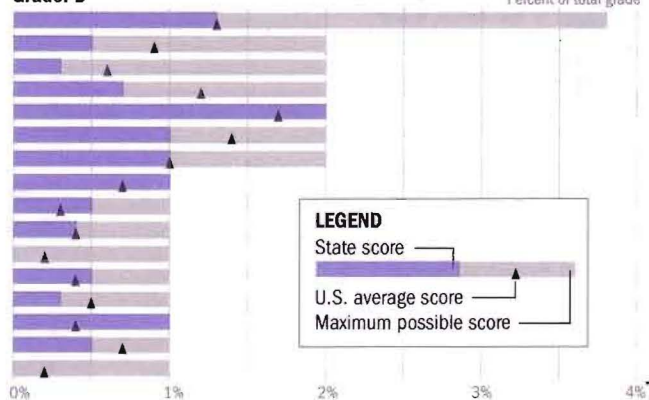
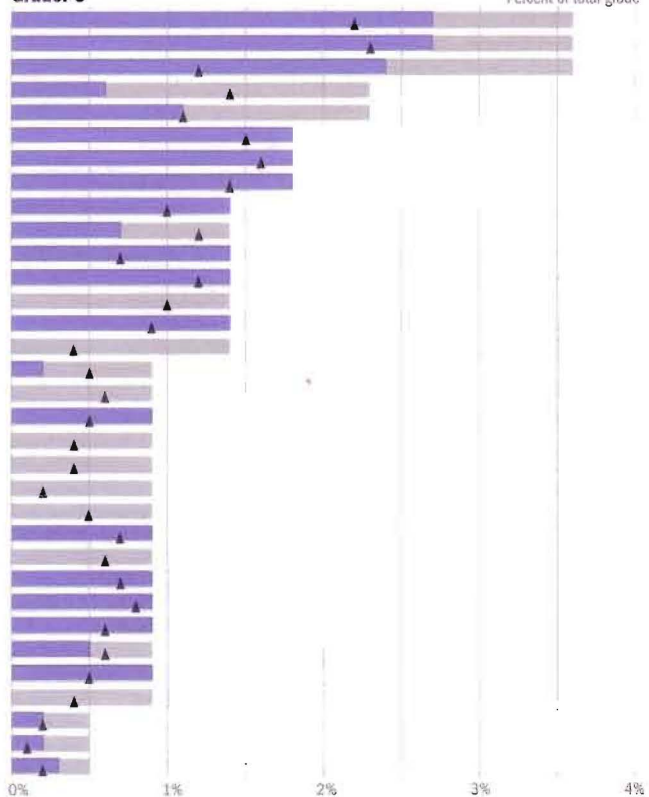


NAMI Score Card: ILLINOIS**Grade: D****Category I: Health Promotion & Measurement**

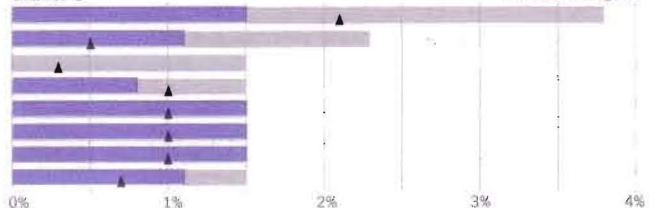
Workforce Development Plan
 State Mental Health Insurance Parity Law
 Mental Health Coverage in Programs for Uninsured
 Quality of Evidence-Based Practices Data
 Quality of Race/Ethnicity Data
 Have Data on Psychiatric Beds by Setting
 Integrate Mental and Primary Health Care
 Joint Commission Hospital Accreditation
 Have Data on ER Wait-times for Admission
 Reductions in Use of Seclusion & Restraint
 Public Reporting of Seclusion & Restraint Data
 Wellness Promotion/Mortality Reduction Plan
 State Studies Cause of Death
 Performance Measure for Suicide Prevention
 Smoking Cessation Programs
 Workforce Development Plan - Diversity Components

Grade: D**Category II: Financing & Core Treatment/Recovery Services**

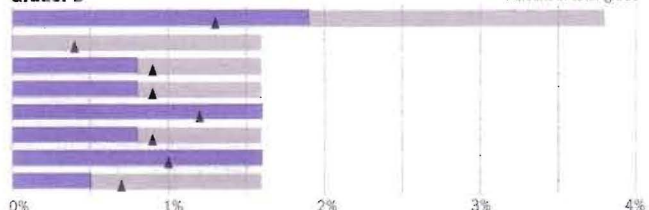
Workforce Availability
 Inpatient Psychiatric Bed Capacity
 Cultural Competence - Overall Score
 Share of Adults with Serious Mental Illness Served
 Assertive Community Treatment (ACT) - per capita
 ACT (Medicaid pays part/all)
 Targeted Case Management (Medicaid pays)
 Medicaid Outpatient Co-pays
 Mobile Crisis Services (Medicaid pays)
 Transportation (Medicaid pays)
 Peer Specialist (Medicaid pays)
 State Pays for Benzodiazepines
 No Cap on Monthly Medicaid Prescriptions
 ACT (availability)
 Certified Clubhouse (availability)
 State Supports Co-occurring Disorders Treatment
 Illness Self Management & Recovery (Medicaid pays)
 Family Psychoeducation (Medicaid pays)
 Supported Housing (Medicaid pays part)
 Supported Employment (Medicaid pays part)
 Supported Education (Medicaid pays part)
 Language Interpretation/Translation (Medicaid pays)
 Telemedicine (Medicaid pays)
 Access to Antipsychotic Medications
 Clinically-Informed Prescriber Feedback System
 Same-Day Billing for Mental Health & Primary Care
 Supported Employment (availability)
 Integrated Dual Diagnosis Treatment (availability)
 Permanent Supported Housing (availability)
 Housing First (availability)
 Illness Self Management & Recovery (availability)
 Family Psychoeducation (availability)
 Services for National Guard Members/Families

