

Fair Insurance Coverage for Families for Early Treatment of Serious Mental Health Conditions

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Insured Families Do Not Have Access to All Treatments for a Child with a Serious Mental Illness

- Approximately 3 million Illinoisans have health insurance regulated by the state.¹ About 120,000 of those will have a serious mental health condition resulting in disability without effective early treatment.²
- 75% of mental health conditions begin between ages 14-24.³ For purposes of early treatment, insurance does not cover some of the most effective approaches. **The parity laws do not address this issue.**

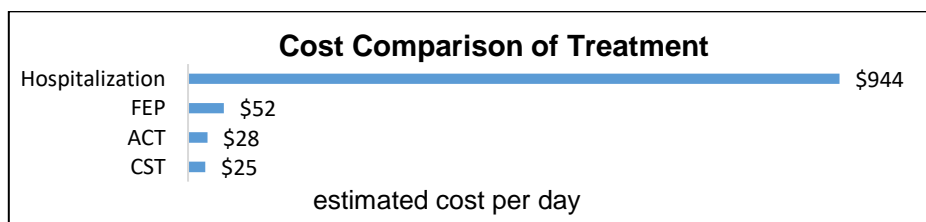
Evidence Shows the Earlier We Treat, the Better the Chances of Wellness and Recovery⁴

- Treatment can mean wellness, symptom management, recovery, school completion and employment
- 8-10 Years: Average delay between onset of symptoms and the right treatment⁵
- When the right treatment is absent: Hospitalizations, suicide, disability, addiction to self-medicate. Disability is a permanent move to Medicaid, resulting in enormous, preventable cost shifting to the state

Why Should Families with Insurance Be Excluded from Coverage of Highly Effective Treatment Approaches that Could Stabilize their Child?

Publicly-Covered Treatment Approaches:

1. Assertive Community Treatment (ACT): Multi-disciplinary team; services come to the person. Over 25 randomized clinical trials showing effectiveness.⁶ (Covered by Medicaid across the country)
2. Community Support Team (CST): Derivative of ACT; lower intensity. Shown positive outcomes under Illinois Medicaid for decades. (Similar models covered by Medicaid across the country)
3. First Episode Psychosis Treatment (FEP): Coordinated specialty care team; services come to person/family. Positive national research: National Institute of Mental Health since 2008.⁷ Covered through federal grants.



There is NO state cost. Bill excludes plans if there is a federal ruling that Illinois is to defray any costs.

Insured families have the right to coverage of ALL evidence-based treatments for a child with early signs of a serious mental health condition.

Mental Health Treatment Models Not Covered by Private Insurance

Treatment Models NOT Covered by Private Insurance

Assertive Community Treatment (ACT)

- Intensive community-based intervention (services come to where patient lives)
- Multi-disciplinary team: psychiatrist, nurse, licensed clinician and other mental health/substance use professionals
- Services provided where the person lives rather than in a clinic setting
- Psychiatry
- Crisis intervention services, crisis planning and response
- Peer support and person-centered treatment planning
- Integrated dual disorder treatment
- Family education
- Medication monitoring and support
- Wellness skills, daily living and other skill development
- Coordination of behavioral and medical care

Community Support Team (CST)

- Multi-disciplinary team; less intensive than ACT
- All features of ACT except psychiatry and nursing

First Episode Psychosis (FEP) Treatment

- Coordinated specialty care model with multi-disciplinary team
- Services come to patient and family
- Psychotherapy for cognitive and behavioral health treatment
- Family education and support
- Intensive case management
- Medication management
- Coordination with behavioral and medical care
- Resiliency training
- Crisis intervention services
- Peer support
- Integrated substance use treatment
- Supported education and employment

Private Insurance Coverage of Mental Health Treatment

- Psychotherapy
- Psychiatry
- Medication and medication management
- Hospitalization
- Residential treatment

Sources: Psychiatric Services, *Moving Assertive Community Treatment into Standard Practice*, June 2001; Journal of Rehabilitation Research & Development, *Assertive Community Treatment – Issues from Scientific and Clinical Literature with Implications for Practice*, 2007; Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016.

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Supporting Organizations

Coalition Members: ACLU Illinois
• AIDS Foundation of Chicago •
Centers for Human Services •
Chicago Leadership Council •
Children's Home + Aid • Christian
County Mental Health Assn •
Corporation for Supportive Housing
• Depression and Bipolar Support
Alliance • Heartland Alliance •
Heartland Human Services • IABH
• IARF • Illinois Collaboration on
Youth • Illinois Network of Centers
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Behavioral Health • Mental Health
America Illinois • Mental Health
Centers of Western Illinois •
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North Suburban • NAMI DuPage •
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Thresholds • Trilogi • Youth and
Family Peer Support Alliance

Other Supporters: Ecker Center •
Health and Medicine Policy
Research Group • Mental Health
Counselors Assn • Illinois
Counseling Assn • Institute of
Medicine of Chicago • Ounce of
Prevention

¹ Kaiser Family Foundation, State Health Facts, Health Insurance Coverage of the Total Population, 2015 (using U.S. Census Bureau data); Kaiser Family Foundation on state regulated plans.

² Prevalence from NAMI, *Mental Health Facts in America*, (applied to Illinois using U.S. Census Bureau data).

³ NAMI, *Mental Health Facts, Children and Teens* (citing the National Institute of Mental Health).

⁴ Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016; *Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program*; Eduard Vieta, et al., *Early Intervention in Bi-Polar Disorder*, The American Journal of Psychiatry, January 24, 2018.

⁵ Kessler, R.C., et al., *Prevalence, Severity and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication*, Archives of General Psychiatry, 62, 617-627 (2005).

⁶ Psychiatric Services, *Moving Assertive Community Treatment into Standard Practice*, June 2001; Journal of Rehabilitation Research & Development, *Assertive Community Treatment – Issues from Scientific and Clinical Literature with Implications for Practice*, 2007.

⁷ Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016; *Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program*.