

Illinois Mental Health Planning and Advisory Council
Special Meeting to Review FY18-19 Mental health Block Grant Application
Minutes
August 10, 2017
1:00 to 3:00 p.m.

Attendees in Chicago:

John Shustizky, Andrea Cooke, Margo Roethlisberger, Ray Connor, Irwin Kerzner

Attendees in Springfield: Leanne Reinart, Doug Woods, Joanne Furnas (for Lynn O'Shea)

Attendees by Telephone: Emily Miller, Cindy Daxenbichler, Ron Melka, Dianne Knabbe

Call to Order:

The Special Meeting was called to order by Andrea Cooke at 1:10 p.m.

Special Meeting to Review the Draft FY 2018-2019 Mental Health Block Grant Application and Plan:

It was noted that the document being reviewed was a rough draft of the Mental Health Block Grant Application and Plan; work is needed to incorporate statewide feedback and outcomes through the September 1st deadline. Discussion was held on each section of the block grant on work that has been completed thus far; feedback was shared.

Leanne Reinart: It is time for the State to submit the Block Grant application. SAMHSA representatives will visit next week. The following 2 weeks will be focused on completing a final version to send to SAMHSA. During that time the application will posted for public comment. Areas of need identified in the grant will include more detail than can be funded.

Irwin Kerzner: It was noted this is a draft. Information from the application will be transferred to the SAMHSA website. SAMHSA provided a template for this purpose with questions to be answered. There is a large increase in the number of agencies providing services, especially Children's services. Irwin reviewed the section about data from the collaborative and effects of the economic recession. Planning steps were reviewed - much was information was taken from past submissions. Comment: substance abuse program expenses are reported separately from mental health expenses. Irwin confirmed this.

Ms. Reinart: Clarified that this application is the Block Grant for Mental Health. DASA also completes one for Substance Abuse services. The SAMSHA visit scheduled for next week is a consolidation of the two different division visits, though grants are separate. The Mental Health application still needs methodology updates and additions.

Doug Woods: State of the art data collection on identified goal areas is occurring, although there are still gaps which DMH is currently working on.

Ms. Reinart: The Collaborative is the data collection source, and gets their information from providers. The HFS claims' system is antiquated. Demographics and types of services provided are easy to access, but claims data is difficult to access. The two data systems don't interface with each other. Work is needed to share/exchange information. Discussion was had on internal restructuring. Further information will be forthcoming in the future.

The following tables are being submitted: (see handout FY2018-FY2019 Community Mental Health Services Block Grant Application for further detail)

Table	Priority Area:	Priority Type
1.1	Continue to develop and improve the array of clinical and support services available for adults and children	Mental Health Services
1.2-1 ACT	Promote Provision of Evidence Based and Evidence-Informed Practices	Mental Health Services
1.2-2 IPS	Promote Provision of Evidence Based and Evidence-Informed Practices	Mental Health Services
1.3	FEP Set-Aside: Implementation of Specialized Programming and Evidence-Based Services for persons experiencing <i>First Episode Psychosis</i> .	Mental Health Services
1.4	Use of Data Planning	Mental Health Services
1.5	Justice Draft- maintain effective systems to serve the forensic needs of justice-involved consumers of services.	Mental Health Services
1.6	Expansion of the scope of consumer and family participation through advancement of the recovery vision and family driven care.	Mental Health Services
1.7	Lead in the development and implementation of statewide, unified, state-of-the-art Child and Adolescent Services to promote optimal social and emotional development for all children, adolescents, and young adults with behavioral health needs.	Mental Health Services
1.8	Williams Draft- Advancement of Community Integration	Mental Health Services
1.9	Coordination and facilitation of mental health services for Illinois Service Members	Mental Health Services

Open discussion and review was led by Mr. Kerzner (See table above and Block Grant Application). Discussion highlighted evidence based ACT and IPS (1.2-1 & 1.2-2).

Ms. Reinart: Illinois is recognized as a leader in Individual Placement and Support (IPS) services. She discussed the set aside for FEP- first episode psychosis. 11-12 First Illinois teams are currently working throughout Illinois. Objectives of the program were reviewed. Marketing and outreach was identified as crucial to the success of the FEP program. Program data still being gathered; Table on page 47 shows enrollees in FEP. The Recovery table is just

about complete. There was an emphasis on increasing recovery support specialists. WRAP Training also needs to be increased. A new service will be added- wellness respite run by consumers. There was discussion to add more information to the WRAP section in table 6. DMH will need to work with chosen MCO'S to make sure services are provided appropriately and billed accurately. Andrea Cooke commented that 400-500 WRAP facilitators have been trained and less than 100 are employed. More WRAP facilitators need to be employed.

Child and Adolescent Services (Table 7) discussed. Objectives will need to span over a 2-year period. Indicators discussed are still in draft stage. It is anticipated that the proposed trauma informed care credentialing will be in place by 2019. Discussion was had on the new Diagnostic methodology for children. It is anticipated that new training will be available on the new methodology. Evidence based practice for early intervention was discussed. Permanent supportive housing is at a standstill due to lack of funds.

Table 9 Veteran's: indicators/objectives including cultural competency around veteran's needs was discussed, including: Objective #1 (sustain a coordinated system of care) Objective #2 (improve the quality of community mental health services to servicemen, veterans and their families and, Objective #3 (build Veteran Service Communities (VSC) throughout the State that can ensure access to Behavioral Health Services). Discussion occurred on Section C Environmental Factors and Plan - (Block Grant pgs. 37-51).

There is a clear need for further data for LGBTQ Community- specifically services available and services which are lacking to serve the LGBTQ community. Statutory Criteria for MHBG is a new requirement. Criterion discussed - pages 52-54.

State hospitals and jail services/needs were discussed pertaining to Mental Health Recovery Services section which needs to be updated. The suicide prevention section was updated to include 2015 statistics and the training opportunities to increase public and professional awareness of State and Local suicide prevention resources in Illinois and opportunities to increase linkages. Two grants were recently submitted around the goal of zero suicide: (1.) A Suicide Prevention Grant submitted on 4-14-2017- a pilot project designed to bring five counties in Southern Illinois to Zero Suicide status. (2.) A Zero Suicide Grant submitted 7-14-2017 which focuses on statewide training and education to achieve a Zero Suicide status in State Hospitals and Community Mental Health Services. There has been no response to either application as yet. A follow up discussion will be scheduled to review the final application.

Adjournment

A motion for adjournment was made and carried unanimously. Meeting adjourned at 3:00 p.m.

Respectfully Submitted,

Joanne Furnas
Substituting for Council Secretary Lynn O'Shea