



SR0148

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SENATE RESOLUTION

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WHEREAS, Approximately 1.5 million Illinois adults and more than 300,000 Illinois children have a mental illness, and approximately 850,000 adults and 62,000 youth in Illinois have a substance use disorder; and

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WHEREAS, In 2011, suicide due to the presence of a mental health condition was the third leading cause of death for children between the ages of 10 and 14, and the second leading cause of death for youth and adults between the ages of 15 and 34; and

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WHEREAS, Despite the fact that community-based/outpatient mental health treatment, combined with the appropriate medications, is highly effective in treating mental illnesses and enabling recovery, more than two-thirds of Illinois children and 59% of adults living with a mental illness do not receive a diagnosis or treatment; this lack of access to treatment results in severe disability for those with untreated serious mental illnesses, the costs of which are borne by taxpayers for the remainder of the person's life; and

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WHEREAS, The evidence is clear - when treatment is available early on following the signs of a mental illness, youth are less likely to drop out of school, turn to substance

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1 use, or engage in self-injurious or criminal behaviors; they
2 are also able to more effectively manage their mental illness
3 over their lifetime; and

4 WHEREAS, Similar to other states, mental health and
5 substance use treatment services and supports are primarily
6 publicly-funded; and

7 WHEREAS, In recent decades, limited access to mental health
8 care and substance use treatment has resulted in substantial
9 increases in homelessness, institutionalization, and
10 incarceration due to untreated serious mental illnesses and
11 substance use disorders; and

12 WHEREAS, The estimated average cost of an emergency room
13 visit in Illinois is \$2,027, while the estimated average cost
14 of a psychiatric hospitalization is \$4,301; from 2009 to 2012,
15 during the years of the deepest cuts to community mental
16 health, increased emergency room visits and hospitalizations
17 of individuals with untreated mental illnesses cost Illinois
18 \$123.3 million; without sustained treatment, this cycle
19 continues unabated and often results in homelessness,
20 incarceration, or institutionalization; and

21 WHEREAS, Despite the best efforts of community-based
22 service providers, and due to a lack of State investment in

1 community mental health services and adequate reimbursement
2 rates, too many Illinois citizens lack access to evidence-based
3 treatments and robust support services which are proven to
4 produce better health outcomes and reduce costs; and

5 WHEREAS, On March 31, 2014, Congress passed the Protecting
6 Access to Medicare Act, which included provisions establishing
7 a demonstration program that creates state Certified Community
8 Behavioral Health Clinics; Certified Community Behavioral
9 Health Clinics are intended to serve individuals with serious
10 mental illnesses and substance use disorders and will provide
11 intensive, person-centered, multidisciplinary, evidence-based
12 screening, assessment, diagnostics, treatment, prevention, and
13 wellness services, with a strong emphasis on care coordination;
14 and

15 WHEREAS, This Act provides for the single largest federal
16 investment in community-based mental and substance use
17 treatment in decades; and

18 WHEREAS, The Act provides that \$25 million will be made
19 available as planning grants to states to develop applications
20 to participate in the 2-year pilot; only the states receiving
21 planning grants will be eligible to participate in the pilot;
22 and

1 WHEREAS, During the duration of the pilot, states with
2 Certified Community Behavioral Health Clinics will receive an
3 enhanced Federal Matching Assistance Percentage for the
4 services provided by the clinics; and

5 WHEREAS, On February 2, 2015, the Secretary for the United
6 States Department of Health and Human Services released draft
7 criteria for a clinic to be certified by a state, with guidance
8 for establishing a prospective payment system for the clinics
9 expected by September 2015; and

10 WHEREAS, By January 1, 2016, the Secretary for the United
11 States Department of Health and Human Services will award the
12 planning grants; by September 1, 2017, the Secretary will
13 select the 8 states that will participate in the demonstration;
14 and

15 WHEREAS, Certified Community Behavioral Health Clinics
16 will have uniform certification criteria in the areas of
17 staffing, availability and accessibility of services, care
18 coordination, scope of services, quality, and other reporting
19 and organizational authority, thus ensuring the quality of
20 services provided by the clinics; and

21 WHEREAS, States interested in pursuing Certified Community
22 Behavioral Health Clinics should demonstrate the potential to

1 expand available services in a demonstration area and increase
2 the quality of services without increasing net federal
3 spending; and

4 WHEREAS, By being a catalyst for driving change in
5 Illinois' mental health and substance use treatment systems,
6 Certified Community Behavioral Health Clinics will be an
7 important component in Illinois' overall Medicaid payment and
8 delivery system reform efforts; and

9 WHEREAS, Given the limited scope of the demonstration
10 program, it is in the best interests of the State of Illinois
11 to engage in efforts aimed at securing a planning grant; unless
12 Illinois pursues and receives a planning grant, it is
13 prohibited from participating in the demonstration program;
14 therefore, be it

15 RESOLVED, BY THE SENATE OF THE NINETY-NINTH GENERAL
16 ASSEMBLY OF THE STATE OF ILLINOIS, that we encourage Governor
17 Rauner's Administration, including the Department of Human
18 Services Divisions of Mental Health and Alcoholism and
19 Substance Abuse, the Department of Healthcare and Family
20 Services, and the Governor's Office to prioritize a plan aimed
21 at securing and submitting an application for a planning grant
22 for the State of Illinois; and be it further

1 RESOLVED, That we urge the aforementioned groups to
2 collaborate in this effort with key stakeholders, including
3 organizations representing individuals with serious mental
4 illnesses, community-based mental health providers, substance
5 use treatment facilities, federally-qualified health centers,
6 hospitals, supportive housing providers, and rural health
7 clinics; and be it further

8 RESOLVED, That suitable copies of this resolution be
9 delivered to the Governor, the Secretary of Human Services, and
10 the Director of Healthcare and Family Services.