

Healthy Illinois 2021 Behavioral Health Action Team Meeting
Tuesday, January 29, 2016 1:30 PM – 4:00 PM
Call info: 1-866-297-7906 Code: 631744

Present: Maureen McDonnell, Sue Ellen Schumacher, Sheryl Smith, Mark Mulroe, Karen Ayala, Posh Charles, Mary Elsner, Josh Evans, Grace Hong Duffin, Vincent Keenan, Diana Knaebe, Christina Koster, Leticia Reyes-Nash, Amaal Tokars, Ron Weglarz, Mary Dobbins, Collette Lueck, Judith Gethner

Absent: Becky Brasfield, Beth Fiorini, Jan Gambach, David McCurdy, Amy Sagen, Meryl Sosa, Krysta Heaney, Walter Howe, Jeff Joy, Dan Rabbitt, Laurie Selvers, Mary Smith

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

Guest: Deb Rosenberg

Agenda Items	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome and Roll Call	<ul style="list-style-type: none"> - 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 1/12/2016 meetings</p> <p>Meeting Purpose</p> <ul style="list-style-type: none"> - Summarize action team work and update planning progress; hear early goals from prevention, early intervention and treatment groups. - Review behavioral health-related data to data as included within draft State Health Assessment. - Discuss and begin weighting decision criteria for selecting strategies (work between this meeting and next) - Begin discussion on recommendation for the vision for Behavioral Health Action Team beyond this process. 	Move to approve minutes made by Amaal Tokars and seconded by Karen Ayala.	
Update on Process and Role of State	<p><i>Review topics and/or recurring themes relating to the development of the State Health Improvement Plan (SHIP):</i></p> <ul style="list-style-type: none"> - Role of the public health system in SHIP, and what recommendations of Action Team will include - Address the social determinations of health within implementation - Build upon what the public health system can undertake - For Behavioral Health specifically, group agreed to focus and develop goals/objectives from a prevention, early intervention, and treatment 		

	<p>lens</p> <ul style="list-style-type: none"> - Create an action plan to address the right issues in the right way. Impact means reaching the most people that need care and align the work with best practices. <p>SHIP Implementation – Role of the Public Health System examples are strategic, proactive, and responsive. Keeping these in mind will help us in the decision making process and deliverables.</p> <p>Discussion centered on the role of the public health system to implement SHIP:</p> <ol style="list-style-type: none"> 1. What would you add to the list? What is missing? <i>Responses from attendees:</i> <ul style="list-style-type: none"> - Surveillance – there needs to be an awareness of data, good quality data that is out there. - Feedback without bias - Need a generational plan, not 5 years - Data references are made – Illinois Youth Survey (county specific information), National Survey for Children Health, Indicators for Children Safety, SAMHSA, BRFSS 2. Who is responsible for fulfilling SHIP implementation? Who should coordinate and lead it? How will you and your organization be involved? <i>Group agreed they wanted to work more on goals before they could answer this question. Agreed to revisit.</i> 3. If the system is successful in implementing the SHIP overall in 5 years, what will happen? What might change in the public health system? <i>Responses from attendees:</i> <ul style="list-style-type: none"> - An establishment of new standards of care that will be monitored and corrected along the way - The 3 Buckets of Prevention by John Auerbach discusses a three-part framework that seeks to maximize the likelihood that clinicians, insurers, and public health practitioners attend to traditional office-based approaches as well as innovative clinical approaches, and not neglect the community factors that impact health. <ul style="list-style-type: none"> o The CDC partnering with healthcare purchasers, payers, and providers to improve health through the 618 Initiative. 		
Report Out from	Discussion then focused on how each group brainstormed and discussed early		

