

# Mental Health

## LWVIL Issues Briefing February 6, 2010

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#### **Legislation Update 2009**

- Public Act 96-0802 (Tracy/Golar) strengthens the law requiring prompt payment for community services. (Effective 1/1/10)
- Public Act 96-0660 (Feigenholtz/Koehler) requires that proceeds from the sale of state operated mental health facilities be placed in the Medicaid Trust fund for use in the mental health system. (Effective: 8/25/09)
- Public Act 96-0672 (Coulson/Collins) Provides mental health graduate education scholarships to increase the number of professionals working in the public sector (Effective 8/25/09)
- Public Act 96-0466 (Bellock/Dillard) permits record disclosures needed to pursue involuntary treatment under Section 2-107.1 of MHDDCode. (Effective 8/14/09)
- Public Act 96-0612 (Steans/Bellock) requires persons seeking voluntary admission to inpatient psychiatric care to be competent to give such consent. (Effective: 1/1/10)

#### **Nursing Home Safety Task Force Update**

On January 14th, 2010 Governor Quinn's Nursing Home Safety Task Force presented its *Preliminary Recommendations* based on several months of public hearings and studying the issue. This was the result of a series of *Chicago Tribune* investigative reports. The League with the president and the MH and criminal justice specialists have submitted written comment. It is posted on the League's web site under social policy-mental health. A summary of the *Preliminary Recommendations* and more current updates are at <http://www2.illinois.gov/nursinghomesafety/Pages/default.aspx>.

Mental Health America of Illinois has also requested a discretionary audit from William Holland, Auditor General, regarding, "The expenditures currently being made by the Illinois Department of Healthcare and Family Services for services ostensibly being provided to persons with mental illnesses by nursing homes."

#### **Medicaid Reform: Governor's Proposed AABD (aged, blind, disabled) Managed Care Pilot Program**

This is a concept of managed care and the integration of behavioral health into the healthcare system. Other states have similar programs which uses several delivery models to ranging from full-risk, capitated managed care organizations to limited prepaid health plans. Recent testimonies from Illinois organizations advocating for persons with these disabilities are skeptical of the program because of several questions they say have not been answered by the department such as how they will ensure that this new program will not leave persons with mental illness worse off. The worry is they will not get the care they need if the program isn't well thought out and thus it will add to more persons with mental illness left homeless or in the criminal justice system. There is also concern that since managed care organizations make more money by discouraging access to care, it might discourage someone with a serious mental illness from participating in treatment.