



Behavioral Health Action Team Meeting Minutes

Tuesday, March 2, 2016

2:00– 4:00 PM

Present: Amy Sagen, Colette Lueck, Karen Ayala, Maureen McDonnell, Ronal Weglarz, Sue Ellen Schumacher, Vincent Keenan, Vinetta Washington, David McCurdy, Mary Elsner

UIC MidAmerica Center for Public Health Practice (MCPHP) Staff: Guddi Kapadia, Geneva Porter

Agenda Item	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome and Roll Call	Welcome provided.	Attendees introduced themselves.	
Approval of Minutes	Ron Weglarz motioned to approve; seconded by Vince Keenan.	Minutes approved.	
Draft Goals, Objectives, Measures, and Strategies	<ul style="list-style-type: none"> • Timeline for SHIP <ul style="list-style-type: none"> ○ Future opportunities to provide comments will take place through public hearings during the last week in March. ○ Final plan to be submitted in April. • We do need to be more explicit but don't need as much of a deep dive at this point as further work at onset of implementation phase will occur. • Principles of this process include: <ul style="list-style-type: none"> ○ Charge from the Healthy Illinois Planning Council and culmination of conversations and lessons learned. ○ Plans will be from an asset-based approach, leveraging resources, addressing social determinants of health (SDOH), and focusing on prevention. • How did we get from last week to today? <ul style="list-style-type: none"> ○ Focus on the shared goals and objectives shared to date. ○ Process – acknowledge the change of format is a bit of shock as the draft action plans moved from Excel to MS word format; changes in platform can be a problem and that needs to be processed. ○ Acknowledgement that a short planning phase for the Action Teams of two months was ambitious and a suggestion was made to modify the 		



Behavioral Health Action Team Meeting Minutes
Tuesday, March 2, 2016
2:00– 4:00 PM

	<p>approach.</p> <ul style="list-style-type: none">○ The ask is for Goals, Objectives and Measures as well as to tell the story of what good implementation would look like.○ Create consistency across the groups and what is accomplishable through the groups.○ Tie everything together around solving problems in the state.○ Refer to the draft the Statement of Need and Urgency and aligned with the highest points of need. <ul style="list-style-type: none">● Questions?<ul style="list-style-type: none">○ Great efforts on your part to organize this, still not clear about we are going to get there today.○ The answer was that step by step, we will end today with consensus on high-level recommendations.● Data<ul style="list-style-type: none">○ Focusing on identifying the right data.○ Notes are in the full document.● Infrastructure<ul style="list-style-type: none">○ Health systems, local health department and behavioral health providers.○ A suggestion was made to rename the section: Local system redesign and integration.○ Community collaboration is needed.● Reduce Deaths due to Behavioral Health Crises Including Overdoses & Suicides<ul style="list-style-type: none">○ Combining these are great way to address.○ Stereotyping minority patients – we should be addressing this.○ CDC guidelines should be out soon, generic to safe prescribing practice, add in as suggested by federal guidelines such as CDC, or medical speciality organizations, an area where most prescribing organization are moving towards but don't be too specific, under prescribing patterns in the 1990s leading to the opioid populations, ethnic and minority communities		
--	---	--	--



Behavioral Health Action Team Meeting Minutes

Tuesday, March 2, 2016

2:00– 4:00 PM

	<p>there is underdosing; Illinois is lucky with prescribing as it is clinical, we are doing a good job with opioids, clinical based prescription monitoring program.</p> <ul style="list-style-type: none">○ Medicaid and Medication assistance treatment – what is our stance? Life time path to Medicaid, what is our position?○ That is missing, implementation of HB1 is to take out the lifetime cap, prior authorization felt too onerous, go in the closing the treatment gap, expand in this prevention goal.○ Medicaid removed the limits, policy-wise those things have been removed, that has to be done on the side.○ Medication assistance treatment and expansion and determine where it fits best.○ Interventions related to suicide, subsequent suicides, goals or strategies.○ Medicare advocacy –telepsychiatry coverage.○ Maximizing all the reimbursements for services.○ Funding for early intervention needed; strategy around increasing access to funding.○ Important discussion to provide more reimbursement for the physician and clinic, better reimbursement, cognizant that everyone is paid different.○ Telehealth, some plans for reimbursement.○ Need to focus on this first in implementation.○ In Canada – diagnosis of a certain disorder, get into a database, anyone with a suicide attempt gets put on a database and then they get a quarterly call, registry/population health approach. Take this under consideration <ul style="list-style-type: none">● Treat People in the Community Rather than in Institutions<ul style="list-style-type: none">○ Explicitly say – lots of these things don't happen – actually getting there and not just talking about getting there○ Other structures are also realizing, including partnerships as well○ There are some laws that prevent police to drop off at triage centers		
--	--	--	--



Behavioral Health Action Team Meeting Minutes
Tuesday, March 2, 2016
2:00– 4:00 PM

	<ul style="list-style-type: none"> ○ United action, opportunity for additional funding as well ○ DHS will also want these outcomes ○ Rockford has a model where they work with first responders and triage; DuPage also has a crisis center as well ○ Benefit to community as well as the agencies bottom line, in the context of the community as well ○ More coming from DHS ● Increase behavioral health literacy and decreasing stigma <ul style="list-style-type: none"> ○ Want to include goals about mental wellness in general that didn't make it into the recent version ○ Another goal that is about promotion of Mental Wellness ○ Prevention group – can you sketch a goal ○ Strategies for mental wellness can be further explored ○ Social and emotional wellness standards that Illinois adopted – advancing the use of these learning standards that exist, ISBE ○ Champions as hospitals – high level of violence, how closely to the incident do you have presenting to the ER, surveillance strategy and progress measure ○ Create a benchmark that we can start with 		
Post SHIP Feedback	Review of the four questions and the responses received. <ul style="list-style-type: none"> ● No questions or comments on the responses. 		
Next Steps	Planning Council Meeting: March 14 State Board of Health Meeting: March 17 Public Hearings: Last week in March (Bloomington, Chicago, and Belleville) SHIP submitted: April		
Public Comment	None		
Adjourn	Meeting adjourned at 3:45 pm.		