<p>Small Groups</p>	<p>ideas.</p> <p>Prevention Group:</p> <ul style="list-style-type: none"> - Group’s focus is on disparities, that mental health is a critical component to overall health, and how health is defined. “Mental Health in All Policies” – there is a need to go beyond the traditional definition of care. - People do not have equal health. It is a matter a destigmatizing mental health. - “Say It Out Loud” Campaign mentioned as an example, but is no longer active with the Illinois Children’s Mental Health Partnership. - Promotion of wellbeing of children through partnership with schools and providers. - The group shared that it did not get a change to discuss substance abuse prevention, specifically. <p><i>Feedback from attendees:</i></p> <ul style="list-style-type: none"> - The issue of destigmatizing needs to be “tweaked” to reflect the vision of the whole population with healthy behavior. - The 3 Buckets of Prevention talks about the whole community with vulnerable population. This is a crossover between early intervention and treatment. - Must be aware of the language barriers, or how things are worded, i.e.,: ‘Are you depressed or having anxiety?’ Not all people understand this language. Primary care physicians need to aware of using the right words as well. - Peer to peer focus so those affected can trust the source such as religious leaders. - Mental Health First Aid is mentioned as a way to get community wide involvement. It is designed for the whole person to support and reduce fear. <ul style="list-style-type: none"> o Need to monitor who is trained and certified to administer mental health first aid. o Mental Health First Aid is not a replacement for clinical intervention. - Workplace involvement: having posters positioned, taking the stairs at work – these little changes help to encourage physical health as well as mental health. Health departments look at these efforts. <p>Treatment Group:</p>		
----------------------------	--	--	--

- Group mentioned first responder as an element to reducing the number those relying on ER visits for care.
- Realization between the urban and rural needs.
- Treatment as an alternative for incarceration, especially for low risk offenders. This ties into identifying the gaps within the state of Illinois.
- Expansion of reimbursement for mental health and substance abuse.

Feedback from attendees:

- Question: Are you thinking of it as just treatment? Or conditions that surround treatment?
 - o Answered by group member: Both are being discussed
- Trying to fill gaps is good but we must consider the best practices. Work with what you have. Not necessary to fill the gaps all the time.
- We've had so many changes over the last few years so we don't always know what we have – some information is old.

Discussion turned to looking at ways to collect information. Goal for the treatment group is to identify services are available and what is needed. If you do not have that kind of information is difficult to move forward.

Early Intervention Group:

Group focused on the linkage and integration between primary care providers, behavioral health professionals, and families. The linkage can provide support to ensure prompt behavioral health services.

- Primary care providers are often the first line of resources; however, they do not have the capacity to manage and identify that is meaningful and worth it to families.
- We can mandate all kinds of screening but without the system to operationalize, we will continue to fall short.

Feedback from attendees:

- People need to keep in mind that you can set up linkages and screening but if individuals are not able to follow, then a new model of services is needed.
- For the social determinations of health, having a kind and caring contact is important to mitigate some problems.
- There should be a need to assign a primary care person to interdisciplinary areas.
- What are the issues affecting our community?

	<ul style="list-style-type: none"> - There is always a need for a delivery system but the key is funding. It does not one any good without the funding. 		
Data Presentation	<p>Deb Rosenberg provided an overview of behavioral health related data as included in the draft State Health Assessment (SHA). The SHA provides a snap shot at overall health status of Illinois. The SHA is not doing a deep analysis but the action team can go beyond what's included in the presentation to obtain data.</p> <p><u>Discussion centered around:</u></p> <ul style="list-style-type: none"> - Interest in statewide heroin overdose and ER access - Obtaining statewide behavioral health hospitalization data; i.e. Missouri has behavioral health information on line - Additional interest in seeing more social determinants of health data, including poverty, unemployment, educational attainment, etc. 		
Follow - Up	<p>A phone meeting will be arranged to continue discussion of Proposed Selection Criteria.</p>		<p>Geneva will send out Doodle poll to get availability of coordinators of the small groups for follow – up meeting.</p>
Next Steps	<p>Between now and 2/10 meeting, small groups meet to:</p> <ul style="list-style-type: none"> o Consider health outcome, impact measures o Discuss major strategies to date within state and review evidence-based across other plans; o Discuss points of leverage to consider early goals o Discuss SDOH and Access strategies in particular o Discuss selection/decision criteria (including who can operationalize the work) <ul style="list-style-type: none"> - When small groups meet; please remember: <ul style="list-style-type: none"> o Meeting agendas must be posted 48 hours in advance and include time for public comments o Keep meeting minutes and forward to Geneva - Complete Action Planning Template for at least two goals and keep the 4 areas in mind (data, interventions, partnerships, and health communication); be prepared to justify 		

	<ul style="list-style-type: none"> - Action Planning Template and instructions can be found here: https://app.box.com/s/73697156i2w5grlh9v0g12e7q7mlal21 - Coordinator of each small group send template draft to Geneva by Monday, 2/8 		
Next Steps	Next meeting will occur on Wednesday, February 10, 2016 from 11:00 – 1:30 at TASC, Inc., 700 S. Clinton, Chicago. Conference line will be available: 866-297-7906, Access 631744		
Public Comments	None.		
Adjourn	Meeting adjourned at 4:00 PM.		