Workforce Education Center of Illinois Act, championed by the Community Behavioral Healthcare Association, is an important – though not immediately -- long term solution.

e. Slide 4 -- Mental Health Legislative Success

- i. This was a successful year for mental health in terms of policy changes. Legislation feels like such a victory, but getting it implemented is an even bigger mountain to climb. The next battle is funding for all of this and getting this implemented. There is so much work in coming years with respect to these bills.
- ii. Telehealth. Private insurance plans are required to cover telehealth, including mental health and substance use treatment. Reimbursement parity to in-person services. Medicaid was excluded, but HFS has committed to retaining. Championed by the Illinois Hospital Association.
- iii. Coverage of Medically Necessary Mental health and Substance Use Care. Creates standards and definitions for what qualifies for “medically necessary.” Insurers cannot arbitrarily set these standards. Insurers will have to submit annual reports to the Illinois Department of Insurance. Goes into effect in 2023. Championed by the Kennedy Forum of Illinois.
- iv. Housing is Recovery Pilot Program. Appropriation of \$10M. The goal of the program is to stop the cycle of institutionalization and incarceration for people living with a serious mental illness or substance use condition who are experiencing homelessness. Provides rental support by providing eligible individuals a bridge rental subsidy and support services. Individuals are eligible if they have three or more hospitalizations, are incarcerated in jail/prison, or have an overdose within the previous 12 months. Championed by Healthy Minds/Health Lives Coalition of Thresholds.
- v. Certified Community Behavioral Health Clinics. Illinois Department of Health and Family Services must develop an implementation plan for “Certified Community Behavioral Health Clinics” (CCBHCs), which have not been part of Illinois’s toolkit, although the National Council for Mental Well-Being has recommended this.
- vi. Community Emergency Services and Supports Act. The goal of this legislation is to provide alternatives to a police response to behavioral health crises, and to avoid hospitalization or incarceration when possible. The bill provides that calls to 911 shall coordinate for the dispatch of mobile crisis response established by DMH/988. Many provisions regarding training of 911 dispatchers, and coordination of a 988 system.
- vii. Other notes: Medicaid not included in bill
- viii. HFS is committed to retaining telehealth provisions.

- ix. Access to Medically Assisted Treatment had always been site based. With telehealth option, we were able to get people on the streets connected to a prescriber right then and there to get that started.
- x. A lot of people prefer engaging through telehealth.
- xi. Advocates will need to focus on access to broad band and Wi-Fi and technology A lot of folks struggling with the social determinants simply do not have access. Government phones, limited minutes, no computer, no Wi-Fi – we will have to advocate for these in the future. Some money in state budget to expand broad band to certain communities – might be in a black caucus pillar.
- xii. An advocate’s job does not end when legislation passes – many great programs passed – but never implemented – because they were not a priority

f. Slide 5 - Mental Health Funding: What Happened and What Did Not

- i. Significant increases in Block Grant funding for both mental health and substance use: ~\$75M one-time ARPA funds
- ii. No Medicaid reimbursement rate increases. Medicaid in the foundation of the mental health system. Adequate rates that allow for increased service capacity are necessary to grow access to care. Rate increases are difficult, and we are developing a coalition to fight to save mental health with significant rate increases. We hope this group or man in it can join in.
- iii. Illinois is still facing a mental health crisis – access to care continues to be limited, and many individuals that have serious conditions experience multiple hospitalizations, disability, incarceration and institutionalization.
- iv. We must continue to fight for increased state Medicaid investment in mental health treatment.

3. Participant roundtable discussion:

- a. Geri Kerger at NAMI: we have been providing slips and talking to legislators to pass SB1970, which amends the Mental Health & Developmental Disabilities Code to allow hospitals to share information with people hospitalized for serious mental illness to support continuity of care and ensure patient safety upon discharge. I am excited to see the participation across the advocacy mental health community has continued to grow. There was good collaboration with advocates for domestic violence survivors – testimony of the positivity of people working together when they put their minds to it and stick to it.

