



Behavioral Health Action Team Meeting Minutes
Monday, December 14, 2015 2:45 PM – 4:30 PM
Phone: (866) 297-7906; Passcode: 631744

Present: *Renae Alvarez, Karen Ayala, Posh Charles, Mary Dobbins, Mary Elsner, Josh Evans, Beth Fiorini, Jan Gambach, Judith Gethner, Krysta Heaney, Walter Howe (representative was present), Jeff Joy, Vincent Keenan, Diana Knaebe, Christina Koster, Collette Leuck, David McCurdy, Maureen McDonnell, Dan Rabbitt, Leticia Reyes-Nash, Neli Rowland, Amy Sagen, Laurie Selvers, Sue Ellen Shumacher, Sherie Smith, Mary Smith, Meryl Sosa*

Absent: *Becky Brasfield, Nicole Hellman, Cynthia Poland, Sharon Post, Amaal Tokers*

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

Topic	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome and Roll Call	Attendees on call confirmed their presence by acknowledging when his/her name was called. At that point, also shared why they decided to join this group. It was confirmed that Maureen McDonnell, Director for Business and Health Care Strategy Development, TASC, Inc. (Treatment Alternatives for Safe Communities) and Diana Knaebe, Director, Division of Mental Health, Illinois Department of Human Services, are the Co-Chairs of this Action Team.		
Agenda and Items Discussion of Behavioral Health Assets in IL	<ul style="list-style-type: none"> ○ Overview/purpose of meeting ○ The Healthy Illinois 2021 Planning Council meeting webinar that occurred before this call at 1:00pm was briefly discussed and general questions regarding the webinar were addressed 		
Overview of Where We Are	<ul style="list-style-type: none"> ○ A review of the process work that has taken place to define the issue and to transition into action planning work was provided 		
Defining Behavioral Health	<ul style="list-style-type: none"> ○ Action Team will help to frame a working definition of behavioral health, which may also include both mental health and substance use components. 		



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	<ul style="list-style-type: none">○ Current statewide assets can help identify the scope of what this plan will address. State Innovation Model (SIM) is addressing behavioral health integration from a clinical perspective, so it's important to not duplicate efforts; this team will focus more from the prevention and upstream lens. <p><i>Feedback from the attendees on how to define behavioral health for the purposes of this endeavor:</i></p> <ul style="list-style-type: none">○ Some discussion around prevention vs. treatment of behavioral health.○ More simplicity for substance abuse is needed than for mental health but both are needed together.○ Preventive is critical but SHIP is also needed to hone in on the treatment side. There is a need for access for those living with the conditions and beyond.○ Prevention is important but mental health is in crisis so knowledge is needed for treatment, especially for those with mental illness who are in the aging population. Focus needs to be on those seeking care in ER departments of hospitals.○ Within the last 2 weeks, has seen 3 heroin overdoses, so policy changes have to come around these issues as well. How are drugs are defined for those in jails? How can we help those suffering from high addicting drugs?○ Difficult and ongoing dilemma but so little in identifying and preventing.○ Let's look at the 5-year State Health Improvement Plan to handle the issue – this is something MCPHP can help with.○ Comment about SIM's focus: The behavioral health intergration comes from more intergration of mental health within the state, as well as more supportive housing for this population. There is a focus on a better method of delivery of behavioral healthcare within Illinois.		
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	<p><i>Questions/comments from attendees:</i></p> <ul style="list-style-type: none"> ○ How is the work going to inform SIM? It will elevate, make the area a key focus of healthcare. Use SIM to pull out what is needed to make the changes for behavioral healthcare (i.e. more supportive housing in the Health Home Model). ○ How can the 2010 SHIP help? Can be reviewed. ○ We may want to consider older populations with behavioral health issues/diseases. ○ In regards to reducing cost in and of itself, what are we going to link reducing cost to? <p>In the facilitation role, Geneva Porter acknowledged that these are all important points to consider and that all questions cannot be answered during today's meeting. She shared how to send in questions and moves to next part of agenda.</p>		
<p>Discuss asset matrix</p>	<p>Assets identified at the state level during the information-gathering stage were briefly mentioned and attendees were asked to comment as well add what they believe are missing that are not addressed.</p> <p>Ideas from attendees included:</p> <ul style="list-style-type: none"> ○ Robust HHS report about reducing cost in Medicaid and data was good; worth learning from. ○ Drawing on the assets we have to define mental health, but also looking closely at the social determinants of health ○ Expansion of Medicaid is a big asset within the state of Illinois ○ Promoting Bright Future Project with mental health; pediatricians provide answers to parents, information about prescriptions – a good way to intergrate mental health services 		
<p>Discuss additional information gathering</p>	<p>Attendees were asked what more information is needed for a more complete picture / scan of the state related to implementation of a plan to address behavioral health?</p>		



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	<p><i>Questions:</i></p> <p>What is happening with environmental scanning? Is there information posted on Box regarding in-hospital services surrounding mental health issues?</p> <ul style="list-style-type: none"> ○ There are best practices from various states, for each 3 action areas. These could be reviewed and brought back for the next meeting. ○ Medicaid expansion allows awareness (i.e., mental illness diagnosis in hospitals available in HFS and plans associations). Also, we could look at how we keep people from always turning to hospitals, as well as other options, tools. ○ Mental illness claims data so the issues can be properly responded to. ○ Planning around mental health in the Division of Mental Health, Human Services Plan. ○ Pulling data from various plans can be looked in to more and findings integrated. <p>Is there information that can be sent to us/facilitators over the next few weeks that can be added/considered?</p> <ul style="list-style-type: none"> ○ Cook County provides mental health services on jail systems. Perhaps build bridges to get that information. ○ Talk with someone(s) who may have more to add, etc. 		
<p>Next Steps</p>	<p>Discussion around future meeting schedule, frequency and duration:</p> <ul style="list-style-type: none"> - There was an interest in aiming for next meeting during week of Jan 4, 2016. - Interest was also voiced by several to meet in person at least once even though many meetings may have to occur via conference. - Perhaps different members may have small meetings outside the larger meeting - Available data information will be shared at a forthcoming meeting. 	<p>A Doodle poll will be sent to determine team members' availability during the week of Jan 4, 2016.</p>	<p>Co-Chairs will also meet in the interim. Objective(s) for the next meeting:</p> <ol style="list-style-type: none"> 1. Review available behavioral health data



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	<p>Attendees shared what has inspired them the most about this call:</p> <ul style="list-style-type: none"> - Realization of the well-informed people in the field with a deep interest in mental and behavior health issues - Mental health and substance issues have a stigma, and it is not an easy fix. However, we are all willing to fix the issue. - How to deal with that stigma may be an asset – Kentucky Form Room - Opportunity to have an open canvas for discussion <p>Geneva announced that the phone line will remain open to answer questions and get contact information for those who did not receive materials in preparation for this call.</p>		<p>2. Cross-walk other mental health plans to identify gaps</p>
Public Comment	None.		
Adjournment	Meeting adjourned at 4:10 PM.		