

Illinois Mental Health Planning and Advisory Council Minutes

March 5, 2020

Attendees from Council in Chicago:

Fred Friedman, Dennis Hopkins, Ron Melka, Margo Roethlisberger, Amy Starin

Attendees from the Council in Springfield:

Shirley Davis, AJ French, Nanette Larson (DMH), Lee Ann Reinert (DMH),

Attendees from Council by Telephone:

Ray Connor, Andrea Cooke, Cindy Daxenbichler, Sondra Frazier, Patty Johnstone, Meg Lewis, Jennifer McGowan-Tomke, Susan Schroeder, Christine Walker, Sidney Weissman

Resource Personnel:

Courtney Aidich (DMH/Springfield) (David Albert (DMH Director/Springfield) Lisa Betz (DMH/Springfield), Brock Dunlap (DMH/Springfield), Irwin Kerzner (DMH/Chicago), Pearl Madlock (IHDA/Phone)

Guest:

Mary Flaherty (Phone), Chris Stohr (Springfield), Michelle Churchey-Mims (Phone)

Call to Order:

The Meeting was called to order by Shirley Davis at 12:55pm, after some initial technology challenges. During roll call, it was announced that Terry Carmichael retired. Ron Melka confirmed we have a quorum.

Approval of Minutes

Fred Friedman motioned to approve minutes. Ron Melka seconded the motion. Discussion from Fred Friedman recommended that minutes be less lengthy and Amy Starin agreed. AJ French disagreed, asking if either Fred or Amy wished to take minutes. Both declined. Nanette Larson pointed that different people have different skill levels regarding taking down the essence of discussion. January minutes passed unanimously.

DMH Report:

Director Albert reported excitement about new Notice of Funding Opportunities (NOFA's) just put out. Three Transitional Community Care & Support NOFA's related to one another and intended to take significant step in rebuilding and reinvesting in areas of system which particularly need attention. Parts of system need patching and new approaches so most vulnerable individuals don't go without service and supports they need. Approximately \$15 Million annually to benefit individuals coming out of state hospitals, and others.

- Clinical care for persons not Medicaid eligible (including undocumented individuals)
- Nontraditional approaches that are promising such as 25 Living Rooms across the state
- Reinforce engagement that is needed between state hospitals and community providers

Due to procurement laws, specific questions cannot be answered. LeeAnn Reinert adds that NOFA's are published on DHS webpage, along with questions and answers. Additional questions can be directed to Barbara Roberson whose contact info is on the DHS site. Each question will receive an individual response and be added to the questions posted on the DHS site. Reinert advises to look on site before posing individual questions. Two webinars have already occurred. A third webinar will occur tomorrow. Slides will also be posted online. Brock Dunlap added that, when questions are submitted, nothing designates origin of question. Nanette Larson adds it's an exciting time for all three opportunities.

LeeAnn Reinert reports being in the process of planning Evidence Based Practices conference, that there are block grant funds which must be used for technical assistance and training. It's still in planning process. Multiple tracks will be available. Save the date for August 25th & 26th in Springfield. More information is forthcoming. Brock Dunlap reports Governor Pritzker has released his proposed budget for FY21, noting these are recommendations and not the finalized budget. These are proposed numbers. One strategy we looked at was re-investing in services – we have a high need of people who are not insured and can't get appropriate care –

supporting appropriate services to reduce ER visits and hospitalizations, funding temporary housing options as homelessness is a barrier to recovery. There are some funding increases in proposed budget, primarily centered on Williams Court Decree, based on new way of funding consent decree and making more successful transitions from IMD nursing homes into community. We are looking at an increased number of people coming out to meet our goals.

Director Albert adds there is a significant transitional housing piece in the NOFA's. We recognize homelessness as a significant barrier to engaging in range of services and supports. Housing is critical component of safety net. Fred Friedman asks HB5465 is part of what Director Albert is referencing. Director Albert clarifies this NOFA is a current DMH funding opportunity. Brock Dunlap adds that, until the legislature proposes FY21 budget, I can't say what our funding levels will be. I can speak to what the Governor has introduced, as proposed.

AJ French asks if there are any funds designated to establish and strengthen consumer advisory councils. Brock Dunlap responds that what the Governor has introduced does not break out that. AJ adds this is something really important. Not many consumer advisory councils exist in the state. If there's not consumer voice at agency level, there diminishes likelihood there's going to be consumer choice. It's super important and we're behind in that area.

Amy Starrin thanks DMH for their report and asks Brock if we can get report on DMH budget and how block grant funds are spent. This group needs better understanding of how block grant funds are spent.

Before question could be answered, Starrin also asks if DMH has plan to develop Learning Collaboratives after Evidence Based Practices conference. LeeAnn Reinert replies part of what we're doing with conference is to support efforts that are currently underway. Current infrastructure and learning collaboratives exist already and additional collaboratives which emerge would be supported. Nanette Larson adds that DMH is looking to review and feature real life experiences from Illinois – 5-minute stories about how practice has supported their recovery. LeeAnn welcomes any ideas to support development and function of learning collaboratives, mentioning that other times they've tried to start collaboratives they haven't had as much success. Face to face conferences make it more likely that folks will continue to participate in Learning Collaborative.