- b. Discussion of HB2784 and establishing a 988 dedicated line for crisis response and suicide prevention.
 - i. The advocacy organization Access Living led efforts to coordinate 911 calls with 988 -- there is a lot of opportunity to build.
 - ii. Scott Kaufman provided overview. The plan for implementation is a huge undertaking, our call center will be putting out a lot of information about that, working with state planners. The way that intersects with HB2784 is going to be very interesting. There will be a huge impact on our behavioral health collaborative work – we have a few mobile crisis pilots going on now. Background for 988 dedicated line for National suicide prevention lifeline to routes to call centers, including DuPage. The goal is to have 988 for use of mental health emergency, easy to remember number. Elevator pitch is “extremely easy.” FCC designated 7.16.22 for operationalization of 988 nationwide. Now is the hard work on building infrastructure and planning promotion. Here is a link to the BHC webpage, which includes links to minutes from our 6/8/21 meeting where we discussed 988: <https://www.dupagehealth.org/225/Behavioral-Health-Collaborative-BHC>
 - iii. Heather: it is overwhelming – the whole task is gargantuan and difficult to wrap your head around. It is an extraordinary opportunity. Usually, the problem is why cannot we do any of this, rather than oh my god we have so much to get done.
- c. Judie Caribeaux at 360 Youth Services: One of our young people threatened to commit suicide by threatening to jump off an overpass. Police did assessment and sent him on his way. He attempted again an hour later. This time he pulled out a knife and was arrested. He ultimately landed in jail, which could have been avoided if the right intervention happened first. Working on ways to get mobile crisis out earlier and we need to ask a lot of police, we need people on the scene responding from a mental health perspective. Heart-breaking what happens when you do the wrong response – so much harm caused.
- d. Allison Johnsen at Northwestern Medicine: Very glad to see that telehealth will remain and that insurance companies must reimburse with parity to in-person services. “No show” rates have really dropped, clients’ barriers to getting to treatment are reduced. It is not for everyone, but so many clients are very happy to participate in mental health treatment this way.
- e. From Allison Johnsen: In the hospital setting, where I am, we get a much faster response to psychiatry consult orders when the physicians can respond via telehealth, which allows us to move a patient more quickly to appropriate care, and to begin treatment of the mental health issue much faster. This also makes it easier to staff and recruit psychiatry services.
- f. From the chat: Joie Frankovich: It can also help remove language barriers.

- g. On the outpatient side, telehealth has been helpful. So, telehealth is a huge win – better for patients – they have more choices.
- h. Protect telehealth option – make sure HFS keeps its commitment
- i. There is some argument that it is not a great modality for a first appointment – but it is still better than nothing – a lot can be accomplished with a screen. A lot of places have a social worker standing there managing the telehealth tool, to help assess. Some patients do not like it. In psychotherapy it has been effective from start of finish. Who would not like it, people who have not tried it?
- j. It should be the option of the patient. Coming from thresholds telehealth has been a life saver during the pandemic, but many of our clients have not fared as well. It should always be available as an option.
- k. If anyone is seeing denials, we want to make sure there is compliance with the law, if there are gaps, there are definite places for advocacy
- l. So, outcome data is going to be very important – it would be important to require that, to prove the case they can be as effective. A little concerned about all the telehealth companies that have come into then mental health space, like better health. The more data to support good telehealth the better.

4. To the question about resources for wraparound services, request from Linden Oaks behavioral health navigators, created to bridge gap between patients who present BH concern to primary care docs. They need housing, food, and other things that go beyond behavioral health. Reach DuPage, Cook, many suburbs.

- a. In DuPage:
 - i. Web listing of resources: <https://dupagecrisis.org/>
 - ii. Community Services Intake and Information and Referral: 630-407-6500
- b. In the region:
 - i. For Kane County resources online, visit www.findhelp211.org or dial 211.
 - ii. Lake County also has a 211 system
 - iii. From Mary Boulos: Additional note on 211, the patient must be within their county borders for the 211 number to work.
 - iv. Mary Boulos from Loaves and Fishes will open site in Aurora soon. We have food services. We do not turn away food insecure people. Loaves-fishes.org. Click on Get Help for additional details on food distribution hours and other programs we provide.

5. **Information about the early childhood space and telehealth? Suggest: connect with Ali Lo Fotos of Start Early and Amanda Walsh of Illinois Children’s Mental Health Partnership**