



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. 	Year 2 Administrative/Budgetary
<ul style="list-style-type: none"> Expand school-based and university-based mental health and substance use disorder services. 	Year 2 Budgetary/Legislative
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. 	Year 2 Administrative/ Budgetary/Legislative
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). 	Year 2 Legislative

Within Three Years

Prioritizing Prevention and Early Treatment	Timeline
<ul style="list-style-type: none"> Expand mental health awareness training for state employees. 	Year 3 Administrative/Budgetary
<ul style="list-style-type: none"> Develop better outcome measures and implement value-based payment in Medicaid to improve the care that beneficiaries receive. 	Year 3 Administrative / Legislative
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. 	Year 3 Administrative/ Budgetary/Legislative

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Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Better Align State Agencies to Eliminate Government Silos

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First 10 Days (Executive Order)
<u>Action Needed:</u>	Executive Order / Legislation
<u>Problem:</u>	<p>Currently, the state agencies that oversee the majority of Illinois' mental health and substance use treatment system are siloed from each other, causing unnecessary barriers to access to care and regulatory challenges. The Department of Healthcare and Family Services (HFS) is the primary payer of treatment services through the state's Medicaid program. As the Medicaid agency, HFS is responsible for overseeing all Medicaid services, the state's 1115 waiver and the various related Medicaid state plan amendments.</p> <p>The Division of Mental Health and the Division of Substance Use Prevention and Recovery are in a separate department under the Department of Human Services and still maintain budgeting responsibility for both Medicaid and non-Medicaid (grant funding) for both mental health and substance use treatment services.</p>
<u>Solution:</u>	Illinois needs to better align these state agencies to eliminate government silos. In addition, it is important to establish strong mental health and substance use policy leadership positions within the leadership team of the Medicaid agency and within the Governor's Office. It is also crucial that a culture of partnership is developed between the state agencies and the provider community to improve the services that grow access to care.
<u>Resources:</u>	<p>SAMHSA, <i>Funding and Characteristics of Single State agencies for Substance Abuse Services and State Mental Health, 2015</i>: https://www.nri-inc.org/media/1493/final-2015-state-profiles-samhsa-publication-sma17-5029.pdf</p>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

To Increase Access to Treatment, Illinois Must Adjust Medicaid Reimbursement Rates to Enable Service Growth

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Budgetary / Legislative / Regulatory
<u>Problem:</u>	<p>Illinois has some of the lowest Medicaid rates for MH/SUD services in the country. These rates do not cover the cost of providing services, let alone allow for growth of services. This has resulted in limited access to care. Without enough providers and the right services, Medicaid enrollees frequently cannot access the care they need, when they need it. Long wait lists are common across the state, but particularly in rural areas where there are often no providers.</p> <p>For example, according to a recent study, Illinois needs to increase most community mental health Medicaid rates by 16% simply to keep pace with inflation from when the rates were established 10 years ago. Psychiatry rates cover less than 50% of costs, making it difficult to increase the number of psychiatrists in the Medicaid program. Community substance use treatment rates need to be adjusted upward by 27% just to keep pace with inflation since they were put in place.⁷ Between 40-50% of individuals with a significant mental health need also have a substance use condition.⁸ Effective treatment requires treatment of both conditions.</p>
<u>Solution:</u>	To meet the state's treatment needs, Illinois must increase Medicaid mental health and substance use reimbursement rates. This is simply the only way Illinois will be able to grow access to treatment.
<u>Resources:</u>	Illinois Partners for Human Services Report: http://www.illinoispartners.org/wp-content/uploads/2016/05/ILPHS-Feb16-Report_Revised-2-25-2016.pdf

⁷Illinois Partners for Human Service, *Failing to Keep Pace: An Analysis of the Declining Value of Illinois Human Services Reimbursement Rates*, February 2016, http://www.illinoispartners.org/wp-content/uploads/2016/05/ILPHS-Feb16-Report_Revised-2-25-2016.pdf.

⁸ National Alliance on Mental Illness, *Dual Diagnosis*, <https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Dual-Diagnosis>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Adjust the Medicaid 1115 Waiver Pilots and Integrated Health Homes to Address Fundamental Flaws in Service and Reimbursement Design

