



Healthy **ILLINOIS** *2021*

Behavioral Health Action Team
Meeting

Tuesday, January 12, 2016

1:30 – 4:00 PM



2/17/2016



**MidAmerica Center for
Public Health Practice**

Welcome and Agenda

<u>Agenda Topic</u>	<u>Time Allotted</u>
1. Welcome and Introductions - Minutes	1:35 – 1:50 PM
2. Process Overview	1:50 – 2:05 PM
3. Survey Results and Assets Discussion	2:05 – 2:45 PM
4. Scope	2:50 – 3:10 PM
5. Next Steps	3:40 – 3:50 PM
6. Public Comment	3:50 – 4:00 PM
7. Adjourn	4:00 PM

Meeting Purpose

- Clarify expectations of Action Team and update on process thus far
- Understand survey results of perceived Behavioral Health assets/opportunities and needs
- Discuss additional information needed to assist in goal and objective development for Behavioral Health action plan within State Health Improvement Plan

Process Overview

- Where are we?
 - Action plan will include measurable goals and objectives to address behavioral health in Illinois
- How did we get here?
 - Rigorous process of reviewing of existing state agency plans, obtaining stakeholder engagement feedback, and receiving guidance from Planning Council members
 - As a result of this process, Behavioral/Mental Health was identified as a priority health issue
- What's our charge?
 - Ground rules
 - Action Team role
 - Action planning tool

Healthy Illinois 2021 Components

- Brief history/review
 - State Health Assessment (SHA)
 - State Health Improvement Plan (SHIP)
 - State Innovation Model (SIM)

What is a SHA and SHIP?

State Health Assessment or SHA:

A state health assessment is a systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.

State Health Improvement Plan or SHIP:

A state health improvement plan (SHIP) is a long-term systematic plan to address issues identified in the state health assessment. A SHIP describes how the state health department and the communities it serves will work together to improve the health of the population.

Why do a SHA and SHIP?

- SHA and SHIP are prerequisites of voluntary accreditation, and several standards require specific criteria are met within the SHA and SHIP. These include but are not limited to:
 - A health profile updated annually that shows Illinois' state of health including comparison, trend and disparity data
 - Engagement and review of the data by stakeholders
 - Action plans linked to identified priorities and reported progress on the plan implementation
 - A link in the monitoring of the health and health actions to the IDPH's strategic plan and quality improvement system

What is required for a SHA and SHIP?

- Responsibility for producing the plan lies with the State Board of Health, and the Illinois Department of Public Health which appoints a Planning Council that includes a range of public, private, and voluntary sector stakeholders and participants in the public health system.
- Plans must take into consideration public health priorities and strategies developed at the local and regional level.
- Three public hearing on the drafts of each plan must be held across the state.

2016 Health Issue Priorities

- Made recommendations for health issue priorities:
 - **Mental Health**
 - Chronic Disease
 - Maternal and Child Health
- Reached consensus around social determinants of health and access to quality care as foundational, strategic approaches to addressing health priorities

Public Health System
Healthy Illinois 2021 Planning Council

Tactical Approaches

Social Determinants of Health
Access to Quality Care

Strategies

Data
Partnerships
Interventions
Health Communication

Data
Partnerships
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Data
Partnerships
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Health Communication

Health Priorities

Mental
Health

Chronic
Disease

Maternal
and Child
Health

Outcomes

Current SHA/SHIP Steps

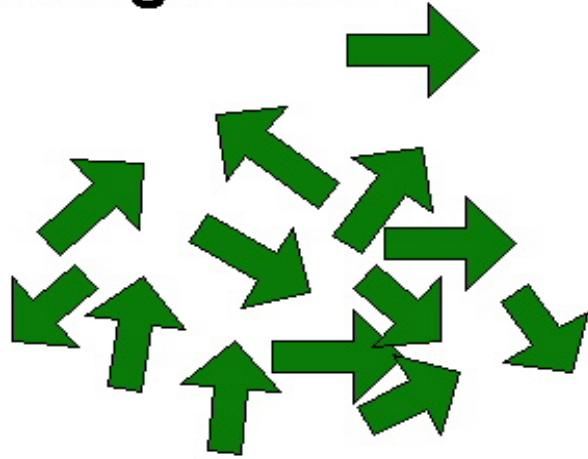
- Engage stakeholders
- Conduct a state health assessment:
 - Collect and analyze data
 - Collect and analyze feedback
 - Review and decide health priorities
- **Facilitate state health improvement planning:**
 - **Create action plans and performance monitoring approaches**
 - **Obtain feedback and approval; align organizational work with the plan**
 - **Launch the plan and track progress**

