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Funding for Mental Health and Substance Use Services at a Crossroads

With funding levels at historical lows the future is more uncertain than ever

(Dixon, IL)

Funding levels for treatment of mental illness, addiction, and substance use, and other behavioral healthcare services are at historically low levels. Now, with a new governor in Springfield who has indicated cuts are on the horizon, the future is more uncertain than ever for human services agencies like Sinnissippi Centers.

“We are very fortunate that there are so many individuals and communities that care deeply about their most vulnerable citizens,” says Sinnissippi Centers’ President/CEO Patrick Phelan. “It is this dedication alone that has kept the behavioral health system in Illinois afloat to this point despite the many challenges and the decreasing support over the past many years.”

Estimates are that **state funding for behavioral healthcare services have declined 40% overall since 2008**. That does not factor in inflation. In addition, Medicaid rates that were already far below par in 2004, according to two independent studies, have not gone up since then. “Given rising costs, increased need and a declining workforce, we have serious challenges to deal with,” adds Phelan

The result has been that many of those in need do not receive the services they require, or they are under-served. Sinnissippi Centers provides services to those who seek our help, almost 6,000 people last year, or about 4% of people in our four county area. According to the National Institute on Mental Health, 54% of those with a serious mental illness receive no treatment, often due to lack of funding and other resources.

“It is clear that agencies like Sinnissippi Centers have to be able to reach out to so many more in need,” says Phelan. “As a result of cuts, critical services are not adequately available. Given the likelihood that there will be more cuts coming from Springfield, the situation will only worsen. “There is no fat in the state budget for human services that can be cut,” says Phelan. “In the past several years, each time the state has cut funding for human services agencies the effect has been a cut in the number of individuals who have access to care, and in some cases it has resulted in some agencies closing entirely.”

“The type and amount of any new cuts remains to be seen,” says Phelan, “but there seems to be no question that there will be cuts in the next state budget. That will mean even further reductions in the number of people who will have access to care. However, in human services that doesn’t necessarily mean money savings for the state. Such cuts often shift the problem to other underfunded agencies who then have more pressure put on them to serve more people, taxing their resources much more heavily. This approach often costs the state more, not less. Hopefully a more permanent and equitable solution will finally be found to solve the state’s fiscal woes that does not harm those who can least afford it.”

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