

Community Mental Health Act Revisions (SB 1253) Signed into Law, August 21, 2007

When the Illinois Community Mental Health (708) Act was passed by the Legislature in 1963, the intent was to seek to aid in the development of a comprehensive system of community mental health centers throughout the state. Many of these centers were to have been supported by federal dollars earmarked to develop an array of services to assist the mentally ill as increasing numbers were deflected from state institutions.

Although the original plan for comprehensive federal funding has not been fulfilled, the creation of scores of local mental health boards who support mental health providers has come to pass. Over seventy mental health authorities have now been created on county, township and municipal levels. And, invariably, where their local tax dollars are used to support services for the mentally ill and developmentally disabled, a greater array of quality programs and services are available. Furthermore, as funding provided by the State of Illinois becomes more tenuous and unpredictable, as witnessed by the this year's ongoing budget debacle in the General Assembly, mental health board funding becomes all the more vital in assisting providers' efforts to serve the mentally ill.

None of this would be possible, of course, without the passage of the aforementioned Mental Health Act which provides the legal mechanism to create mental health boards, establishes their authority and prescribes their responsibilities. Thus, the need to keep the Community Mental Health Act current and to have it reflect the changing realities of providing mental health services in the 21st century is absolutely essential to the ability of mental health boards to do their jobs in the future.

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(CMHA Revisions, cont'd)

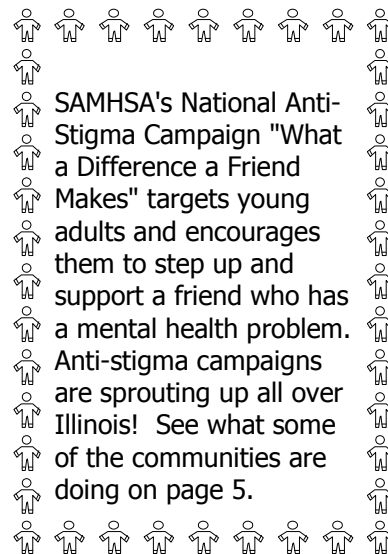
To this end, members of the Association authored a comprehensive revision of the Act last Fall and sought legislative approval during the spring session of the General Assembly. I'm now happy to report that Governor Blagojevich has signed SB 1253 into law as Public Act 95-0336.

Our efforts have resulted in a revised Mental Health Act which deletes archaic language and clarifies boards' responsibilities and authority. A summary of the changes will be found accompanying this article. But more important at the moment is to extend our gratitude to our bills' chief Sponsors, Senator Michael Noland and Representative

Mike Tryon for their extensive efforts in shepherding the bills through the legislative process, to our Legislative Consultants, Terry Steczo and Maureen Mulhall and, of course, to all of our members who worked for well over a year to accomplish our goal. We all kept our "eyes on the prize" and as a result, have helped to ensure that quality mental health services will continue to be accessible to those who so critically need them.

*—Gilbert Zych
President, ACMHAI*

***Summary of Community Mental Health Act Revisions
in Spotlight on page 2***



SAMHSA's National Anti-Stigma Campaign "What a Difference a Friend Makes" targets young adults and encourages them to step up and support a friend who has a mental health problem. Anti-stigma campaigns are sprouting up all over Illinois! See what some of the communities are doing on page 5.

- **Community Mental Health Act—Revised!**
- **Spotlight on CMHA Revisions and Sponsors**
- **Innovative Family-Centered Programs**
- **Legislative Update—State and Federal**
- **Anti-Stigma Campaigns across Illinois**

Thanks to Senator Michael Noland and Representative Mike Tryon for sponsoring our Community Mental Health Act legislation!



ACMHAI President Gilbert Zych; Terry Steczo, Legislative Consultant; and Senator Michael Noland



Rep. Mike Tryon; Sandy Lewis, McHenry County MHB ED; and Beverly Thomas, McHenry County MHB President

Community Mental Health Act Revisions 2007

Why are these changes necessary?

The Community Mental Health Act (405 ILCS 20) was approved originally in 1963 and, with the exception of a few minor modifications, has remained relatively unchanged. In an attempt to update the Act after 40 years an extensive review was conducted and recently completed. The resulting language recommendations modernize the terms and provisions of the Act and provide a foundation that will allow community mental health boards to continue to provide valuable services to taxpayers for many years to come.

What does the amendment do?

Throughout the amendment outdated terms have been replaced or deleted. Definitions have been updated and powers and duties of mental health boards have been clarified.

Does this bill change the working relationship between mental health boards and governing bodies?

