

## Fair Insurance Coverage for Families for Early Treatment of Serious Mental Health Conditions

Sens. Bush - McGuire - Bertino-Terrant - McConnaughay - Collins, Righter, Hunter, Althoff, Bennett, Hastings, Koehler, Nybo, Holmes

### Insured Families Do Not Have Access to All Treatments for a Child with a Serious Mental Illness

- Approximately 3 million Illinoisans have health insurance regulated by the state.<sup>1</sup> About 120,000 of those will have a serious mental health condition resulting in disability without effective early treatment.<sup>2</sup>
- 75% of mental health conditions begin between ages 14-24.<sup>3</sup> For purposes of early treatment, insurance does not cover some of the most effective approaches. ***The parity laws do not address this issue.***

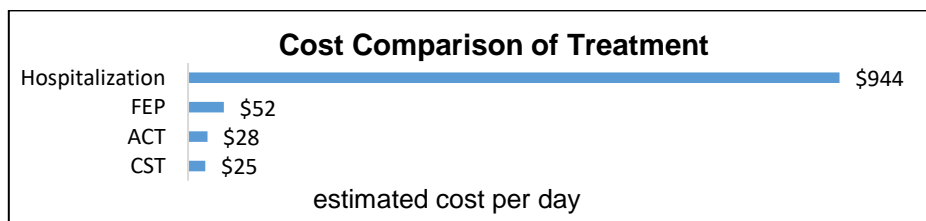
### Evidence Shows the Earlier We Treat, the Better the Chances of Wellness and Recovery<sup>4</sup>

- Treatment can mean wellness, symptom management, recovery, school completion and employment
- 8-10 Years: Average delay between onset of symptoms and the right treatment<sup>5</sup>
- When the right treatment is absent: Hospitalizations, suicide, disability, addiction to self-medicate. Disability is a permanent move to Medicaid, resulting in enormous, preventable cost shifting to the state

### Why Should Families with Insurance Be Excluded from Coverage of Highly Effective Treatment Approaches that Could Stabilize their Child?

#### Publicly-Covered Treatment Approaches:

1. Assertive Community Treatment (ACT): Multi-disciplinary team; services come to the person. Over 25 randomized clinical trials showing effectiveness.<sup>6</sup> (Covered by Medicaid across the country)
2. Community Support Team (CST): Derivative of ACT; lower intensity. Shown positive outcomes under Illinois Medicaid for decades. (Similar models covered by Medicaid across the country)
3. First Episode Psychosis Treatment (FEP): Coordinated specialty care team; services come to person/family. Positive national research: National Institute of Mental Health since 2008.<sup>7</sup> Covered through federal grants.



***There is NO state cost. Bill excludes plans if there is a federal ruling that Illinois is to defray any costs.***

**Insured families have the right to coverage of ALL evidence-based treatments for a child with early signs of a serious mental health condition.**

# Mental Health Treatment Models Not Covered by Private Insurance

## Treatment Models NOT Covered by Private Insurance

### Assertive Community Treatment (ACT)

- Intensive community-based intervention (services come to where patient lives)
- Multi-disciplinary team: psychiatrist, nurse, licensed clinician and other mental health/substance use professionals
- Services provided where the person lives rather than in a clinic setting
- Psychiatry
- Crisis intervention services, crisis planning and response
- Peer support and person-centered treatment planning
- Integrated dual disorder treatment
- Family education
- Medication monitoring and support
- Wellness skills, daily living and other skill development
- Coordination of behavioral and medical care

### Community Support Team (CST)

- Multi-disciplinary team; less intensive than ACT
- All features of ACT except psychiatry and nursing

### First Episode Psychosis (FEP) Treatment

- Coordinated specialty care model with multi-disciplinary team
- Services come to patient and family
- Psychotherapy for cognitive and behavioral health treatment
- Family education and support
- Intensive case management
- Medication management
- Coordination with behavioral and medical care
- Resiliency training
- Crisis intervention services
- Peer support
- Integrated substance use treatment
- Supported education and employment

## Private Insurance Coverage of Mental Health Treatment

- Psychotherapy
- Psychiatry
- Medication and medication management
- Hospitalization
- Residential treatment

## 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 • Ounce of Prevention

Sources: Psychiatric Services, *Moving Assertive Community Treatment into Standard Practice*, June 2001; Journal of Rehabilitation Research & Development, *Assertive Community Treatment – Issues from Scientific and Clinical Literature with Implications for Practice*, 2007; Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016.

<sup>1</sup> Kaiser Family Foundation, State Health Facts, Health Insurance Coverage of the Total Population, 2015 (using U.S. Census Bureau data); Kaiser Family Foundation on state regulated plans.

<sup>2</sup> Prevalence from NAMI, *Mental Health Facts in America*, (applied to Illinois using U.S. Census Bureau data).

<sup>3</sup> NAMI, *Mental Health Facts, Children and Teens* (citing the National Institute of Mental Health).

<sup>4</sup> Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016; *Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program*; Eduard Vieta, et al., *Early Intervention in Bi-Polar Disorder*, The American Journal of Psychiatry, January 24, 2018.

<sup>5</sup> Kessler, R.C., et al., *Prevalence, Severity and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication*, Archives of General Psychiatry, 62, 617-627 (2005).

<sup>6</sup> Psychiatric Services, *Moving Assertive Community Treatment into Standard Practice*, June 2001; Journal of Rehabilitation Research & Development, *Assertive Community Treatment – Issues from Scientific and Clinical Literature with Implications for Practice*, 2007.

<sup>7</sup> Schizophrenia Bulletin, *Cost-Effectiveness of Comprehensive, Integrated Care for First Episode Psychosis in the NIMH RAISE Early Treatment Program*, January 2016; *Comprehensive Versus Usual Community Care for First-Episode Psychosis: 2-Year Outcomes from the NIMH RAISE Early Treatment Program*.