

**To: Chairman Rodger Heaton and Honorable Commissioners of the Illinois State Commission on Criminal Justice and Sentencing Reform**

**From: List of 30 Signatory Organizations Attached**

**Date: February 18, 2016**

We are Illinois organizations who serve or advocate for people with mental illness or substance use disorders and are deeply concerned about such individuals' over-representation in the prison population because of a lack of treatment resources in the community. We want to commend the Illinois State Commission on Criminal Justice and Sentencing Reform on the work done thus far. The Commission's work presents an historic opportunity to prevent recidivism (and initial entry) of the population living with mental illness and substance use disorders due to the lack of access to treatment and affordable housing in the community.

As noted in the Initial Report, "[i]f the Commission is successful in reducing the prison population by 25%, there will be over 12,000 individuals diverted from prison, many of whom will likely need to be diverted into community-based mental health or substance use treatment programs." (p. 11) Without significant state investment in these areas, there is a strong likelihood this population will recidivate if their mental illness and/or substance abuse disorders go untreated.

The capacity to serve these individuals in the community does not currently exist in Illinois and will not be developed without strategic policy initiatives and funding. Regrettably, this issue is not addressed in the first set of recommendations nor the list for future recommendations. The capacity to serve these individuals is underdeveloped and cannot be improved without a strategic approach to policy reform.

We therefore urge the Commission to adopt the following two recommendations:

- I. Identify and invest in policies and evidence-based programs to increase community-based mental health and substance use treatment services and affordable housing options for the diversion and release population with significant mental health and substance use conditions.**

Reliance on Medicaid alone is insufficient *despite the Medicaid expansion in Illinois*, as rate structures and service package coverage for treatment of mental illness and substance abuse disorders are not adequate to allow providers to expand access to serve Illinois' growing Medicaid population. A few policies worthy of consideration to address this issue include: (1) rate and coverage reform for mental health and substance use disorder providers, (2) rental subsidies for individuals who have a serious mental illness and are homeless or unstably housed and are therefore likely to recidivate and (3) early intervention first episode treatment at the first signs of mental illness. Adoption of these policies will allow for treatment providers to grow and meet the needs of the community, reducing the existing prison population and preventing new entrants.

- II. Ensure that the Illinois Department of Corrections works in partnership with the appropriate state agencies to implement 305 ILCS 5/1-8.5 and 730 ILCS 5/3-14-1 which provide that re-entering men and women have the opportunity to apply for Medicaid at least 45 days prior to release and allow for the suspension rather than termination of existing Medicaid coverage during time served.**

Collaboration between multiple state agencies is critical to maintain continuity of care and continued management of mental illness upon release for individuals with significant mental health conditions and substance use disorders. A lapse in treatment can be devastating to sustaining recovery and stability, resulting in homelessness and further criminal justice involvement. Strengthening interoperability of the HFS/DHS Integrated Eligibility System and IDOC Offender 360 would allow for improved planning and coordination.

In order to achieve its goal of reducing the prison population by 25% by 2025, it is incumbent upon the State to ensure access to the necessary services, supports, and resources upon release, reducing the likelihood of recidivism and the need for additional investment of taxpayer dollars.

Sincerely,

Access Living

AIDS Foundation of Chicago

Alexian Brothers Center for Mental Health

Anixter Center

Bridgeway, Inc.

CSH (Corporation for Supportive Housing)

Crosspoint Human Services

Depression and Bipolar Support Alliance Illinois  
Grassroots Organization (DBSA ILGO)

Ecker Center

AJ French, CRSS

Health and Medicine Policy Research Group

Heartland Alliance for Human Needs and  
Human Rights

Human Resources Development Institute  
(HRDI)

Illinois Alcoholism and Drug Dependence  
Association

IARF (Illinois Association of Rehabilitation  
Facilities)

IlliniCare Health

Illinois Network of Centers for Independent  
Living

Illinois Occupational Therapy Association

Illinois Psychiatric Society

Legal Council for Health Justice

Mental Health Centers of Central Illinois

Mental Health Summit

Metropolitan Family Services

NAMI Chicago

Next Steps

Popovits & Robinson

Rosecrance

Sargent Shriver National Center on Poverty Law

Supportive Housing Providers Association

Thresholds

Trilogy



## **Our Families Need Sustainable Solutions that Invest in Proven Community-Based Mental Health and Juvenile Justice Interventions**

