

Questions for Director Knaebe

Respectfully submitted by AJ French on behalf of
The Illinois Recovery Movement & Say It out Loud Participants

I Access to Mental Healthcare & Support Programs

#1 – How can people who need assistance get connected to mental healthcare and supports?

Consumers can call Illinois Mental Health Collaborative at 1 (866) 359-7953, Monday-Friday between 8:00 a.m. and 5 p.m. If you have an emergency, call 911. If someone is suicidal or has thoughts of suicide, the National Suicide Prevention Line is available 24 hours a day at 1-800-273-TALK (8255).

#2 – How many times can a person on Medicaid or Medicare see their mental health provider?

The number of times a person on Medicaid or Medicare can see their mental health provider depends on his or her current needs and what is identified as clinically appropriate. If your benefits are managed by a Managed Care Company (MCO), they may have additional requirements that your provider must meet to pay for additional services.

#3 – Why does it take people so long to get help [mental health services], and when we get help, we are told that the medical card won't pay for it?

For many reasons, community mental health providers struggle to provide services to everyone in the community who seeks them. Limited money has led to reductions in staff, which results in larger caseloads and longer wait times for appointments.

#4 – Why do I have to wait five months to see a psychiatrist?

There is a national shortage of psychiatrists in the country. When a person lives in an area with such a shortage, wait times to see the psychiatrist becomes long. The budget situation and loss of psychiatric grant money to community mental health providers did result in the many psychiatrists leaving the community mental health centers. We did work with some funding changes – “rate add ons” with HFS and those have just been put into place. Through the 1115 waiver we are looking at other mechanisms to assist with payment . In addition, IL is currently looking into possible ways to help increase access to prescribers. This includes nurse practitioners and physician assistants, as well as providing additional resources for Primary Care Physicians to assist in prescribing medications for psychiatric diagnoses when appropriate. We are currently investigating increased use of telepsychiatry which will allow extended access to psychiatrists, as well.

#5 – Why is there not a single go-to person for someone who is experiencing homelessness?

The homeless service system is regional by design so that regional decisions about resources and needs are made in order to allow for responses to specific needs in each community. The majority of homeless service funding comes through the federal Department of Housing and Urban Development to these local Continua of Care (regional systems). Through the Universal Assessment Tool screening process that the state is working on developing and the Coordinated Entry System that the Continua are working on developing, there should be better, more streamlined access to homeless services across the state.

#6 –How do people access mental healthcare and supports while incarcerated?

Jails and prisons are required to provide services to individuals who are incarcerated. They frequently use medical staff on contract to evaluate an individual or consult with their physicians or community providers as needed. Some County Jails do have mental health services provided within the jail; such services are funded locally. The state is currently working on projects to improve linkages to care-providers and services when a person is released.

#7 –What can we, as everyday citizens, do to reach the Governor when it comes to funding for mental health services?

You can visit the website <https://www.illinois.gov/gov/contactus/Pages/default.aspx>

The site will allow you to identify the type of message you would like to send to the governor. Once you click on the type, you will be brought to an online form/message you can complete and send. The site also provides the physical addresses and phone numbers for the offices in Springfield and Chicago. As another option, you can join an advocacy group, and work through that group to voice your message.

#8 – How should I prepare to lose my services due to the state budget?

The Division of Mental Health is working to prevent loss of services for individuals in need. The Legislators passed a budget on June 30, 2016 which allows Community Mental Health Providers to be paid money owed to them from July 1, 2015 – December 31, 2016. The Division of Mental Health realizes that the extended budget crisis did jeopardize several providers. While we hope that the funding now available will be sufficient to keep providers' doors open, we do have procedures in place to assist in identifying new providers for individuals in the event that an agency would close.

#9 –What are the resources for people moving from IMD nursing homes to communities so they won't lose healthcare benefits?

Any individual who moves from an IMD nursing home into the community is assisted in making an application for Medicaid benefits to pay for services. Additionally, they are provided with a referral to a community provider, and can receive any case management services needed to identify and plan for their on-going, community-based service needs once they move to the community.

#10 – Are there any programs and supports for people with mental illnesses who are not in major financial difficulties and have professional level jobs, but have the same issues with keeping employment and succeeding in the work place?

The Job Accommodation Network provides free consulting services for individuals with physical or intellectual limitations that affect employment. Services include one-on-one consultation about job accommodation ideas, requesting and negotiating accommodations, and rights under the Americans with Disabilities Act (ADA) and related laws. Although JAN does not help individuals find employment, JAN does provide information for job seekers. Go to <http://askjan.org/indiv/index.htm>

II Quality of Mental Healthcare

#11 –Why are community mental health centers allowed to require a person to get all services there in order to get any?