Grade: C**Category III: Consumer & Family Empowerment**

Consumer & Family Test Drive (CFTD)
 Consumer & Family Monitoring Teams
 Consumer/Family on State Pharmacy (P&T) Committee
 Consumer-Run Programs (availability)
 Promote Peer-Run Services
 State Supports Family Education Programs
 State Supports Peer Education Programs
 State Supports Provider Education Programs

Grade: C**Category IV: Community Integration & Social Inclusion**

Housing - Overall Score
 Suspend/Restore Medicaid Post-Incarceration
 Jail Diversion Programs (availability)
 Reentry Programs (availability)
 Mental Illness Public Education Efforts
 State Supports Police Crisis Intervention Teams (CIT)
 Mental Health Courts - Overall Score
 Mental Health Courts - per capita

Grade: D



Illinois

In 2006, Illinois' mental health care system received an F grade. Three years later, it has advanced slightly to a D—which is not much to be proud about.

Illinois leads the nation in numbers of people with serious mental illnesses warehoused in nursing homes. This fact casts a pall over the state's entire mental health care system.

The Illinois Department of Human Services' Division of Mental Health (DMH) is responsible for administering the system and has placed great emphasis on transformation. However, many people still do not have access to services, due to continuing state budget cuts in mental health services and agonizingly slow progress in converting the state's system for paying service providers from a grants-based model to a fee-for-service model.

DMH has emphasized the importance of implementing evidence-based practices in recent years and has made some progress. In 2008, 50 Assertive Community Treatment (ACT) programs were operating in different parts of the state, although concerns have been raised about whether these programs meet federal standards of fidelity.

Illinois also is making good progress on law enforcement training and jail diversion. Police Crisis Intervention Team (CIT) programs have been established in several cities. In Chicago, the CIT program, working in collaboration with community mental health providers, is a national model of excellence. Mental health courts exist in nine counties, and local mental health providers have worked closely with the courts to link individuals to services. DMH supports Data-Link programs in six counties that enable jails and community mental health centers to coordinate jail diversion and reentry services.

Additionally, Illinois is significantly investing in peer education and peer-provided services and supports. DMH has developed certification standards for peer recovery support specialists, with the goal of integrating them into the mental health workforce. The state also has established "Say it Out Loud," a multi-year education and awareness program designed to reduce stigma and discrimination and promote community acceptance for people with mental illnesses.

These areas of progress notwithstanding, Illinois' continuing reliance on for-profit nursing homes and segregated facilities known as "institutions for mental diseases" to house younger consumers is a major problem. A class action lawsuit is pending, alleging that the practice violates the Americans with Disabilities Act, which requires that people receive treatment and services in the least restrictive settings possible.

In addition to likely violating federal law, housing individuals in nursing homes for services makes no mon-

Innovations

- CIT and jail diversion programs
- Peer education and peer supports
- Community education and awareness efforts

Urgent Needs

- Invest in services that meet evidence-based fidelity standards
- End warehousing in nursing homes
- Address problems with the new fee-for-services system

Consumer and Family Comments

- *"Illinois doesn't have a mental health system. Instead it has a few pockets of adequate services for some people, but there is little or no coordination among them. Access is murky and hard to find. Mental health services in Illinois are shamefully under-funded, and waiting lists are either long or closed."*
- *"The best thing about the public mental health system in Illinois is the amazing number of dedicated, caring people who work for very little pay."*
- *"What services? Only community-based agencies provide competent service and they are under assault by . . . bureaucratic incompetence."*

etary sense. No federal Medicaid dollars are available to pay for these expensive placements, so the state bears 100 percent of the costs. Illinois seems to have finally realized this and is beginning to invest in supportive housing. The state also needs to increase community-based, intermediate, and long-term care options.

After many years of planning, DMH recently converted from a grants-based system of financing mental health services to a fee-for-service system. The conversion has not been smooth. Providers report long delays in payment for services that threaten their ability to stay in operation. If programs are forced to close down due to lack of operating capital, vulnerable consumers will suffer.

Other problems exist in Illinois. Access to mental health care is very uneven, particularly in the southern, rural parts of the state. Due to low salaries and low morale, there are severe shortages of qualified mental health workers—a problem that is especially serious in the state psychiatric hospitals.

Although Illinois' grade has improved slightly from an F to a D, the state faces fundamental structural problems in its mental health service system. Further budget cuts will only compound them. If these challenges are not addressed quickly, even the slightest momentum for reform may be lost.