Metropolitan Family Services is one of Illinois' largest and longest-serving non-profits, with a strong legacy of community investment and uplifting transformation. Each year, we supplement the good work of our programs with more than \$5 million in private fundraising. In 2015 alone, our empowering Education, Emotional Wellness, Economic Stability and Empowerment services reached over 68,000 people, employing nearly 900 staff through seven community centers and dozens of satellite locations in Chicago, Suburban Cook and DuPage Counties.

More than seven months into FY16, our agency is owed nearly \$3 million from the State of Illinois, placing many of our state-funded programs in serious jeopardy. In order to keep core services open, we have been forced to tap our own credit – serving as involuntarily lenders for Illinois. Each month, Metropolitan must balance difficult fiscal decisions with the integrity and quality of our programming. Without a budget resolution, our agency will be forced to enact devastating cuts to our wrap-around juvenile justice and mental health services.

### **Elimination of psychiatric treatment grants threatens mental health services for 9,984 clients.**

The proposed elimination of DHS grants for psychiatric care by medical professionals threatens core services at the hub of our entire mental health practice.

- At Metropolitan, loss of a \$379,000 psychiatric care grant means layoffs of up to five doctors and psychiatric nurses whose services are central to treating our entire client population.
- Psychiatric care grants partly bridge the gap between Medicaid reimbursement rates and the actual cost of services that can only be provided by professionals with appropriate medical training.
- Loss of \$110,000 for 41 uninsured non-Medicaid clients places them at risk and has forced us to close intake to new patients with serious mental illnesses who have no other source for treatment.
- Other fee-based programs that include psychiatry cannot operate without medical personnel. The ripple effect will negatively impact care to thousands of clients and erode \$3.6 million in billing.
- Metropolitan already subsidizes its mental health services by \$1.8 million a year through private fundraising and its endowment. Major cuts could force the agency to exit mental health entirely.

### **Loss of wrap-around Mental Health Juvenile Justice family support services.**

The Rauner administration has publicly taken a strong stance on the need for criminal justice reform. Yet Metropolitan Family Services has not received funding for our \$276,000 DHS Juvenile Justice grant. Metropolitan depends on this funding to provide critical clinical and academic support services and referrals to youth who have had contact with the juvenile justice system and display serious mental health concerns. These services are targeted to address the root causes of destructive behavior, reduce recidivism and improve overall life outcomes. Elimination of this program would constitute a loss of several jobs and services for more than 50 youth and families.

**Discontinuation of Safe from the Start will deprive young Illinoisans of a proven difference maker.**

For Metropolitan, the loss of \$75,000 in ICJIA Safe Start funding would mean the discontinuation of services for 36 trauma-exposed young children in Chicago's Greater Roseland community and the elimination of one full-time job. Statewide, Safe from the Start programming provides intensive therapy and other family services to over 1000 families with children under the age of six who have been exposed to violence or other childhood trauma. Metropolitan's program already has a waiting list of families who need services.

Research shows the long-term benefits of Safe from the Start in aiding children who have witnessed violence, leaving them more susceptible to post-traumatic stress disorder, developmental delays and behavioral problems – factors that can perpetuate cycles of violence in communities and families as children grow into adulthood. A University of Illinois at Chicago evaluation shows that Safe from the Start program participants experienced:

- A 17 percent decrease in the number of children with developmental concerns;
- A 14 percent decrease in the number of children with borderline or clinical behavior problems;
- A 21 percent decrease in the number of parents who report experiencing borderline or clinical stress, which can contribute to family violence and other dysfunction.

Families and communities are more than line items on a page. The Illinois State Commission on Criminal Justice and Sentencing Reform aims to reduce Illinois' prison population by 25% by 2025. In order to achieve this goal, it is essential that Illinois invest in solutions that 1) close gaps in access to vital community services and 2) support sustainable funding for proven community-based prevention and intervention strategies. Only by investing in effective community care systems will the state be able to significantly decrease the financial burden of institutional care and instead invest in the long-term well-being of our families and communities.

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