There is no state regulation requiring someone to receive any (or all) mental health services from a specific center. DMH supports person-centered planning; each treatment plan should reflect the client's specific needs. If you would like additional support or resources, please contact the DHS/DMH Recovery Services Development Group (RSDG) at:

- Region 1 North (773) 794-5525
- Region 1 Central (708) 338-7021
- Region 1 South (708) 338-7289
- Region 2 (847) 742-1040 ext. 2002
- Region 3 (309) 346-2094
- Region 4 (217) 786-6866
- Region 5 Metro East (618) 474-3348
- Region 5 South (618) 833-8266

If you are unsure what region you are located in:

- Call the Warm Line (866) 359-7953

#12 – Why should I be forced to get services I don't even need?

DMH believes in and supports person-centered treatment. We expect providers to work with individuals to find the most appropriate services as part of their treatment plan. If you have concerns about your plan, please contact the DMH Recovery Services Development Group. The contact information for them is listed in the response to #11.

#13 – Is it an Illinois requirement or an agency requirement that community mental health centers require a person to get all services?

In general the state has no requirements for individuals to receive all services from a particular agency. Assertive Community Treatment (ACT) Services are the exception in which all community mental health services are required to be directly provided by the ACT Team.

#14 – How can we battle stigma within the mental health system?

We all have a role in reducing stigma, both inside and outside of community mental health centers. Here are some ideas: 1.) Encourage and consistently use person first language. 2.) Become a Certified Recovery Support Specialist. 3.) Encourage the mental health service center to hire more staff who have lived experience with mental illness. 4.) Explore options to create a local advisory council. 5.) See if there are seats on the governing Board of Directors. 6.) Join or create mental health advocacy groups in your community.

#15 – In your role as Director, what are you going to do to battle stigma among clinicians and psychiatrists who view their clients as lacking judgment?

I will continue to educate and involve all - including professionals- about recovery from mental illnesses, and I will use policy and program development opportunities to further that initiative. I will use speaking engagements to reach into communities across the state to encourage and support community involvement and use of consumer advisory councils among CMHCs to improve communication and response to consumer and family input.

#16 – In your role as Director, what are you going to do to transform mental health treatment to make it empowering to individuals, and not controlled by providers who do not value our individual and collective voice?

Everyone wins when people recover. I am working with IDHS/DMH to transform the community mental health system to a system that rewards providers who demonstrate positive recovery outcomes for individuals in treatment.

#17 – Can we abolish rule 132 fee-for-service?

Yes; DMH understands the limitations of Rule 132 and we're currently devising alternatives to fund models of care that support crisis prevention and diversion of treatment from Emergency Rooms and other high cost services.

#18 –Can Living Room Services, a peer-delivered and effective crisis intervention, be equitably funded as part of the state crisis service array option?

The original Living Room program was created as part of a continuum of care provided by a traditional mental health provider in Phoenix, AZ. What makes the model unique is being staffed by persons in recovery and being aligned with recovery principles & practices.

#19 – When will the State of Illinois begin to fund Certified Recovery Support Specialists (CRSS) at Centers for Independent Living and in areas such as re-entry, housing and employment?

Within the framework of Behavioral Health Services, Certified Recovery Support Specialists (CRSS) are professionally recognized as valuable and valued members of teams in a wide array of behavioral health services. It's encouraging that a new Individual Placement and Support (IPS) credential – CRSS-E - has been developed that attests to a CRSS' expanded training and competency in specialized supported employment skills and training. Related service systems are also beginning to recognize the value and impact of strong peer support systems. Look for future developments of expanded credentials and continue to advocate for the development of such systems.

III Administration

#20 – What is the status of merging DMH & DASA and why isn't it happening?

There are a number of initiatives within the Department of Health and Human Services Transformation initiative that have taken priority over an official merger of DMH and DASA, but that isn't to say that nothing is happening! In both Springfield and Chicago, DMH and DASA have co-located and a number of shared program initiatives have proven to yield valuable impact and long-lasting results. Collaboration will continue.

#21 – What is the future of the state mental hospitals for temporary relapse as private hospitals won't take people without insurance?

The state operated psychiatric hospitals (SOPH); continue to serve as a valuable safety net for people in need of crisis services.

#22 – Why was the decision made to close discontinued funding crisis beds at one facility?

Priorities for behavioral health care treatment are based on quality community care, however, Illinois' crisis care system includes limited funding for crisis services and emergency psychiatric interventions. Routine on-going reviews compare funding availability, service utilization and community alternatives, sometimes resulting in a shift in service funding.

#23 – How does DMH address violations of the Americans with Disabilities Act (ADA) as it pertains to mental health in the workplace?

People with disabilities are entitled, as a matter of law, to fair and equal opportunities in all aspects of life. It is likely that most employers have at least one employee with a psychiatric disability. Under the Americans with Disabilities Act (ADA) and other nondiscrimination laws, employers must provide "reasonable accommodations" to qualified employees with disabilities. If concerns arise the Division will advocate to the extent possible, but formal complaints regarding discrimination will fall into the responsibility of the Illinois Attorney General; that office provides services that cover a broad range of issues, including ADA compliance.