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First 30 Days
<u>Action Needed:</u>	Administrative
<u>Problem:</u>	<p>While the state’s 1115 waiver and related state plan amendments hold promise, the final approved waiver was significantly watered down and there are fundamental flaws in the structure of Integrated Health Homes and many of the waiver pilots. Without significant reconfiguring these efforts, and adequately funding them, this will be a squandered opportunity. Additionally, the volume of changes introduced to the behavioral health system in a short period of time make these reforms challenging to implement. With the approval of the 1115 waiver and state plan amendments, the following programs have been newly introduced to the Illinois behavioral health system this year:</p> <ol style="list-style-type: none"> 1. Integrated Health Homes rolled out to 200,000-300,000 Illinoisans on January 1, 2019 2. Mobile Crisis Response for adults, an entirely new service 3. Overhaul to the assessment and treatment planning process, requiring new technology and interfaces, called the Illinois Medicaid Comprehensive Assessment of Needs and Strengths or IM+CANS 4. 10 Pilot Programs, relating to SUD treatment, home visiting, supported employment, respite services, and more
<u>Solution:</u>	Illinois must reassess the current structure of the 1115 pilots and Integrated Health Homes, and the related timelines for implementation to ensure the sustainability of these efforts and success. Rates for many of these services also must be adjusted to make the financially viable.
<u>Resources:</u>	<p>CMS Approval Letter of Illinois 1115 Waiver: https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/il/Behavioral-Health-Transformation/il-behave-health-transform-demo-apprvl-05072018.pdf</p>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Evaluate the Implementation Plan for the *NB* Consent Decree to Ensure the State is Building an Adequate System of Care for Children

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Administrative
<u>Problem:</u>	Illinois does not have a robust mental health system that serves the needs of children. In fact, the <i>N.B. v. Norwood</i> consent decree is the result of Illinois violating the rights of Medicaid-eligible children under the age of 21 who were seeking certain mental and behavioral health services under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement of Medicaid.
<u>Solution:</u>	<p>The implementation of the <i>NB</i> consent decree is an opportunity to build a children’s mental health system that prioritizes the prevention, early intervention, and treatment of children’s mental health conditions. Illinois needs to build streamlined crisis response systems for youth, address service capacity, establish linkages among child-serving systems, and establish the continuum of services a young person might need to live a productive life.</p> <p>For example, among other components, implementation should include: 1) steps to unify the crisis response system for children and build capacity for ongoing treatment after crisis, 2) address lack of access to providers such as child and adolescent psychiatrists, where there is currently a severe shortage of these professionals in many parts of Illinois and no child and adolescent psychiatrists in the majority of Illinois counties,⁹ and 3) develop a comprehensive plan for the implementation of children’s residential services in conjunction with development of community based service capacity.</p>
<u>Resources:</u>	Maryland: Rosie D. v Patrick ; Washington: T.R. V. Dreyfus Previous Illinois Governor’s Office of Health Innovation and Transformation: From Innovation to Implementation and recommendations of the Children’s Services Subcommittee (pages 49-141).

⁹ American Academy of Child & Adolescent Psychiatry, “Workforce Maps By State,” https://www.aacap.org/aacap/advocacy/federal_and_state_initiatives/workforce_maps/home.aspx.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Implement the Early Mental Health and Addictions Treatment Act

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First Year
<u>Action Needed:</u>	Administrative
<u>Problem:</u>	Illinois MH/SUD system focuses on late stage-treatment. It is not uncommon for someone with a serious mental health condition to go 10 years before the right diagnosis and treatment is available. During the treatment lag, the illness worsens, often resulting in debilitating conditions or disability, substance use to self-medicate, involvement with the criminal justice system, homelessness, and early death.
<u>Solution:</u>	<p>Last year the Illinois General Assembly passed the Early Mental Health and Addictions Treatment Act. This Act requires the state to seek federal approval for Medicaid coverage of two early treatment pilots:</p> <ol style="list-style-type: none"> 1. An early treatment model tailored specifically for adolescents and young adults who have symptoms of a serious mental health condition. It is a specialty-care, team-based treatment model that includes age-appropriate wrap-around services to assist with reducing symptoms, staying in school or work and maintaining recovery. It includes treatment of mental illnesses that cause psychosis and other symptoms. 2. An early treatment model for substance use treatment, including opioid addiction, that embraces assertive community-based treatment models long-used, and proven, in mental health treatment. Evidence shows that with more proactive engagement in home-based or natural environment settings, the stronger the likelihood of abstinence in drug or alcohol use. <p>The Administration should implement these treatment models as broadly across the state as possible.</p>
<u>Resources:</u>	Early Mental Health and Addictions Treatment Act (PA 100-1016): http://www.ilga.gov/legislation/publicacts/100/PDF/100-1016.pdf

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Support Private Insurance Coverage of First Episode Psychosis Treatment and Other Similar Treatment Models (SB3213)