ACTION PLANNING – BEHAVIORAL HEALTH ACTION TEAM

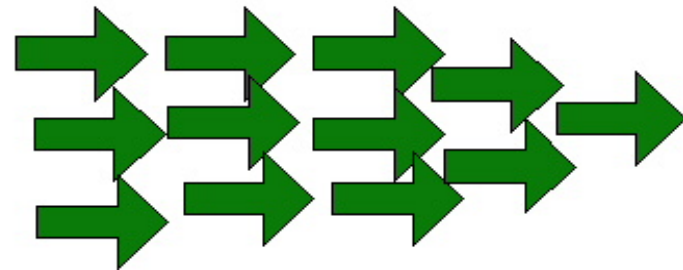


The basic planning process

To change this...



To this...



Where the rubber meets the road



Assets Discussion

- Survey results
- We will ask for your reaction
 - What was surprising?
 - What's working well?
 - What can be built upon?
 - What assets do you think are missing?

Survey Results

- Questions were asked focusing on opportunities and needs in the following areas within Behavioral Health:
 - Data
 - Partnerships
 - Health communication
 - Interventions (community and/or clinical)

Opportunities

- **Data sharing, data use**
 - Open data portal websites
 - HIE should be continued
 - Mental health confidentiality code revisions
 - Striving for single, comprehensive data repository
- **Partnerships (specific ones were named)**
 - Multiple sectors coming together
 - Pushing policy and lobbying for more benefits to existing resources
 - Exchange information and setting/tracking of goals
 - Claims based data ROIs

Opportunities

- **Health communications**
 - Assistance with health care enrollment, i.e., navigators and peer support
 - Build upon public's reliance on technology
 - Spreading best practice about what works, including pilots that can be scaled up
- **Interventions (community and/or clinical)**
 - Community level activities
 - Crisis intervention
 - BH and physical health integration activities

Needs

- **Data**

- Ease of access to, ability to use and increase compatibility; real time
- Sharing of data without losing confidentiality, including claims data
- Use of educated IT staff
- Integration across systems, i.e., DMH, DCFS, hospitals and schools
- Technical support and monetary resources to bring all BH providers on line with EHR

Needs

- **Partnerships**

- More clarification around goals/aims of various partnerships in order to become one voice – many moving parts and different focus
- Cross-system partnerships that seek to understand the impact on the clients utilizing services
- Development of action plans to show how work will get done
- Funding of prevention efforts to the same extent as acute care efforts

Needs

- **Partnerships (continued)**
 - Evaluation of system changes as a result of partnerships
 - Education, incentives for partnerships on true collaboration and making decisions together; i.e., collective impact and systems change
 - Stay focused on what providers need to survive and on financial models that work

Needs

- **Health communication**
 - Written/conveyed in a way that most people at lower reading levels can understand; prevention-focused
 - Early understanding by PCPs
 - Lack of an unified approach on prevention
 - Public campaigns to end stigma
 - Education re link between mental and physical health issues

Needs

- **Interventions (community and/or clinical)**
 - More community-based mental health programs and services
 - More integration of BH within health care system
 - Interventions need to be known across entire communities, as well as between PCPs and other providers
 - Affordable safe housing options
 - Resources, including funding

Your reactions

- What was surprising?
- What's working well?
- What can be built upon?
- What assets do you think are missing?

Action Team Scope

- 3 subgroups
 - Prevention
 - Early intervention
 - Treatment

Adjourn

- Slides/other information available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu
- Remaining meeting dates:
 - Jan 29 from 1:30-3:30
 - Feb 10 from 11:00-1:00
 - Feb 24 from 1:30-3:30

