

Early Mental Health and Addictions Treatment Act

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Early Treatment Models Are Crucial to Ending Illinois' Mental Health Crisis and Opioid Epidemic

The Need for a Treatment Model Aimed at Youth in Early Stages of a Serious Mental Health Condition

- 75% of mental health conditions begin by the age of 24, affecting over 850,000 Illinois youth
- Early treatment works but Illinois' mental health system focuses on adults with advanced mental illness
- Youth and young adults' symptoms are different than adults' and they respond to treatment differently
- Disability and suicide could be prevented for thousands with youth-tailored, early treatment models¹

A Proactive Addiction Treatment Model is Needed to Combat the Opioid Epidemic

- Overdose deaths from opioids in Illinois rose 82% between 2013 and 2016
- Nearly one million Illinois youth and adults have a substance use disorder (SUD)
- SUDs are chronic conditions in need of early treatment to prevent conditions from worsening
- A proactive SUD treatment model providing outreach and continuing treatment in a person's natural life environment is needed for early treatment, and to prevent re-use and overdoses²

A Systemic Shift to Early Treatment:

The Early Mental Health and Addictions Treatment Act Would Require Illinois to Seek Federal Approval for Two Medicaid Pilots

Early Mental Health Treatment Model for Youth/Young Adults to Prevent Debilitating Illness:

- ✓ **Early treatment model tailored specifically for youth/young adults** (16-26) with a serious mental health condition, and their family, to enable wellness, symptom management, and recovery.
- ✓ **Based on evidence-informed practices.** Multidisciplinary, team-based model includes expertise in youth educational systems, similar-age peer support, and family education/support.
- ✓ Analytics required after 5 years to examine outcomes/cost savings of the pay-for-performance model.

Proactive Engagement for Opioid and Other Addictions to Stem Overdose Deaths:

- ✓ **In-home and in-community proactive engagement, treatment,** and case management to enable earlier connection to, and retention in, opioid and other addiction treatment.
- ✓ **Treatment in a person's natural environment can help prevent re-use** and achieve long-term abstinence. Addresses rural treatment barriers (long travel times to treatment).
- ✓ Analytics required after 5 years to examine outcomes/costs savings of the pay-for-performance model.

Details of the Proposed Pilots

Early Mental Health Treatment Model for Youth and Young Adults

- A multidisciplinary, team-based model specifically tailored for adolescents and young adults and their needs for wellness, symptom management, and recovery;
- In-home and in-community wrap-around services that are evidence-informed;
- Youth-specific engagement strategies, and similar-age peer services;
- Family psycho-education and family involvement;
- Expertise in school/university systems and special education;
- Young-person-specific psychotherapies;
- Care coordination for primary care and medication management;
- Case management for problem solving (e.g., justice involvement, housing);
- Supported education and employment to attain self-sufficiency; and
- Trauma-informed expertise for youth and substance use treatment expertise.

Proactive Opioid/Other Addiction Treatment Model

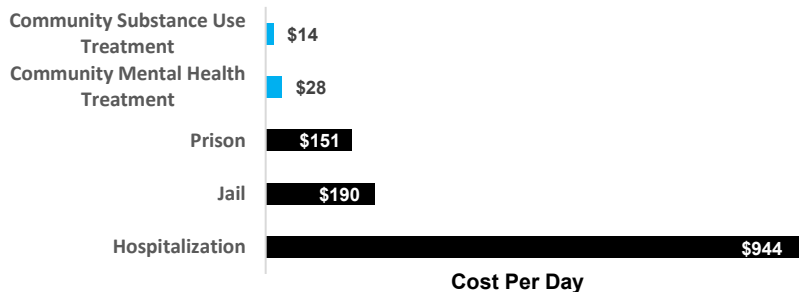
- Proactive/assertive outreach, engagement and continuing care strategies to encourage participation and retention in SUD treatment services;
- Case management for linkage, problem solving, and on-going monitoring;
- Clinical treatment in person's natural environment to strengthen coping skills;
- Inclusion of transportation costs for delivering services, especially in rural areas;
- Recovery support services;
- Supported education and employment; and
- Working with family, school, and other community support systems.

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 for Independent Living • Illinois Psychiatric Society • Jewish Federation of Metropolitan Chicago • Josselyn Center • Kennedy Forum Illinois • Legal Council for Health Justice • Life Links • Live4Lali • Memorial Behavioral Health • Mental Health America Illinois • Mental Health Centers of Western Illinois • Mental Health Summit • Metropolitan Family Services • NAMI Barrington Area • NAMI Chicago • NAMI Cook County North Suburban • NAMI DuPage • NAMI Northern Illinois • NAMI Illinois • NAMI South Suburbs of Chicago • Next Steps • ONE Northside • Psychotherapy Action Network • Rosecrance • Sertoma Centre • Shriver Center • Sinnissippi • Supportive Housing Providers Assn • TASC • Thresholds • Trilogy • Youth and Family Peer Support Alliance

Other Supporters: Ecker Center • Community Behavioral Health Assn (CBHA) • Health and Medicine Policy Research Group • Mental Health Counselors Assn • Illinois Counseling Assn • Institute of Medicine of Chicago

Community-Based Treatment Costs a Fraction of Other Settings



*Estimates average annual costs over 365 days. For substance use estimate, cost based on treatment per episode.

¹ Michelle R. Munson, et al, "Cornerstone program for transition-age youth with serious mental illness: Study protocol for a randomized controlled trial," BioMed Central, 2016; States and localities implementing the SAMHSA-funded Transition to Independence Process model and the Healthy Transitions Initiative grants for transition age youth with mental health conditions (Muskegon County, Missouri, Los Angeles County, Ohio, Utah) and First Episode Psychosis treatment programs being implemented in multiple states based on the National Institute of Mental Health research trials.

² Mark D. Godley, et al, "The effect of assertive continuing care on continuing care linkage, adherence and abstinence following residential treatment for adolescents with substance use disorders," 2006; Gottheil, E., Sterling, R. C., & Weinstein, S. P. (1997). "Outreach engagement efforts: Are they worth the effort?" The American Journal of Drug and Alcohol Abuse, 23(1), 61-66; U.S. Surgeon General's Report on Alcohol, Drugs and Health, Facing Addiction in America (4-8 – 4-10), 2016.