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Legislative
<u>Problem:</u>	Private insurance plans do not cover critical evidence-based treatment approaches to treating serious mental health conditions despite the fact that some of these treatment options have been covered through the public sector for decades. Parity laws have not addressed this problem. For purposes of early treatment of psychosis, bipolar disorder and other serious conditions, private insurance plans should be required to cover First Episode Psychosis (FEP) Treatment, Assertive Community Support Treatment (ACT) and similar team-based treatment models. These models are backed by substantial medical research and should be available to young people in the early stages of a serious mental health condition to enable wellness and stop progression of the illness.
<u>Solution:</u>	Requiring state-regulated private insurance plans to cover proven team-based, specialty care treatment models will enable young people with early signs of a serious mental illness to avoid potential life-long disability.
<u>Resources:</u>	Senate Bill 3213 (100th General Assembly): http://www.ilga.gov/legislation/100/SB/PDF/10000SB3213lv.pdf SB3213 Fact Sheet: http://www.thresholds.org/wp-content/uploads/2017/08/Fair-Insurance-Coverage-for-Families-for-Early-Treatment-of-Serious-Mental-Health-Conditions-SB3213-HB4844.pdf

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Support Advisory Council on Early Identification and Treatment

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First Year
<u>Action Needed:</u>	Administrative
<u>Problem:</u>	Suicide, often due to untreated depression is a leading cause of death in Illinois and nationally. The American Academy of Pediatrics and other national physician groups recommend annual depression screening beginning at age 11, with the caveat that screenings only be recommended if treatment is accessible. Because treatment is not accessible for thousands of Illinoisans due to a lack of state investment and private insurance coverage, many primary care physicians and pediatricians do not screen for depression in children or adults. As a result, thousands of Illinois children and adults live with untreated mental health conditions. This can lead to debilitating conditions, even permanent disability.
<u>Solution:</u>	The Advisory Council on Early Identification and Treatment of Mental Health Conditions was passed two years ago by the Illinois General Assembly. The makeup of the Council includes pediatricians, family physicians, mental health and substance use professionals, advocates, legislators and state agencies to examine ways to improve best practices for appropriate early screening for depression in both children and adults when symptoms present. The Administration should support the Council and its recommendations to address the barriers to regular, appropriate screening for mental health conditions or issues, and early treatment.
<u>Resources:</u>	Advisory Council on Early Identification and Treatment of Mental Health Conditions Act (PA 100-0184): http://www.ilga.gov/legislation/publicacts/100/PDF/100-0184.pdf

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Establish Voluntary Standards for Workplace Mental Health

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	First Year
<u>Action Needed:</u>	Legislative
<u>Problem:</u>	While improving physical health in the workplace has long been a focus of employers, comparatively little attention has been paid to employees' mental well-being.
<u>Solution:</u>	Illinoisans spend a large part of their lives in the workplace. Consequently, ignoring mental health in the workplace is a huge missed opportunity. Canada has put in place guidelines for employers on how to improve workplace mental health, and California has just passed legislation to establish the first voluntary mental health standards for the workplace in the U.S. Illinois should follow California's lead and establish similar standards to help combat stigma and encourage discussion of mental health in the workplace.
<u>Resources:</u>	California Senate Bill 1113 (2018), Chapter 354: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1113

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Expand Trauma Services to Strengthen Families & Communities

<u>Recommendation Type:</u>	Developing Crisis Services
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	Exposure to trauma and violence can have profound long-term consequences for individuals, families, and communities. Trauma is particularly damaging to children, with overwhelming evidence connecting increasing numbers of adverse childhood experiences (ACEs) to a range of problems, including mental health and substance use disorders, loss of lifetime income, poor health, early death, and increased community violence. Trauma is also more common among veterans, refugees, and immigrants. Community violence can have particularly devastating effects, leading to high rates of post-traumatic stress disorder. Community violence and trauma create cycles that perpetuate more violence and trauma. Interrupting this cycle is key to making communities safer.
<u>Solution:</u>	Both children and adults can recover from traumatic events and learn skills to cope with the right trauma-informed care and treatment. Illinois needs to include trauma-informed treatment across all mental health and substance use services. Funding must be increased in order to expand trauma services to address the consequence of violence in communities and other trauma-related experiences. Treating trauma is also essential in jails and prisons in Illinois, because incarcerated individuals have much higher rates of post-traumatic stress disorder symptoms.
<u>Resources:</u>	Center for Childhood Resilience at Lurie Children’s Hospital: https://www.luriechildrens.org/en/specialties-conditions/center-for-childhood-resilience/ The National Child Traumatic Stress Network: https://www.nctsn.org/

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Prioritize Harm Reduction for Substance Use Conditions