No. The working relationship between the mental health boards and governing bodies will not change.

Will this proposal have any impact on property taxes?

No. There is absolutely no impact on property taxation.

Why are references to the Department of Human Services deleted?

This language is extraneous and is no longer necessary, referring to practices that never materialized. Also, since 1963 mental health services have shifted dramatically toward a community based system. Because the state is no longer the main spoke of the mental health service "wheel" language in the Act has been changed to reflect current circumstances, namely, community based mental health services. **(cont'd on p. 6)**

Promising Innovative Family Programs from Two of Our Own

Visits with Families ***St. Clair County MHB***

The Karla Smith Foundation (KSF) began in 2005 by Tom, Fran and Kevin Smith after the loss of their daughter and sister, Karla Smith, by suicide. Karla was diagnosed with bipolar disorder and the family experienced an absence of community supports as they attempted to cope with her mental illness and then grief from her suicide. They started KSF in St. Clair County with a mission to provide hope for a balanced life to families and friends of anyone with a mental illness or who have lost a loved one from suicide. The St. Clair County Mental Health Board has been invited to share in the work and development of this new grassroots organization. The foundation, while in its development stages, has established a manual of "Nine Strategies to a Balanced Life", two ongoing support groups, a financial aid program, and the Annual "Erase the Stigma" Conference. Through their personal experience, and contact with families and friends participating in support groups, the foundation has formulated a plan to address other identified gaps and needs shared by caregivers. One planning effort includes the implementation of an innovative program, "Visits With Families."

Family and friends participating in the KSF support groups have shared that taking care of a loved one with a mental illness can be extremely stressful and overwhelming at times. They find that mental illness is complicated to understand and manage, as well as problems associated with navigating and accessing the mental health system and services. Too often people with mental health problems lose their support network when caregivers find that they can no longer cope with the day to day struggles of their mentally ill loved one, and the frustrations experienced over non-compliance with treatment and relapses. In researching supports for the mentally ill, KSF has found that there is no existing program model that offers home supports for caregivers such as families and friends of the mentally ill.

KSF has developed a new program and approach (Visits With Families) that will be piloted this fall to provide support and respond to the needs of caregivers. KSF has sought consultation and collaboration in the development and implementation of this program through the KSF Advisory Council, St. Clair County Mental Health Board, St. Elizabeth's Hospital and the University of Illinois. KSF has established a formal arrangement with St. Elizabeth's Hospital, a local provider of inpatient and outpatient mental health services to offer this program which includes home visits to interested caregivers.

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Family Resource Developer Program ***McHenry County MHB***

Parents of children with severe emotional disorders often experience extreme feelings of isolation and can become easily overwhelmed by the many complications their lives typically present. Over the last several years, the Mental Health Board, in partnership with Family CARE, surveyed families within our county to better assess the supports they felt were lacking with our prevention services. A common theme expressed repeatedly in families was the importance of having someone who could genuinely empathize with them. They also identified the dire need for more time to share their concerns with caregivers in hopes of finding prompt and effective answers to their children's needs.

The scheduling of meetings was a critical issue due in part to job retention. This obstacle created the need for parents to take additional time off work, which was not always met with approval from their supervisors. Eventually, the parents left jobs; many were fired. We addressed these concerns and others in the design of the Family Resource Developer program.

The unique quality of the Family Resource Developer Program is that it employs parents or caregivers of a youth with a severe emotional disorder. Once hired, these individuals build on their personal experience and professional training to engage families and community members in developing resources, accessing non-traditional supports, and navigating complicated youth serving systems. The Resource Developers go into the family's home, sometimes accompanying a therapist, to meet with a family when it's most convenient for them.

Currently, the FRDs work with families who enter the system through our intensive crisis management program. It is during this initial phase with the family that the FRD begins to form a strong bond of trust with their family and helps them identify potential team members that have a vested interest in continuing to support positive outcomes for the youth, thus establishing a balance between informal supports and traditional services. An emphasis is also placed on helping the family develop a team that reflects the cultural beliefs of that family. As the family moves away from crisis, the FRD transitions with that family into wraparound planning and begins to encourage and empower the family to take over the team facilitation.

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(Visits with Families, cont'd)

The goals of the program are to help families and friends understand the nature of the mental health or suicidal issues of their loved one, the impact this experience has on the whole family, and to provide emotional support.

