

September 8, 2023

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

SUBJECT: IHA Update: Behavioral Health Notices & Notifications

Below are several updates concerning hospital and health system behavioral healthcare, including new state and federal behavioral health policies, resources and grant announcements. In addition, a reminder that September is Suicide Prevention Awareness Month, with National Suicide Prevention Week running from Sep. 10-16. [Illinois' Youth Resources for Mental Health, Well-Being and Resilience](#), developed by IHA's Behavioral Health Advisory Forum and updated in 2023, is available on our website alongside other [relevant resources](#). IHA will continue to highlight additional resources in its communications throughout the month.

State Policy and Resource Announcements

New Training Portal to Prevent Suicide Among Service Members, Veterans, and Families

The U.S. Dept. of Veterans Administration (VA) [2022 report](#) noted that in 2020, 6,146 U.S. veterans died by suicide. On average, veterans die by suicide at a rate of 22 individuals a day in Illinois. To address this issue, the Illinois Governor's Challenge has developed a **free, online training platform** to educate and inform Illinoisans about the methods and resources available to service members, veterans, and their families, regardless of discharge status.

The state is encouraging hospital and health system staff to join this effort to help reach 70,000 learners in Illinois to prevent suicide in the military community. Learning pathways are customized to support individual professional development for hospital emergency staff, non-emergency medical staff, and other medical/surgical staff, with Continuing Education Units available. For a handout on the Governor's Challenge for hospital staff, [click here](#). For general information about the Governor's Challenge, [click here](#) or email DHS.DMH.GC@illinois.gov.

Funding Available for Primary and Behavioral Healthcare Integration

The Illinois Behavioral Health Workforce Center (BHWCC) announced a Request for Proposal (RFP) for Illinois-based agencies or clinics providing integrated primary and behavioral healthcare services to apply for funding for staff training and implementation of evidence-based brief psychotherapy.

Successful applicants will receive funding to cover the costs of expert-led trainings and staff time to train behavioral health providers in the skills and techniques of Solution-Focused Brief Therapy (SFBT). SFBT is a strengths-based and client-centered approach that can be flexibly

applied in the brief and short-term services typical of behavioral health within integrated care. Half of the agencies/clinics participating in the training and implementation initiative will be randomly assigned to receive additional funding for the development of a “local champion” of SFBT, who will receive additional advanced training in SFBT and will be expected to provide internal consultation and support for the implementation of SFBT at the agency/clinic.

Up to \$17,295 per site will be made available through the center to cover the costs of training and staff time for up to five behavioral health providers (per site) to participate in the initiative. Logistical support will also be provided for SFBT implementation through live virtual online trainings. Applications are due by 11:59 p.m. on Oct. 30.

For a copy of the RFP and budget calculator, please contact Rose B Anderson, LCSW, Research Specialist, BHWC - UIC, at rande53@uic.edu at your earliest convenience. For a link to the informational meetings, please contact Sam Carpenter, Visiting Senior Research Specialist, BHWC - UIC, at scarp@uic.edu.

Illinois MAR NOW Program Offering 24/7 OUD Treatment

IHA is working with the Illinois Dept. of Human Services (DHS) to promote **the [Illinois Helpline](#), which in 2023 began offering free, 24/7 medication and healthcare assistance to Illinois residents seeking opioid use disorder (OUD) treatment**, in addition to gambling and other substance treatment services. Within the Helpline’s array of services, the Medication Assisted Recovery ([MAR](#)) **NOW** program provides free services through DHS’ Division of Substance Use Prevention and Recovery. **DHS is encouraging hospitals to use this resource with patients across the care continuum that need service access.** Those who call the helpline, including pregnant people, are connected to a Care Manager who can help facilitate immediate access to immediate medication and counseling services for OUD, help with transportation to appointments, and connect callers with long-term care.

For more information, [click here](#) to access the MAR NOW fact sheet. Medication Assisted Recovery has been demonstrated to decrease illicit opioid use; reduce withdrawal symptoms; retain patients in treatment longer than those who receive counseling without medication; and reduce the risk of overdose and death. DHS is also directing providers to updated [Centers for Disease Control and Prevention guidelines](#) on opioid management, as well as the most recent Food and Drug Administration [Safety Communication](#) on prescribing information for opioid pain medicines.

Confirm Women’s SUD Treatment Program Information

The Illinois Dept. of Public Health (IDPH) has developed a map of [Illinois Women's Substance Use Disorder \(SUD\) Treatment and Sober Living Facilities](#) throughout the state based on data from the Illinois Helpline for providers who specialize in serving women with substance use needs. This map is encouraged for use as a provider resource. In addition, the Illinois Substance Use Disorder Advisory Council's Women Committee is working on analyzing the current women

specific substance use services provided throughout the State of Illinois. In order to ensure the committee has the most up-to-date information, **the agency has requested that providers review the map to ensure information from your organization is correct and included.** To update your organization's information, use the [Provider Portal](#) via the Illinois Helpline or contact Jenn Ludwig, IDPH, at Jennifer.ludwig@illinois.gov.

State Update on Xylazine/Tranq

DHS has provided [an update](#) and [patient handout](#) on xylazine, a non-opioid tranquilizer approved by the Food and Drug Administration for veterinary but not human use, and its involvement in an increasing number of overdoses in Illinois and other health issues associated with its use. This update follows the White House [designating xylazine](#) as an emerging threat earlier this spring.