<u>Recommendation Type:</u>	Developing Crisis Services
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	The state’s opioid crisis continues to worsen, with the number of overdose deaths doubling since 2013 to more than 2,200 in 2017. ¹⁰ Infections from injection drug use such as Hepatitis C ¹¹ have also been increasing. While the state has made progress at increasing the availability of the life-saving overdose-reversal drug naloxone, other harm reduction strategies are urgently needed.
<u>Solution:</u>	Illinois needs to significantly expand proven harm reduction strategies, including needle exchanges, mobile outreach programs to meet people where they are, and fentanyl testing kits. These programs save lives, reduce the spread of disease, and can connect people to treatment.
<u>Resources:</u>	Chicago Recovery Alliance: https://anypositivechange.org/ Live4Lali: https://live4lali.org/ <i>Daily Herald</i> , “How fentanyl test strips help drug users 'be safe and survive””: https://www.dailyherald.com/news/20180831/how-fentanyl-test-strips-help-drug-users-be-safe-and-survive Recent PBS “NOVA” episode on addiction: https://www.pbs.org/video/addiction-afsxne/

¹⁰ Illinois Department of Public Health, *Drug Overdose Deaths, 2013-2017*, updated October 7, 2018, http://www.dph.illinois.gov/sites/default/files/Publications_OPPS_Drug%20Overdose%20Deaths%20-%20October%202018.pdf.

¹¹ Illinois Department of Public Health, *Hepatitis Cases Are Increasing*, July 27, 2018, <http://www.dph.illinois.gov/news/hepatitis-cases-are-increasing>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Implement and Enforce Parity Law

<u>Recommendation Type:</u>	Ending Insurance Discrimination
<u>Timeframe:</u>	First 100 Days
<u>Action Needed:</u>	Administrative / Executive Order
<u>Problem:</u>	The promise of mental health and addiction parity laws is not yet a reality, because the Department of Insurance and the Department of Healthcare and Family Services have not taken the aggressive enforcement actions necessary to ensure health plans' compliance. Analysis by the independent actuarial firm Milliman found that Illinoisans had to go out-of-network for MH/SUD office visits three times more often than they did for medical/surgical office visits. ¹² And a survey of Illinois MH/SUD providers found that health plans frequently fail to follow even basic requirements of parity laws. ¹³ When the New York Attorney General's Office investigated insurers' practices, it found egregious violations. ¹⁴
<u>Solution:</u>	Illinois must aggressively implement PA 100-1024. IDOI and IHFS should also be directed via Executive Order to investigate health plan practices thoroughly. The Administration should also thoroughly review State Employee Group Health Insurance for parity compliance. Finally, the parity data workgroup created by PA 100-1024 should be convened quickly to make recommendations on what data plans should be required to report.
<u>Resources:</u>	SB1707 (PA 100-1024): http://www.ilga.gov/legislation/publicacts/100/PDF/100-1024.pdf Rhode Island Governor's Executive Order on Parity: http://www.governor.ri.gov/documents/orders/ExecOrder18-03.pdf

¹² Milliman, *Addiction and mental health vs. physical health: Analyzing disparities in network use and provider reimbursement rates*, December 2017, <http://www.milliman.com/uploadedFiles/insight/2017/NQTLDisparityAnalysis.pdf>.

¹³ The Kennedy Forum Illinois, et. al., *Illinois Providers Report Barriers to Mental Health and Addiction Coverage for Their Patients*, September 2017, <https://chp-wp-uploads.s3.amazonaws.com/www.thekenedyforum.org/uploads/2017/09/20170919-IL-MHSUD-Coverage-Provider-Survey-Report-Final.pdf>.

¹⁴ New York Attorney General, "A.G. Underwood Releases Report Highlighting Office's Work Enforcing Mental Health Parity Laws, Protecting New Yorkers," <https://ag.ny.gov/press-release/ag-underwood-releases-report-highlighting-offices-work-enforcing-mental-health-parity>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Increase Funding for Supportive Housing

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Budgetary / Legislative
<u>Problem:</u>	Individuals with disabilities should be able to live in the community of their choice, but unfortunately, for many people, this is not a reality. Having a mental health or substance use disorder should not dictate a life in an institutional setting if the necessary services and supports can be provided in the community. Receiving treatment and support in the community helps individuals maintain their independence. Often, supportive housing is needed to ensure individuals receive the services they need in a community setting. Supportive housing combines non-time-limited affordable housing assistance with wrap-around supportive services. During the state budget crisis, more than 2,800 Illinoisans lost access to supportive housing services. ¹⁵
<u>Solution:</u>	The cost of supportive housing is significantly less than institutions such as jails/prisons or nursing homes. ¹⁶ The Illinois Housing Task Force estimated that, in 2016, the state’s unmet need was more than 23,000 additional supportive housing units. To begin to meet this need, the Supportive Housing Providers Association of Illinois has called for state funding to be increased to \$35.67 million, or a nearly 10% increase.
<u>Resources:</u>	U.S. Interagency Council on Homelessness, Background on Supportive Housing: https://www.usich.gov/solutions/housing/supportive-housing/ Illinois Housing Task Force, “2017 Supportive Housing Workgroup Group Report on activities and recommendations”: https://www.ihda.org/wp-content/uploads/2015/07/SHWG-Final_1-18-17.pdf