Home visits will be conducted by a volunteer dyad team consisting of a professional/paraprofessional and a family or friend of a mentally ill loved one. This dyad team will be a part of the hospital discharge planning team and be prepared to begin home visits to provide support to the caregiver as the client is transitioned from inpatient care to home. Visits are set to be conducted at a minimum of every two weeks but the support team will be available as needed during the initial transition period. The anticipated number of home visits will be based on the need of the family and friends, approximately 2-5. The location of the visit will be either the home of the family or friends, or some other mutually agreed upon site.

Volunteers will be trained to offer support, education and resource information. They will seek to answer questions and address concerns of the family regarding the mental health or suicide issues of their loved one, provide information about available resources in the community specific to their situation and how they can contact these resources. Volunteers will discuss the nine KSF strategies or the suicide grief emotions in a way that demonstrates how these strategies and emotions apply to them. Emotional support will be offered by encouraging the family and friends to participate in a KSF support group for at least 6 sessions and to expand the network of supportive relationships by at least 2 people during the first 6 months of participation.

KSF will complete evaluation activities to measure the program's outcomes and success. Families and friends will be asked to identify and rate their concerns regarding their ability to cope with the mental health problems of their loved one at the beginning and end of the program. For more information regarding KSF, see the foundation's website:

www.KSF@karlasmithfoundation.org.

— *Debbie Humphrey*
Program Director,
St. Clair County
Mental Health Board

(Family Resource Developer Program, cont'd)

Family Resource Developers are employed by numerous youth serving agencies that collaboratively support them as a team. Seven McHenry County organizations: Family Services Community Mental Health Center, The Youth Service Bureau, McHenry County Mental Health Board, Options and Advocacy, the McHenry County Latino Coalition, The Family Health Partnership Clinic and the McHenry County Regional Office of Education developed a collaborative partnership with the local community to support the Family Resource Developers and the youth and families they serve. Together, these organizations currently support a team of twelve Family Resource Developers.

Training is a major focus of our effort because most of the parents being hired into the system have not had access to a formalized method of preparation for a job of this magnitude. The FRDs participated in one week of orientation and then began an intensive training program. Training topics included: Introduction to System of CARE, Wraparound Facilitation Training, Public Speaking and Presentation Skills, Special Education IDEA Updates, Balancing Work and Home. Staff also provided training and ongoing support regarding the Illinois All Kids insurance program, Medicaid documentation, evaluation and data collection, evidence based practice strategies, and legislative information and updates. Future topics identified by the FRDs so far include: Cultural competency training and time management. Administrators and staff of partner organizations participated in multiple training opportunities along with the Family Resource Developers.

Families have provided extremely positive feedback on their experience with FRDs, and they advocate for more parents being hired into the system. The implementation of the FRD has allowed our system of care to be more directly and effectively guided by family-driven principles. It has also helped to further alleviate the stigma placed on youth with severe emotional disorders. The partnering that is occurring between our providers and families has gone from reserved and hesitant to hopeful and constructive. The service of the Family Resource Developer will ideally continue to support the greater well-being of the youth and their families so as to provide them with the means and support to live the most fulfilling and manageable lives possible in their own community.

— *Beth Berndt,*
Family Leadership Director for Family CARE

LEGISLATIVE UPDATE

“What, Me Worry?” – Springfield Style

The 2007 session of the Illinois General Assembly has been one for the ages, and as of this writing still has not officially adjourned. What began in January as a session filled with hope and a moderate expectation that action could be taken on various major initiatives has instead turned into a no holds barred free-for-all that disappointed even those who held the most meager of hopes. With issues as major and as far ranging as electric rates to health care, capital projects, school funding and reform, gaming expansion and more on the table to be addressed, the still ongoing session has gone, in the eyes of some, from “Field of Dreams” to “The Dead Zone” where all but a few of the major issues still languish with no redemption in sight.

The three months of legislative overtime have produced a “murky” budget document that raises constitutional and other questions about the Governor’s seeming “end around” the legislature in order to see the seedling of his health care plan come to fruition. The actions that resulted in the approval of the budget, normally a cause for celebration amongst legislators, resulted in a rift between legislative leaders that threatens to cast a pall over future sessions.

As you are aware, the Governor has vetoed millions of dollars of legislative initiatives from the budget sent to him in order to fund his health care plan. The good

news is that there is a budget in place. The bad news is that individuals who truly need health care may be the pawns in the game of legal brinksmanship that may ensue in order to determine whether or not the Governor was acting within the scope of his authority.

Other major issues still left hanging needing to be addressed relate to capital projects and their funding source, cost of living increases for social service providers, mass transportation and roads and a plethora of others.

In the meantime we await the specifics of the Governor’s activities on health care. Thus far only a sketch of the program has been presented. Hopefully in a short time the details will be released so we can determine the extent to which any assistance will be provided to those in need.

