

January 12, 2010

Mr. Michael Gelder
Deputy Director, Illinois Department on Aging
Chair, Governor's Nursing Home Safety Task Force
160 N. LaSalle Street
Suite N-700
Chicago, IL 60601-3103

Dear Mr. Gelder:

I am writing as President of the Illinois Psychiatric Society. We are looking forward to meeting with you on January 22, 2010 at 1:00 PM. In advance of our meeting, we wanted to provide some of our thoughts and comments regarding the deficits in the nursing home system in Illinois. We hope these positions may help our meeting be as productive as possible.

In general, the Illinois Psychiatric Society (IPS) believes that Illinois should completely reform how it provides care for people who are severely mentally ill by redirecting its funding to programs that are proven to help.

Here are some of the goals we would advocate for with these reforms:

1. Illinois should allocate the vast majority of state and federal funds that go for treatment of the chronically and persistently mentally ill to community-based mental health care. Mental health centers should receive funding to provide these patients housing assistance, assertive case management services and psychosocial rehabilitation programs. Currently there is an insidious financial incentive to send the mentally ill to nursing homes and intermediate care facilities rather than pay for care in community based centers. While these facilities may be temporarily necessary for patients, particularly if one is recuperating from an acute hospitalization and needs ongoing supervision, the IPS strongly discourages that the mentally ill be kept in these facilities

Drs going to patient residence

indefinitely. We know that many do not receive the appropriate care there. However, we recognize this system is in place because of multiple other system failures and it will likely cost money to reform initially. However, we argue that long term, an evidence-based approach to treating the chronically mentally ill will save this state revenue.

2. Testimony by members of the Governor's Nursing Home Safety Task Force (the "Task Force") indicates that many nursing homes fail to provide substantive psychosocial rehabilitative services in their provision of care to mentally ill residents. Further, testimony before the Task Force showed that such services are provided by community care providers such as Heartland Alliance and Thresholds. Providers such as Corporation for Supportive Housing and Supportive Housing Providers Association have put together supportive housing programs for the mentally ill which have been very successful in helping mentally ill persons live in the community. As a result, our loved ones can live more productive and independent lives in the community. Some community-based programs have worked to help employ the mentally ill. (See Thresholds Supported Employment Program). With adequate supports and training, a percentage of the population now warehoused in nursing homes, could move from the Medicaid roles to private insurance and make a living wage with the assistance of such employment programs. Only a very few have access now.
3. The Illinois Division of Mental Health (DMH) must certify more community mental health centers and provide adequate funding for existing clinics. There is an untenable relationship between DMH and the Department of Healthcare and Family Services (HFS). DMH has not had financial and administrative independence from HFS to be considered the authority on mental health spending. As it is, spending is fragmented and oversight is diffuse. In the last five years, no new "132 community mental health centers" have been certified and, in fact, some have closed. While we recognize that we broach a complicated administrative topic, we all see the deficient results from the system working as it is currently. Without new mental health programs and the trained staff to provide care, we recognize community based care for this population cannot happen.

4. We would hope that HFS would require that any nursing home facility that receives funds for the care of this population guarantees its money is well spent. These facilities should have adequate psychosocial rehabilitation and substance abuse services as a requirement for licensure and reimbursement. Such therapies for the mentally ill in nursing homes must meet generally accepted psychosocial rehabilitation protocols, and there must be strong oversight of the facilities conducting these therapies.
5. Individuals who have a violent criminal history and who are severely mentally ill should be housed in an appropriate setting that keeps the community and the individual safe. It also is important for them to receive necessary social rehabilitative services, such as substance-abuse treatment or other harm-reduction therapies. Organizations exist, such as the John Howard Association of Illinois and St. Leonard's Ministries, that provide housing and other support services for those released from prison but there are not enough of these resources.
6. We know that studies of the chronically mentally ill population across the country show higher rates of all illnesses such as diabetes and its complications, cardiovascular disease and so on. Coordination of care between mental health clinics and primary care becomes essential, and case management services often can bridge the informational and administrative divide in caring for these patients. Case managers working to assure a patient is compliant with medication whether for schizophrenia, diabetes or HIV are much more cost effective than recidivistic visits to local emergency rooms, hospital treatment or spending expensive time in local jails.
7. Improved communication among providers is essential for all facilities that house and treat the mentally ill. For example, currently, ex-offenders with mental illness are leaving prisons and jails without medical records regarding their diagnosis and treatment being transferred upon their release. We have recently been advised that at Cook County Jail, this transfer could be more efficiently conducted with the simple intervention of hiring more social workers at Cermak Health Services. Currently, there are two social workers for a facility that provides services to over 10,000 detainees housed daily. We know that approximately 6.1% of this population has current

psychotic illness (Teplin, 1994) and 11.2% of female detainees have major mental illnesses. A much higher percentage struggles with alcohol and substance use disorders (Abrams and Teplin, 1991). We surmise that although the absolute numbers of people treated for mental illness in other detention situations may not be as staggering as at Cook County Jail, the percentages are similar for those who suffer with mental illness. Providing treatment information would be critical in making sure that ex-offenders/detainees reentering the community receive prompt and appropriate care. Often with an arrest comes the first diagnosis of a severe mental illness.

8. Similarly, improved coordination among the agencies responsible for nursing homes, IMDs, hospitals and community healthcare providers is essential. The Task Force should work with the Centers for Medicaid and Medicare Services (CMS)—Survey and Certification Branch as it is their responsibility to be performing complaint and re-certification surveys of nursing homes. While this function has been designated to the states, this system is obviously not working in Illinois through IDPH. IPS would recommend that the Task Force should explore with CMS whether this responsibility should be returned and become the sole responsibility of CMS surveyors.
9. Advocates have suggested that the state should refuse to pay for certain medications for nursing home residents. We do not think these treatments should be legislated. We advocate that providers prescribing in nursing homes have broad access to training and education, and that all staff should be educated to recognize side-effects and other adverse effects. When used appropriately, these medications can be successful in alleviating suffering.
10. Patients respond to medications differently and have multiple medical problems that complicate the treatment of their mental or cognitive illness. As a specialty, we are trained to understand individual differences in how medications are metabolized, are efficacious, and may be tolerated differently by different ethnic groups. We recognize the need to have access to a wide variety of medications for a variety of treatment challenges both in nursing homes and in all facilities that treat the chronically ill.

We very much look forward to our discussions with you, and hoped to give you an outline of what our positions are on a variety of issues that have been discussed during the nursing home meetings. We will see you on January 22nd.

Sincerely,

Lisa A. Rone, M.D.
President, Illinois Psychiatric Society