¹⁵ Supportive Housing Providers Association of Illinois, “Growing Unmet Need for Supportive Housing Services,” 2018, <http://www.shpa-il.org/wp-content/uploads/2018/06/FY19-Supportive-Housing-Fact-Sheet3.pdf>.

¹⁶ Lim, S, *Impact of a New York City Supportive Housing Program on Housing Stability and Preventable Health Care among Homeless Families*, <https://onlinelibrary.wiley.com/doi/full/10.1111/1475-6773.12849>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Expand State-Funded Rental Subsidies to those with Serious Mental Health Conditions at Risk of Institutionalization Due to Lack of Housing

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	<p>Many individuals living with a serious mental health condition, such as schizophrenia or schizo-affective disorder have become disabled by their condition and live solely on Supplemental Security Income (SSI). The maximum monthly SSI payment for 2019 is \$771. This amount must cover housing, food, clothing, transportation, and all other living expenses. As a result, affordable housing is often out of reach, causing this population to have to spend nearly all of their SSI on rent. This causes frequent homelessness and housing instability.</p>
<u>Solution:</u>	<p>Illinois should expand the use of state-funded rental subsidies to prevent unnecessary institutionalization or homelessness for people living with serious mental illnesses such as schizophrenia or schizo-affective disorder, as other states have done.</p> <p>Illinois currently uses rental subsidies but only to de-institutionalize individuals. A rental subsidy would enable affordable housing: The individual contribute 30% of their income (SSI) toward rent, mirroring a federal housing subsidy, and the state would support the remainder of the rent (70%). The estimated annual cost of the rental subsidy (\$10,000) plus annual treatment (\$10,000), combined is \$20,000, far less than institutionalization (\$34,000) or incarceration (\$38,000).</p>
<u>Resources:</u>	<p>Technical Assistance Collaborative, "Priced Out in the United States": http://www.tacinc.org/knowledge-resources/priced-out-v2/</p>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Expand Team-Based Treatment in Rural Areas

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Budgetary / Legislative
<u>Problem:</u>	Residents living in rural areas of the state often lack access to mental health and addiction care. This is particularly the case for care that requires a team of MH/SUD professionals. A significant problem is that reimbursement for team-based models such as First Episode Psychosis (FEP) Treatment and Assertive Community Support Treatment (ACT) are reimbursed at the same rate even if the team must travel a significant distance to reach residents in rural areas. Travel times both limit caseload numbers and the amount of time available for necessary administrative work.
<u>Solution:</u>	Illinois should incentivize services in rural areas to improve access to care. In addition to expanding telehealth services and funding loan repayment for MH/SUD professionals (see next recommendation), Illinois should increase reimbursement rates for team-based MH/SUD services provided in rural areas. Such enhanced reimbursement would help cover transportation and other costs that can inhibit care. Additionally, the state should incentivize training in team-based care models to build a workforce in rural areas of Illinois that is ready to provide such services. All Illinoisans living with MH/SUD should have access to services no matter where they live.
<u>Resources:</u>	Illinois Department of Human Services, Q&A on billing for ACT, including answer that transportation is not a separate billable service: http://www.dhs.state.il.us/page.aspx?item=53161

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Fund Student Loan Repayment Programs to Grow the Treatment Workforce in Underserved Areas

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Budgetary
<u>Problem:</u>	The number of MH/SUD professionals in rural and other underserved areas is inadequate to meet the needs of residents living in these areas across Illinois. The Community Behavioral Health Care Professional Loan Repayment Program Act (PA 100-0862) establishes a new Community Behavioral Health Care Professional Loan Repayment Program to encourage MH/SUD professionals to locate in these areas. However, this program will do nothing if it is not funded.
<u>Solution:</u>	For the FY2020, Illinois should fund the Community Behavioral Health Care Professional Loan Repayment Program at least \$2 million, which would fund assistance for approximately 200 MH/SUD professionals. This amount will get the program off to a strong start and begin to encourage more MH/SUD professionals to provide care in underserved areas.
<u>Resources:</u>	Public Act 100-862: http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-0862&GA=100

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Divert Youth / Adults with MH/SUD from Jails & Prisons