Federal Policy and Resource Announcements

Update on Policies for Remote Prescribing of Controlled Substances

The Drug Enforcement Administration (DEA) issued a [meeting notice](#) scheduling **listening sessions on Sept. 12 and 13** to discuss permitting telehealth prescribing without in-person evaluations. Registration to listen to the meeting remotely is not required, and the hyperlink for the remote listening session is expected to be released in the coming days. The notice signals the agency's consideration of a special registration process that would permit telehealth prescribing of certain controlled substances, following [criticism from groups](#) including the American Hospital Association that the agency has ignored past congressional requests to do so, as part of the Ryan Haight Act of 2008 and the SUPPORT for Patients and Communities Act of 2018.

On Feb. 24, the DEA [issued notices](#) of proposed rulemaking that addressed remote prescribing of controlled substances. The agency received 38,000 public comments that were largely oppositional, as the rules limited COVID-19 era permissions. As a result, on May 11, the agency issued a [temporary rule](#) to **extend COVID-19 era exceptions to DEA regulations around remote prescribing of controlled substances through Nov. 11**, in order to avoid lapses in care for patients.

CMS Clarifies Ligature Risk Requirements

On July 17, the Centers for Medicare & Medicaid Services (CMS) released [updated guidance](#) for state surveyors assessing ligature risk in hospitals, which pertains to environmental safeguards for patients at risk of harm to self or others. As urged by the IHA and AHA through years of advocacy, the guidance clarifies that:

- **Hospital compliance with patient safety rights can be demonstrated by outlining processes taken to minimize risks in accordance with nationally recognized standards and guidelines, rather than individual surveyor judgment;**

- Hospitals **do not** need to have the same ligature risk abatement configurations throughout the facility, as long as specific needs and risks of **individual patients** are considered; and
- Corrective actions should focus on addressing **particular findings of deficiencies**, rather than universal or facility-wide remedies.

The State Operations Manual [was revised](#) to reflect these changes and updates, effective July 21. The manual points to a [2018 report](#) by the National Action Alliance for Suicide Prevention for use in developing best practices for effective patient screening and assessment for patients at risk of harm to themselves, as well as for improving the care of patients at risk of suicide.

This clarification follows CMS issuing controversial [interim guidance](#) in 2017, with a [draft update](#) released for comment in 2019. In this guidance, surveyors were permitted to “use their judgement” to determine ligature risk compliance, resulting in a wide range of interpretations with, and across, survey agencies.

In response to member concerns, IHA sent CMS a [comment letter](#) in 2019, also shared with AHA, requesting specific clarifications of the Ligature Risk Interpretive Guidelines. IHA’s comment letter emphasized the impact that the range of surveyor interpretations was having on healthcare integration, access, and patient care standards, especially for individuals with medical comorbidities requiring critical equipment that was being interpreted as a ligature risk. Inconsistent surveyor interpretation of standards were also highlighted, requesting clarity and flexibility with surveyors finding interpreted ligature risks designating a hospital in “immediate jeopardy,” which can impact facility reputation, result in fines, or hospital closure. In 2022, IHA also solicited and summarized member feedback on ligature risk citations and resulting patient access issues, and hospital operational and financial impacts, which were shared with AHA for coordination of CMS advocacy discussions.

New SAMHSA Resources on Supporting Pregnant and Parenting People with SUD

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently released **new resources to support pregnant and parenting people with SUD**. These resources are intended to be a supplement to the agency’s [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#), released in 2018.

SAMHSAs new resources include:

- [Working with Child Protective Services to Support Pregnant and Parenting People, Their Infants, and Families Affected by Substance Use Disorders: A Factsheet for Health Care Providers](#), which offers information about child welfare systems and what the health care provider's role is in developing a Plan of Safe Care;
- [Resources for Professionals Working with Pregnant and Parenting People Affected by Substance Use Disorders](#), containing information for pregnant people with a substance use disorder and professionals who provide services for them;

- [National Center on Substance Abuse and Child Welfare Resources for Professionals Working with Pregnant and Parenting People Affected by Substance Use Disorders and Involved with Child Welfare](#), a compendium of resources for professionals who work with parents involved with child welfare; and
- [Preparing For Your Baby: Information for Pregnant People with Substance Use Disorders](#), containing information for pregnant people with a substance use disorder and preparing to deliver.

2023 Chart on Federal, State, County and Non-Governmental Behavioral Health Funding

IHA often includes funding opportunities in member communications, but we also wanted to spotlight a **new resource to help healthcare organizations identify behavioral health funding**.

The *National Association of Counties* and the *National Association of County Behavioral Health and Developmental Disability Directors* developed a [chart of funding](#) opportunities across federal, state and county governments and non-government sectors. The chart is intended to support counties as they blend and braid these resources to build a robust, accessible and sustainable behavioral health crisis continuum of care. However, the chart also provides a helpful financial roadmap for healthcare organizations participating in [regional committees](#) that are coordinating 911 and 988 mobile crisis response systems locally for implementation of the Community Emergency Services and Supports Act ([50 ILCS 754/](#)).

[Contact us](#) with questions or comments.