

Healthy Illinois 2021 Behavioral Health Action Team Meeting
Tuesday, January 12, 2016 1:30 PM – 4:00 PM
Call info: 1-866-297-7906 Code: 631744

Present: Maureen McDonnell, Karen Ayala, Becky Brasfield, Posh Charles, Mary Elsner, Beth Fiorini, Jan Gambach, Vinetta Washington, Grace Hong Duffin, Vincent Keenan, Christina Koster, David McCurdy, Leticia Reyes-Nash, Amy Sagen, Sue Ellen Shumacher, Meryl Sosa, Amaal Tokars, Ron Weglarz

Absent: Mary Dobbins, Josh Evans, Krysta Heaney, Walter Howe, Jeff Joy, Diana Knaebe, Colette Lueck, Sharon Post, Dan Rabbitt, Laurie Selvers, Sheryl Smith, Mary Smith

UIC School of Public Health MidAmerica Center for Public Health Practice Staff: Martina Coe, Geneva Porter

Agenda Items	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome and Roll Call	Meeting called to order by Maureen McDonnell. Introductions were made by members of Action Team, both in-person, as well as those on the conference line.		
Approval of Minutes	<p>Minutes from 12/9/2015 and 12/14/2015 calls/meetings</p> <ul style="list-style-type: none"> - Make small revision to page 2 and correct typo in December 14 meeting minutes <p>Meeting Purpose</p> <ul style="list-style-type: none"> - 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. 	Move to approve minutes made by David McCurdy and seconded by Karen Ayala	
Process Overview	<p>Geneva provided an overview of the process to date:</p> <ul style="list-style-type: none"> - Review of the Healthy Illinois 2021 components took place: SHA, SHIP, and SIM. This understanding will help frame what the Action Team will do with respect to identifying the gaps and building upon assets. - Overall process receives guidance from Planning Council members. - Discussion centered around a formal term and the use of mental and behavioral health interchangeably. Also, understanding that 		

	<p>the social determinants of health and access to care must be considered throughout the process.</p> <p>Geneva discussed the model used for the Healthy Illinois Behavioral Health Action Team.</p> <ul style="list-style-type: none">- <i>Statement from attendee:</i> Important to allow dialogue from the Medicaid population. Need to come with things the larger universe expects and wants instead of creating something that is less which can normally happen.- <i>Statement from attendee:</i> Looking at health needs assessment is the underlying issue with mental health. We cannot forget the foundational issues with mental health. There is a need of cross-agency piece with state and public. The issue of behavioral health is always there. <p>Discussion continued around the inclusion of mental health. Over the next 5 years, there is an opportunity to integrate mental health and primary health care. There are infrastructures to push for it.</p> <ul style="list-style-type: none">- <i>Question from attendee:</i> From the larger SHIP process, what has framed to help the Action Team assess the urgency? <p>Discussion switched to the need to review data and find ways of measurement. Behavioral health came out as a major need from the stakeholder engagement process, as well as data reviewed.</p> <ul style="list-style-type: none">- <i>Question from attendee:</i> What is this group looking at as far as data? What are the other groups looking at for their data? <p>Geneva states data will be discussed at the next meeting; in addition, attendees are asked to provide suggestions for data sources and assessments that have taken place. Other ideas for data included:</p> <ul style="list-style-type: none">- Statewide overdose data- Hospital and ER impact data- Integration of behavioral health into primary care data- Indicators from SHA are providing a statewide snapshot- Suicide rate data		
--	---	--	--

	<ul style="list-style-type: none"> - Illinois youth survey - Hospital (community) needs assessment for mental health - Electronic data systems - Health departments can be a source - Community dashboards, figures <p>Maureen and Geneva urged attendees to please send data suggestions and information sources for discussion this week.</p>		
<p>Survey Results and Assets Discussion</p>	<p>Geneva presented the results of the survey conducted focusing on <u>opportunities</u> and <u>needs</u> in the following areas within Behavioral Health:</p> <ul style="list-style-type: none"> ▪ Data ▪ Partnerships ▪ Health communication ▪ Interventions (community and/or clinical) <p>Opportunities Observations were made re what is working and what can we built upon such as data sharing, communications, and partnerships. For example, partnerships named included Behavioral Health Connection, Community Behavioral Health Association, and Illinois Children Mental Health.</p> <p>Needs</p> <ul style="list-style-type: none"> ▪ Technical support and monetary resources to bring all BH providers on line with EHR ▪ Helping to end stigma around mental health with education <p><i>Attendees' reactions (Surprises to attendees)</i></p> <ul style="list-style-type: none"> ▪ Redefining the workforce addressing the shortage around mental health. ▪ More legislative involvement - advance practice nursing and changing laws to meet the demands of the state. Behavioral health is not measured the same as other healthcare services. ▪ The idea of reciprocity. Look at the best practices as we are not reinventing the wheel and can use material at our fingertips. ▪ The social determinations of health can be used to understand 		

	<p>lifestyles and where those with mental illness live and work. What level of providers is needed to handle the issues at hand? To fill in the gaps?</p> <ul style="list-style-type: none"> ▪ The focus is on mental health and substance abuse but let’s look at the full spectrum. You do not want to go with the most sick and treat those but instead do an upstream approach. <p>Discussion began around how to assess where to send individuals with these illnesses. Mental Health First Aid training is a low cost intervention which provides a way for communities to support each other. Mental health screenings were brought up as an option of intervention in school settings as well.</p> <p>“Health in all Policies” theme came up as a way to integrate the physical health with the mental health. It is about data sharing and having the right people at the table if one wants to see the right performance measures. What is the whole picture? Bench marks? Expectations?</p> <ul style="list-style-type: none"> - The whole person, implications of jobs, housing, and going in and out of “the system”. <p>Looking at the action (cost) phase, the right agencies need to be at the table, at this meeting. This would help with budget and resources. The concepts used will affect the outcomes such as cost, delivering care, and the standard of care.</p> <p>The question is not about raising money, but perhaps allocating what we have to sustainable services. This is important to have and could be what the state wants to hear.</p>		
<p>Scope</p>	<p>The group agreed to divide in to 3 subgroups; individuals volunteered to participate in the groups as follows:</p> <ul style="list-style-type: none"> ▪ Prevention – Sue Ellen, Posh, Amy ▪ Early intervention – Karen, Ron, Vince, Mary, Grace ▪ Treatment – Neli, Dave, Beth, Jan <p>Each subgroup will begin developing draft visionary goals and benchmarks. The information collected will then be presented to the larger group to recommend to SHIP.</p>	<p>Each subgroup will have a coordinator whose role is to convene the subgroup members and assure work is done between meetings. The first task is to develop a draft ‘vision’ of what behavioral health would look like based on what members now</p>	<p>Subgroup coordinators</p>

		know. This is to entail 3-5 vision elements.	
Next Steps	<p>Next meeting will occur on Friday, January 29, 2016 from 1:30 – 3:30. Location TBD, but conference line will be available: 866-297-7906, Access 631744</p> <p>Next meeting focus: (1) Discussion of the draft vision elements that each of the 3 subgroups develop, and (2) Presentation on behavioral health data that exists.</p>		
Public Comments	None.		
Adjourn	Meeting adjourned at 4:00 PM.		