Legislators Retiring

Because Illinois has moved its primary election to February 5 from the middle of March candidates are on the streets earlier than ever with their nomination petitions that will be filed beginning October 29. As a result, during the last few months a number of legislators have announced that they will not seek reelection. Thus far, those who have announced they will be leaving the legislature are: Senator William Peterson (R-26); Sen. Todd Sieben (R-45); Rep. Joe Dunn (R-96); Rep. Carolyn Krause (R-66); and Rep. Aaron Schock (R-92) (running for seat in Congress).

— Terry Steczo, *Government Strategy Associates*

At the Federal Level...

BRIEF Excerpts from NACBHDD DC Update

- CMS issued the long-awaited proposed rule on the **Medicaid Rehabilitation Services Option**—each individual will have a rehabilitation plan; attempts to draw the line between rehabilitation services and services that are “intrinsic elements” of other programs; addresses mental health and/or substance abuse related treatment needs; comments on the proposed regulations are due October 12, 2007.
- Both chambers passed **Children’s Health Insurance Program** (CHIP) bills; Senate version—\$35 billion over five years paid for with a 61 cent tobacco tax increase; House version—\$50 billion over five years paid for with a 45 cent tobacco tax increase as well as savings from private Medicare Advantage plans, includes one year moratorium language regarding the rehabilitation option; both bills address mental health parity.
- **Mental health and addictions parity**—The Senate reached a compromise on its parity bill by removing the term that would have pre-empted stronger state laws; The House still needs to mark up their bill in the Energy and Commerce and Ways and Means Committees.

Anti-Stigma Campaigns Across Illinois

SAMHSA has launched a stigma reduction initiative to help eliminate barriers faced by people with mental illnesses. Because the prevalence of serious mental health conditions is high among 18-25 year olds, this is a target group for the initiative. Young adults have the lowest rate of help-seeking behaviors, even though individuals in this age group have a high potential to minimize future disability if social acceptance is broadened and they receive the right support.

Several ACMHAI members have already begun their own local anti-stigma campaigns and have started meeting to join efforts with colleagues and other organizations. Some of the early ventures include:

- A component of McHenry County MHB’s Children’s Mental Health Symposium will be dedicated to anti-stigma objectives.
- The Kane County Mental Health Council has distributed free SAMHSA materials throughout the county. It is also in the process of translating the materials into Spanish and is committed to deliver workshops at their regional Institute Day for teachers in February.
- Community MHB of Oak Park is establishing a public forum to address mental health topics and members of the local NAMI chapter will present to various community groups to raise awareness about mental illness.

MARK YOUR CALENDAR

Sept 5-7	NACBHDD Fall Meeting	San Francisco, CA
October 3	ACMHAI Quarterly Meeting	Crystal Lake
October 4-6	Children's Mental Health Symposium	Crystal Lake
October 11	National Depression Screening Day	
December 3	ACMHAI Quarterly Meeting	Chicago
December 3-5	CBHA Winter Conference	Chicago

How will mental health, addictions and developmental disability services be impacted?

Only positively. By updating the Act and services provided therein those who rely on community mental health providers can be assured that no one "falls between the cracks". The changes in the Act merely bring the time worn definitions and language of 1963 up to date and to reflect current practice.

For full text of approved changes to the Community Mental Health Act,, please see www.ilga.gov and look up Public Act 95-0336 or contact ACMHAI at acmhai@shout.net or 217-369-5168.

(Anti-Stigma Campaign, cont'd)

After sharing their local efforts, the Anti-Stigma Campaign committee brainstormed suggestions for collaboration on a statewide Anti-Stigma Campaign for Illinois:

- Distributing information at Illinois theaters showing "Canvas", a movie debuting in early October about a family dealing with schizophrenia, to promote awareness of mental illness, importance of screening, and to encourage individuals to get treatment.
- Following Kane County's example, conducting workshops for teachers and other staff at regional offices of education Institute Days
- Distributing information at National Depression Screening Day events on October 11
- Collaborating with universities and colleges to reach out to the 18-25 population with the SAMHSA materials
- Conducting an anti-stigma campaign workshop during the IPHA/ACMHAI Spring Conference (April 9-10) to share progress on the initiative

If you are interested in joining our Anti-Stigma Campaign committee's efforts to expand local programs throughout the state, please call or email Cherry Ramirez at the number or email listed below.

****If you would like additional information about any of the articles, please call 217-369-5168 or email acmhai@shout.net.****
Also check out the ACMHAI website, www.acmhai.org.