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	Tens of thousands of youth who are arrested each year meet diagnostic criteria for having a mental health conditions, and at least 20 percent live with a serious mental health condition. ¹⁷ Adults entering the criminal justice system also have a high frequency of MH/SUD: Over 13,000 people with an untreated mental health condition are in jails across Illinois, and Illinois prisons house over 25,000 people with untreated mental health conditions. ¹⁸ Correctional facilities were not designed to provide mental health care, and individuals often get worse, not better. ¹⁹
<u>Solution:</u>	The Governor should implement recommendations of the Illinois Mental Health Opportunities for Youth Diversion Task Force to divert youth living with mental health conditions from the juvenile justice system. These recommendations provide a roadmap for building community based services and helping individuals successfully reenter communities after jail or prison. Expanded diversion for adults living with MH/SUD is also needed. Ensuring robust implementation of new Medicaid services, such as mobile crisis response for adults, is critical to reducing justice involvement. Established formalized diversion programs among law enforcement (e.g. citations in lieu of arrest, crisis triage center and living rooms, and crisis stabilization units) should also be expanded.
<u>Resources:</u>	<i>Stemming the Tide: Diverting Youth with Mental Health Conditions from the Illinois Juvenile Justice System</i> http://namichicago.org/wp-content/uploads/2018/03/Stemming-the-Tide-Task-Force-Report-2018.pdf

¹⁷ Lily Gleicher, *Juvenile justice in Illinois*, 2015, Illinois Criminal Justice Information Authority, 2017, <http://www.icjia.state.il.us/assets/articles/Juvenile Justice in Illinois 2015 Report.pdf>.

¹⁸ Thresholds, *Hidden and Untreated: Ending Illinois' Silent Mental Health Crisis*, 2018, <http://www.thresholds.org/wp-content/uploads/2018/02/2018-Policy-Brief.pdf>.

¹⁹ Illinois Mental Health Opportunities for Youth Diversion Task Force, *Stemming the Tide: Diverting Youth with Mental Health Conditions from the Illinois Juvenile Justice System*, 2018, <http://namichicago.org/wp-content/uploads/2018/03/Stemming-the-Tide-Task-Force-Report-2018.pdf>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Ensure EDs Use Strong Guidelines for Treating Overdoses

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	People with opioid use disorder very frequently end up in emergency departments (EDs) due to overdose. However, too often, EDs will reverse the overdose and stabilize the patient, but fail to provide medications to treat opioid use disorder (OUD) such as buprenorphine. EDs also rarely connect people with OUD to treatment, often discharging them to a very high risk of additional, perhaps fatal, overdoses.
<u>Solution:</u>	Starting OUD treatment such as buprenorphine in EDs has been shown to nearly doubles the likelihood that the patient will follow up with addiction treatment. ²⁰ EDs should also play a critical role in having relationships with treatment programs and connecting patients to them. Illinois policymakers should ensure that every ED in Illinois is treating and discharging people with OUD appropriately. Rhode Island mandated comprehensive discharge planning for substance use disorders.
<u>Resources:</u>	Rhode Island Chapter 23-17.26, Comprehensive Discharge Planning: http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-17.26/INDEX.HTM <i>New York Times</i> Article on EDs and Opioid Addiction: https://www.nytimes.com/2018/08/18/health/opioid-addiction-treatment.html American Hospital Association Case Study of Boston Medical Center Project ASSERT: https://www.aha.org/system/files/content/17/project-assert-case-study.pdf

²⁰ Gail D’Onofrio, et al., “Emergency Department-Initiated Buprenorphine/Naloxone Treatment for Opioid Dependence,” *JAMA*, April 28, 2015, <https://jamanetwork.com/journals/jama/fullarticle/2279713>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Increase Capacity for State-Operated Psychiatric Hospitals

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Administrative / Budgetary
<u>Problem:</u>	In recent decades, Illinois has dramatically reduced the number of state-operated beds available across the state. While the total capacity of state hospitals has declined by more than 95% since the 1950's, only the number of beds for individuals not mandated to the state facility by the court have been reduced. At the same time, the state has not invested needed services in the community for people living with serious mental health conditions. Without corresponding investment in community based mental health services that can meet the ongoing needs of individuals at different levels of care, state-operated facilities will continue to see rising demand that can't be met by current capacity.
<u>Solution:</u>	<p>The state-operated hospital system often serves as a safety net for the uninsured, regardless of the level of care needed by a patient. Instead, treatment within a state-operated facility should be determined by care needed in this environment; patients who cannot be adequately treated by private hospitals and the community mental health system should be cared for in state hospitals regardless of whether they are funded or unfunded. Conversely, no state beds should be used for someone who could be safely treated in the community, including individuals who are in state-operated facilities through the court system.</p> <p>The state should also allow individuals with co-occurring non-psychiatric medical conditions to be admitted into state-operated facilities. Currently, the inability to provide care for any co-occurring medical condition significantly decreases the ability to serve individuals in state-operated hospitals.²¹</p>
<u>Resources:</u>	University of Chicago Law School, Mental Health Project (Mark Heyrman, Clinical Professor): https://www.law.uchicago.edu/clinics/mandel/mental