#24 – Are budget cuts at an all time low in Illinois?

As good stewards of state funding for Illinois' mental health system, the Division of Mental Health continues to work hard to make the best decisions possible with all resources that are available.

IV Public Perception & Prejudice

#25 – What can DMH do to help reduce or eradicate the general public's perception of us with mental illnesses as dangerous?

DMH is working to educate a number of systems, networks, providers and communities to have better facts at hand about mental illness. Join us in the recovery movement to educate, advocate and speak out about your health needs and desires.

#26 – Do you believe a person can live as a productive member of society with a mental illness?

Absolutely! Perhaps the most important single thing to understand about mental illness is that like any other medical condition, these illnesses can be successfully treated. Advances in treatment, service provision, and research have transformed what a person with a mental illness can expect through appropriate treatment. The Illinois Department of Human Services' Division of Mental Health is guided by the vision that all persons with mental illnesses can recover and participate fully in a life in the community.

#27 – How can we be looked at differently both in and out of psych?

Be positive! Negative thinking can drag down our moods, our actions and even our health, so foster optimism, gratitude and avoid negative thinking. That's sometimes hard to do but work to create relationships within your everyday environment to connect with others. Together, you can develop an environment that supports your physical and mental health; it will show!

V Natural Supports

#28 –How are church and community organizations collaborating with the Division of Mental Health?

The Illinois Department of Human Services, Division of Mental Health (IDHS/DMH) seeks to collaborate with diverse partners across the state, including faith-based organizations.

#29 – What is the church's best role in the process of facilitating hope and recovery?

Communicate the message that people with mental illnesses can and do recover and go on to live full and productive lives. Create a caring community of faith by responding to individuals with mental health challenges in the same way you respond to those with physical health challenges (i.e., pray for them; send cards; offer support by cooking meals or helping to clean house or run errands; etc.). Create an inclusive community of faith by providing opportunities for those with mental health challenges to serve others in the faith community (i.e., meaningful roles).

#30 –How does the church supplement/compliment state services?

As the saying goes, "It takes a village..." Services provided by community mental health centers are just one part of that village. Churches supplement those services by providing meaningful roles and supportive communities for individuals with mental health challenges to participate in.

#31 – How can we get DMH to come to our church?

Contact the DMH Recovery Services Development Group. The contact information for them is listed in the response to #11.

#32 – Are there organizations in Illinois where we can offer our talents?

NAMI Illinois (the National Alliance on Mental Illness – Illinois Chapter) is always seeking volunteers. Go to www.namiillinois.org for more information. *Note: Gift of Voice was not an established organization in March 2016. Please feel free to contact office@giftofvoice.com to offer your volunteer talents!*

VI Additional Questions

#33 –What should Veterans with mental health conditions know about Illinois mental health services?

Illinois recognizes barriers that can occur when Service members, Veterans, and their Families (SMVF) need mental health services, so the state is building a partnership of stakeholders to ensure SMVF can access services in the communities they live. These stakeholders are better positioned to address the challenges of an often fragmented and complex service and support system that includes federal Veterans Health Administration Medical Centers, Outpatient Clinics, and Veterans Readjustment Centers. DMH contracted Community Behavioral Health Centers offer access for those either not eligible or not choosing VA care. Illinois Joining Forces was created to build relationships among these stakeholders for training, information sharing and cross sector referral capacity to create a better system of care.

#34 – What can I do for a loved one who has attempted suicide?

It's often difficult to reach out to someone who has attempted suicide because we often don't know what to say. It's hard to find the right words when you're feeling overwhelmed and emotional yourself, but it's important to create a 'safe space,' where the person feels loved, cared about, accepted, supported and understood. Letting the person know you support them, and asking open-ended questions, can help to open the lines of communication. Be sure to enlist the help of others and make sure you get family and friends to assist you in supporting the person. Do not feel that you have to fill the role of counselor, psychiatrist or doctor yourself. Encourage your loved one to utilize all of the professional supports available to them.

#35 – What is your understanding of Cognitive Therapy?

Cognitive behavioral therapy (CBT) is an evidence-based practice that has shown to be effective in a number of ways. It's a common type of talk therapy – used with a number of mental health diagnoses - where individuals work with a counselor or therapist in a structured way. CBT often helps people become aware of inaccurate or negative thinking so they can view challenging situations more clearly and respond to them in a more effective way. Many people have found it helpful in learning to better manage stressful life situations.

#36 – Why is self-injury not considered an addiction?

Self-injury is a behavior that sometimes serves as a coping mechanism for a number of stresses. Behaviors are not physically addictive, so while it's not considered an addiction, a number of therapies can help people learn new behaviors when self-injury becomes a habit.

