



November 10, 2025

Patients increasingly face access barriers in emergency departments and inpatient hospital units when seeking transfer or discharge to different levels of care, especially for behavioral healthcare needs or patients experiencing homelessness. In response, IHA successfully advocated for coverage of beyond medical necessity hospital stays for vulnerable Medicaid and youth patient populations; Medicaid rate increases; prior authorization reforms; and transport diversion to community-based settings for non-emergencies.

IHA has previously provided members with [several memos](#) that include discharge planning resources, and this memo includes updates and resources to aid hospitals in discharge planning, placement and community treatment needs, targeting behavioral health needs and patients experiencing homelessness.

An IHA survey on boarding will also be distributed in the coming days, which we strongly encourage members to complete. Your input on patient access barriers will be valuable in shaping IHA's ongoing efforts to support hospitals and patients.

#### Updates & Resources for Patients with Behavioral Health Needs

##### *National Alliance on Mental Illness (NAMI) Resource on Hospital Treatment for Families*

Developed with feedback from IHA and Illinois hospitals, NAMI Illinois' new [Hospital Guide: What Families Need to Know About Mental Health Treatment](#) (also available [in Spanish](#)) provides a resource for families to better understand what to expect and how to support loved ones during hospitalization and in the months afterwards.

The updated guide provides information on the decision to hospitalize; intake and assessment processes; hospital admission; the flow of information from hospitals to patients' families; what to expect in the hospital; transition planning; and the recovery process. The guide also provides an overview of common mental illnesses, common treatments for mental illness, and support for families. The resource is available for download so interested hospitals can share it with patients and families facing mental illness and hospitalization.

##### *Free Support for Youth with Autism Spectrum Disorder*

Over the past two years, IHA's Behavioral Health Advisory Forum provided consistent feedback to the Illinois Children's Behavioral Health Transformation Initiative that there are limited services and supports for youth with autism spectrum disorder. Lack of community-based resources can lead to unnecessary emergency department visits and hospital boarding. Through the Transformation Initiative, DHS developed the [In-Home Behavioral Support Program](#), a free pilot program offering in-home help for Illinois youth residents ages 8-17 who have autism, emotional challenges, mental health conditions, or other behavioral health needs. The program is available in select northern and central Illinois counties to help youth practice new skills and cope with emotions, among other supports.

Please note the following on youth eligibility:

- For a map of program availability across Illinois, see the program flyer linked above. In Southern Cook County, coverage is limited to the following zip codes: 60462, 60467, 60477, 60487, 60429, 60454, 60455, 60457, 60463, 60464, 60465, 60480, 60482 and 60527;
- Youth who are non-verbal, or who become non-verbal during crises, are eligible, and staff are trained in adaptive communication and use of augmentative and alternative communication devices;
- The program is open to Illinois youth residents, regardless of citizenship, who either:

- Do not have insurance;
- Have not yet completed the Medicaid application process (e.g., for hospitalized youth in need of community stabilization support following discharge);
- Are Medicaid-enrolled, if similar services are unavailable through [Pathways for Success](#); or
- Have commercial insurance that does not cover these services.

To enroll patients into the program, see the [referral form](#). Contact [dhs.dbhr.beacon@illinois.gov](mailto:dhs.dbhr.beacon@illinois.gov) with questions or feedback on the program.

#### *State Grant Funding Update*

This month, the Illinois Dept. of Human Services (DHS) Division of Behavioral Health and Recovery was awarded two new grants from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) for behavioral health, housing and civil commitment. The division was awarded \$1.4 million in supplemental block grant funding to support recovery housing for young adults with substance use disorder (SUD). A separate supplemental block grant award of \$600,000 was received to support program development and reforms for assisted outpatient treatment, or court-ordered outpatient mental health treatment, and the University of Illinois Chicago will be leading the program model development.

In addition to these awards, SAMHSA awarded the division \$9.2 million for youth SUD treatment on Chicago's South Side. For existing DHS grantees, the Department also has carryover funding of \$8 million from the previous fiscal year available for unfunded patients.

#### Updates & Resources for Patients Experiencing Homelessness

##### *State Resource Update*

Supported and negotiated by IHA, [P.A. 104-0332](#) will make homelessness resources more accessible for healthcare workers by creating a state webpage that provides local, accurate and up-to-date shelter and support resources. Developed by the Illinois Office to Prevent and End Homelessness (OPEH), the website will be publicly available on Jan. 31, 2026, and updated twice yearly. OPEH and IHA will also offer a training for healthcare providers to promote website use and address frequently asked questions.

##### *New Resource for Hospitals in Cook County*

Developed with feedback from IHA, the [Cook County Medical Respite Network Guide](#) is a new tool for hospitals and health centers referring patients experiencing homelessness to medical respite programs in Cook County. Medical respite is post-acute care for people experiencing homelessness who are too ill or frail to recover from an illness or injury on the street or in a shelter, but who do not require hospital level care. Medical respite provides short-term residential care that allows people an opportunity to remain near their community, rest, recover, and heal in a safe environment, while also accessing clinical care and support services.

The guide is inclusive of all active medical respite programs in Cook County and will be expanded to include medical respite programs across Illinois in 2026. The guide includes information about active programs, including: bed count, model of care, eligibility/ineligibility, physical accessibility, points of contact, and referral forms (when available). While all medical respite programs are for recovery from acute illness or injury, programs may differ in the level of support and onsite medical or behavioral health staffing. The most common reasons for a denial into medical respite include no acute health need, too high of health needs, and/or poorly managed mental health. Referrals that are accepted may still result in pending admission based on bed availability or hospital discharge.

This resource is a product of the Illinois Medical Respite Capacity Building Initiative made possible by OPEH. The Capacity Building Initiative has helped expand the number of operating and planned medical respite beds to 177 across the state, 75% (132) of which are in Cook County. For questions, contact Jordan Enos at [jordan.enos@iphionline.org](mailto:jordan.enos@iphionline.org).

##### *New Chicago Resource*

The City of Chicago has released [new guidance](#) on safely discharging patients experiencing homelessness to Chicago shelters.

The document standardizes the city's approach to shelter referrals from hospitals, with the aim of improving health outcomes and building shared understanding across all organizations and individuals involved.

The City of Chicago's development of guidance was born out of a rise in medically vulnerable people being dropped off at facilities that lack the supports they need, while hospitals sought greater clarity and consistency on post-discharge resource access for patients experiencing homelessness. Developed with feedback from IHA and Chicago hospitals. The guidance includes:

- An overview of the Chicago Dept. of Family and Support Services shelter system;
- Background on discharging patients to City-funded shelters, including eligibility/ineligibility;
- An outline of the process for determining an individual's suitability for placement in a City-funded shelter;
- Medically appropriate alternatives for unsheltered individuals who are not appropriate for City-funded shelters; and
- Resources for individuals who are experiencing homelessness as a result of gender-based violence or human trafficking.

For more information and other resources, see the Chicago Mayor's [Office of Homelessness](#) website.

IHA will continue to identify and communicate the availability of resources that can reduce the frequency and duration of patient boarding.

For questions or comments regarding IHA notices, resources, or hospital boarding, please [Contact Us](#).

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