²¹ Mark Heyrman, "Making Effective Use of State-Operated Psychiatric Beds," 2017.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Adopt State Suicide Prevention Plan Modeled After ‘Zero Suicide’

<u>Recommendation Type:</u>	Developing Crisis Services
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	Suicide is preventable, but suicide rates continue to increase even though, of people who died by suicide, 30% had recently contact with a mental health professional and 45% had been in contact with a primary care professional. Unlike heart disease, stroke, and HIV/AIDS, we have made no progress in recent decades in decrease mortality from suicide.
<u>Solution:</u>	<p>Zero Suicide is a bold goal, aspirational challenge, and a foundational believe that “suicide deaths for individuals under care within health and behavioral health systems are preventable.” It represents a system-wide approach to suicide prevention by continuously improving outcomes and closing gaps that allow people with suicide ideation to fall through the cracks of our health care and other systems.</p> <p>Illinois needs to increase the number of health systems adopting the Zero Suicide Initiative. Our state should also follow Colorado’s lead in creating a state suicide prevention plan that is modeled on the Zero Suicide approach. The new Colorado law directs its state agencies to work with a broad range of stakeholders -- including health care systems, MH/SUD providers, advocacy organizations, and insurers -- to adopt and implement a comprehensive plan to reduce suicides in Colorado.</p>
<u>Resources:</u>	<p>Zero Suicide Initiative: https://zerosuicide.sprc.org/about</p> <p>Colorado Zero Suicide Law: https://leg.colorado.gov/sites/default/files/documents/2016a/bills/2016A_147_signed.pdf</p>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Require Insurers to Reimburse Telehealth Equally

<u>Recommendation Type:</u>	Ending Insurance Discrimination
<u>Timeframe:</u>	Year 2
<u>Action Needed:</u>	Legislative
<u>Problem:</u>	Illinois has made progress in expanding the use of telehealth for MH/SUD treatment services, but unless insurers reimburse care provided via telehealth equally with the same care provided in person, the access that telehealth enables will be needlessly limited.
<u>Solution:</u>	Illinois can follow the lead of other states in requiring care provided via telehealth be reimbursed at the same levels as the same care provided in person. Such laws have been adopted in Delaware, Minnesota, and Hawaii. These “telehealth parity” laws will help expand access to MH/SUD care in underserved areas such as rural Illinois.
<u>Resources:</u>	Milbank Memorial Fund, <i>Telehealth Private Payer Laws: Impacts and Issues</i> https://www.milbank.org/wp-content/uploads/2017/08/MMF-Telehealth-Report-FINAL.pdf

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Expand School- and University-Based Mental Health Services

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 3
<u>Action Needed:</u>	Budgetary / Legislative
<u>Problem:</u>	<p>Nationwide, 20% of youth ages 13-18 live with a mental health condition. Additionally, 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.²² By the 12th grade, about half of adolescents have misused an illicit drug at least once. Youth spend a large portion of their time in the school setting, meaning that schools play a critical role in identification, prevention, health interventions, and promoting positive development. These supports for students are also components of a comprehensive approach to school safety. According to the Illinois Association of School Nurses, there are 700 school nurses in the Illinois Association of School Nurses working at 3,796 public schools across the state.</p> <p>These needs continue into post-high school academic settings, as the onset of mental health conditions continue into the college-age years.</p>
<u>Solution:</u>	<p>While school-based health services continue to be pushed in Illinois, Illinois needs sustainable funding sources to support these services. Without sustained resources, schools will hindered in their efforts to improve the mental health of Illinois students.</p> <p>The state also needs to expand services on college campuses. The National Disability Council has components of a comprehensive strategy to help support college campuses in advancing mental health services. Illinois should adopt a comprehensive plan to increase mental health and substance use disorder services and supports for students attending state colleges and universities.</p>
<u>Resources:</u>	<p>National Disability Council, <i>Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs</i> https://ncd.gov/sites/default/files/NCD_Mental_Health_Report_508_0.pdf</p>

²² National Alliance on Mental Illness, *Mental Health Facts Children and Teens*,
<https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Expand Mental Health Awareness Training to State Employees

