

Illinois Mental Health Services Strategic Planning Task Force
Administrative Issues Committee Meeting
November 2, 2012 · 9:00 – 11:00 am

Participants

Chicago Location:

Theodora Binion
Ray Connor
Fred Friedman
Mark Ishaug
Mary Smith

Springfield Location:

Candace Klevenger (representing Diana Knaebe)

Call-in:

Lisa Tolbert

Welcome and Introductions

Dr. Mary Smith, Associate Director, Decision Support, Research and Evaluation
Division of Mental Health
Illinois Department of Human Services

Purpose and Goals of the Meeting

Dr. Smith initially provided the background of work that has been completed since the launch of the Illinois Mental Health Services Strategic Planning Task Force on June 5th, 2012.

She then outlined the committee membership responsibilities. She asked members to actively participate in meetings, preferably in person as much as possible. Meetings will continue to move forward even if all members are not present; meeting discussions will not backtrack. Committee materials will be distributed before each meeting, and she asked members to prepare prior to each meeting.

Dr. Smith discussed the *Illinois Mental Health Services Strategic Planning Task Force Committee on Administrative Issues – Charter* document distributed to committee members.

As discussed, the Administrative Issues committee is charged with developing a set of strategic priorities, goals and beginning action steps necessary to create and/or build and sustain a comprehensive mental health system for individuals with mental illnesses in Illinois. The priorities shall address the structure and infrastructure needed for state mental health service delivery, workforce requirements, information technology needs and data sharing strategies in the context of an effective and efficient service delivery system that supports the recovery of these individuals. The committee will also consider and address relevant mandates in the enabling legislation (Public Act 097-0438 – Sec. 18.6) with a particular focus on access, quality and cost. The committee will also identify strengths of the current system as well as gaps and opportunities.

A report from the committee will be due to Dr. Rickman Jones by the end of December. A report template is currently in development and should be available next week. The template will include strategic priorities, strategic goals to address priorities, and action step components.

Administrative Issues of Focus

This committee will focus on the following issues:

- *Strategic priorities and goals for the structure of mental health service delivery across the State*
 - o Issues include, but are not limited to: cost-effective and cost efficient strategies for mental health service delivery across the state, the impact of Healthcare Reform on mental health service delivery and changes in Medicaid eligibility in 2014, the impact of the delivery of mental health services by managed care entities vis a vis integrated care

projects and coordination of care entities; purchase/delivery of mental health services by state departments/divisions other than DHS/DMH, service delivery provided by FQHCs and community mental health organizations, etc.

- *Workforce Issues with regard to mental health service delivery*
 - o Issues include, but are not limited to: ensuring that the workforce has the right competencies, skills, knowledge, etc. to deliver the right services in the right amount to the right people; the ability of the workforce to deliver/implement evidence-based or evidence-informed practices
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- *Health Information/Technology/Health Information Exchange*
 - o Issues include, but are not limited to: health information exchange across providers/agencies, the best methodology to gather and share information, and the collection of information on outcomes and performance on a system-level, provider-level, consumer level to evaluate service delivery

In response to a question from a committee member regarding the level of structure that would be addressed by the Committee, Dr. Smith responded that this process is focused on the high level structure/infrastructure with regard to service delivery, across all State departments and all providers, not just those services purchased or delivered within the Division of Mental Health. As the committee member roster suggests, the committee is comprised of State department heads, community agency leadership, etc.

In response to a question from a Committee member with regard to current inter-agency/inter-division mental health service delivery planning efforts, DASA Director Binion stated that although directors of State department/division meet regularly and serve on various projects and ad-hoc committees, there is no formal planning process where integrated planning takes place. She noted that this process offers an opportunity to be intentional about integration.

A brief discussion occurred regarding the future model of service delivery. Committee members discussed the increasing reality of managed care, or coordinated care. This committee will focus on this topic as part of its work. Also discussed were services not covered by Medicaid, including housing, employment supports, and how these fit into the vision of the committee. Lisa Tolbert commented that it is important to keep in mind that rural areas will most likely not be as quickly impacted by managed care efforts as other areas.

Dr. Smith stated there are resources available if the committee would like to bring in experts, on a state or national level, to assist in their work. The committee will start with understanding the overarching system, its strengths and gaps, and then drill down. Fred Friedman discussed a Substance Abuse and Mental Health Services Administration (SAMHSA) effort to bring recovery practices to scale that could be considered by the committee. Mark Ishaug suggested Kathy Koresh, an independent consultant experienced in community mental health and substance abuse issues, might add important perspective to the committee.

Dr. Smith reiterated that the committee's charge is broad, and will cover not just individuals that are or might become eligible for Medicaid, but individuals who are not Medicaid eligible as well. She stated that committee must consider the charge pursuant to the legislation, while also considering access, quality of care, outcomes/performance measures, and cost.

Dr. Smith proposed future meeting dates in 2-3 hour blocks, including November 14th 9:00 AM – 12:00 PM and November 19th 2:30 PM – 5:00 PM. There will be a full task force meeting on November 30th where committees and workgroups will brief the task force on their completed work.

Mark Ishaug volunteered to co-chair the Administrative Issues Committee.

Group Discussion

Committee participants were asked to identify the current strengths of the mental health system, gaps, and their vision for the future.

Strengths

- Established relationships
- Focus on recovery management
- Changing times provides for opportunity (flexibility)
- Extensive network of CMHC providers
- Medicaid rules establish a basis for care
- Flexibility of Rule 132
- Diversity and commitment of DMH leadership staff; statewide leadership – right people to implement services in new changing world
- Peer trained Certified Recovery Support Specialists (CRSS)

Gaps

- Full continuum of care not available to all who need it
- Ability of individuals who are undocumented to receive services
- Access to services that are desired are not available in all communities
- Access to some professionals not available in rural areas
- Credentialed staff are not available uniformly across the State (children)
- Lack of funds to hire CRSS (consider incorporating this level of staffing in a waiver)
- Access to the right medications
 - o Prior approvals
 - o Number of prescriptions available (aka Medicaid Rule re: 4 prescriptions)
- Shortage/availability of psychiatrists
- Inconsistent definitions, expectations, and evaluation of recovery (no definition)
- Identification/standardization or expectation re: outcomes/performance measures
- Access to non-traditional services (i.e., special services, recreation etc)
 - o Funding
 - o Availability in all communities
- Access to supported employment
 - o Availability in all communities
- Housing
 - o Availability in all communities
- Complicated process to access benefits (i.e., Medicaid, SSI) – needs to be streamlined

Vision

- High quality services provided consistently, across all state agencies (i.e., DCFS, DMH, etc.), statewide
- People are given the tools to recover and stay in recovery, recognizing that recovery is a non-linear process
- Services are flexible and can be tailored to meeting the needs of each individual
- Ability to measure outcomes at various levels, including the individual level

Next Steps and Wrap Up

Dr. Smith will be sending out the meeting minutes and confirmation of the confirmed meeting dates and times. She will also send committee members the link to the DHS, DMH website page that provider additional materials and documents relevant to this strategic planning process.