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 3
<u>Action Needed:</u>	Administrative / Budgetary
<u>Problem:</u>	Early identification of mental health conditions can lead to increased success in outcomes and recovery. ²³ For this reason, linking individuals experiencing symptoms of mental health and/or substance use disorders is crucial to ensuring that symptoms are managed. It is important for community members to be able to recognize the signs and symptoms of a mental health condition and identify resources for services and treatment. State employees interact with the public on a regular basis, and their increased understanding of mental health and substance use will help encourage linkages to treatment and resources.
<u>Solution:</u>	Establish a mental health awareness training program for state employees by amending Illinois Public Act 098-0195 or using Executive power to expand training opportunities and provide sufficient funding to implement trainings across the state.
<u>Resources:</u>	<p>Recommendations on community mental health trainings provided within the following reports:</p> <p><i>Stemming the Tide: Diverting Youth with Mental Health Conditions from the Illinois Juvenile Justice System</i> http://namichicago.org/wp-content/uploads/2018/03/Stemming-the-Tide-Task-Force-Report-2018.pdf</p> <p><i>Improving Crisis Response for Individuals with Mental Health Challenges: West Side Community Outreach Pilot Project, Interim Report</i> http://thekennedyforumillinois.org/wp-content/uploads/2018/06/KFI-Westside-Community-Outreach-Pilot-Project_r7.pdf</p>

²³ National Institute of Mental Health, "What is RAISE?" 2018, <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/what-is-raise.shtml>.

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Improve Outcome Measures and Value-Based Payment

<u>Recommendation Type:</u>	Prioritizing Prevention and Early Treatment
<u>Timeframe:</u>	Year 3
<u>Action Needed:</u>	Administrative / Legislative
<u>Problem:</u>	<p>Medicaid MCOs and the state are not able to accurately track access to care within the mental health system or the quality and effectiveness of services their members receive. Additionally, data describing the patient experience at the encounter-level is not very transparent, making it challenging to determine whether individuals receiving mental health services are satisfied with their care.</p> <p>IHFS has developed a set of quality indicators related to the Healthcare Effectiveness Data and Information Set (HEDIS) measures. However, these indicators do not necessarily capture encounter quality or get at the heart of patient experience with mental health services.</p>
<u>Solution:</u>	The state should expand its view of quality data to include the quality of services provided to patients. Additionally, as pay-for-performance measures become more common for MH/SUD services, the state must consider what measures best take into account quality of services patients receive. Due to the fundamental importance of these issues, Illinois should be very deliberate in moving forward with changes, engaging experts and a range of Illinois stakeholders.
<u>Resources:</u>	<p>The Kennedy Forum, <i>A Core Set of Outcome Measures for Behavioral Health Across Service Settings</i>: https://chp-wp-uploads.s3.amazonaws.com/www.thekennedyforum.org/uploads/2017/06/MBC_supplement.pdf.</p> <p>Scattergood Foundation, Peg’s Foundation, and The Kennedy Forum, <i>Payment Reform and Opportunities for Behavioral Health: Alternative Payment Model Examples</i>: https://chp-wp-uploads.s3.amazonaws.com/www.thekennedyforum.org/uploads/2017/09/Payment-Reform-and-Opportunities-for-Behavioral-Health-Alternative-Payment-Model-Examples-Final.pdf</p>

Building the Mental Health and Substance Use Treatment System Illinois Needs

DETAILED RECOMMENDATIONS

Remove Barriers to Long-Acting MH/SUD Medications

<u>Recommendation Type:</u>	Developing Crisis Services
<u>Timeframe:</u>	Year 3
<u>Action Needed:</u>	Administrative / Budgetary / Legislative
<u>Problem:</u>	Long-acting medications to treat MH/SUD can improve treatment adherence and, therefore, outcomes. Particularly promising long-acting medications include injectable antipsychotics and medication-assisted treatments to treat addiction. However, barriers such as prior authorization requirements and limitations on the professionals who can administer injectable medications mean that fewer people can access these medications.
<u>Solution:</u>	<p>Illinois should increase access to long-acting medications by removing unnecessary prior authorization barriers both in public and private insurance. The state should also ensure that these medications are affordable to the people needing them.</p> <p>The state should also expand access by passing legislation that makes it so that patients do not have to return to a doctor's office just to have a medication that has already been prescribed by a physician administered. For example, Ohio has enacted legislation that allows pharmacists to administer injectable medications that have been prescribed by a doctor.</p>
<u>Resources:</u>	<p>Enacted Ohio Legislation that Allows Pharmacists to Administer Long-Acting Injectable Medications: https://www.legislature.ohio.gov/legislation/documents?id=GA131-SB-332 (pages 35-58)</p>