Starrin asks what are some of the non-traditional thoughts related to child and adolescent issues. Director Albert responds that he hopes this is an ongoing conversation, as it's one of the reasons we're here. Lisa Betz shares a couple things that immediately come to mind are infant child mental health, high need to better understand needs of transition age youth and evidence-based practices that sister agencies are moving forward with which we can support – citing DCFS Family First.

Co-chair Margo Roethlisberger asks if DMH has had any conversations with HFS regarding integrated health homes and implementation. Is there any way to do a learning collaborative around child and adolescent integrated health homes? Another thing is that evidence-based practices can be hard to implement with workforce shortages. Getting staff trained in health care coordination and then staff go on to other positions. Providers struggle with how to keep practices going when trained staff member takes a job elsewhere. LeeAnn Reinert responds that implementing evidence-based practices takes more time with training Supervisor, but there's also great interest on the part of the mental health authority because we know evidence-based practices get terrific outcomes. One of the things we've been talking about is supporting workforce development so we are helping young graduates coming out of school as they're coming to agencies.

Sid Weissman say we are in exciting new place and looks forward to seeing what will get implemented.

Christine Walker suggests one phone number for folks outside the Council who don't know how to navigate the system. Christine says that if she has trouble, the average Illinois family doesn't really know where to go. There's no one-stop shop. It would be phenomenal to offer the ease of one phone number. Director Albert responds it's confusing for those outside and inside the system. Recently, I've heard the Secretary talk about breaking down some of those silos and helping Illinoisans navigate the DHS system. Fred Friedman affirms what Christine said about complexity of system. If it's difficult for parents, imagine how difficult it is for someone with symptoms. I would like to suggest no wrong door, where any door one might go to will lead them to solution.

Fred goes on to mention that, regarding evidence-based practices, – for those of us who have recovered – we are the evidence. There may be a system of care that works for us, but there might not be a study to validate it. That does not mean that it is any less valid than more formal care.

AJ French agrees with statement that it's not just about a phone number, but now wrong door. AJ also asks if child and adolescent system takes advantage of the Warm Line phone number already in existence. This line is operated by the Illinois Mental Health Collaborative. Christine responds that this family reached out to us because nobody would help them. In this particular case, it was a 19 year old. Another example is I've yet to speak with a Social Worker who knows what the CARES Line is. There's a big gap between what the State of Illinois provides and the people it's supposed to benefit knowing it's there. Lisa Betz clarifies that the CARES Line is a number for individuals up to age of 18 that might be Medicaid eligible through age 21 that might require psychiatric hospitalization. AJ clarifies that the Warm Line (866-359-7953) is a tremendous resource which provides emotional support, referrals and more. This is the hub for folks across the state. Teenagers and family members can call this number.

AJ went on to point out that, for those of us who have went through the system and started consumer-operated services, these are the organizations which have historically been funded due to medical interest. There are programs that potentially could be evidence-based, but don't garner research dollars. I wholeheartedly agree with LeeAnn about the demonstrated outcomes of evidence-based practices and would also humbly submit there are practices that are really good without research dollars. That's an important voice in our community that needs to be amplified.

Christine Walker responds that she left a message with the Illinois Mental Health Collaborative last Friday and now it's next Thursday and she hasn't gotten a return call. They're not responsive. AJ asked for clarification if Christine called the business line to Collaborative or the Warm Line because this is the first time she's heard of being able to leave a message with the Warm Line. Christine responds that she called after hours. Christine says the point is that we have a lot of opportunity to improve our offerings which makes everyone feel more successful.

Committee Reports:

- **Development Committee Report:**

Ron Melka reported the committee did not meet and the next meeting is scheduled for April 30th. Andrea Cook stated she was on line for about 25 minutes waiting for a quorum and inquired if there is reimbursement available or is reimbursement only available if meeting is called to order. LeeAnn Reinert responds she will find out and get an answer out.

- **Adult Inpatient Committee Report:**

Andrea Cooke reported that we had a good meeting, with only four committee members present. There were no DMH staff at this meeting and at the last meeting. We talked about something we've talked about since August 2019 meeting and that is where are the mental health beds in Illinois. At the last IMHPAC meeting, LeeAnn told us about the Illinois hospital report card. The few of us at the meeting looked at the report card and the information is from 2018. It doesn't tell about vacancies. It only tells the number of bed that a hospital has. We had a discussion about how helpful it would be if there was a database to tell where there are vacancies. As a committee, we would be willing to write a proposal to create a database that could be run by DMH or a library or university. There's a critical need for this, as providers spend a lot of time looking for beds. We propose a line item in the block grant to create this database and we want to know what DMH thought about that.

LeeAnn responds that she previously oversaw development of database for crisis care system when Tinley Park and Singer closed. This was to track a small system of diversion. One of the key challenges was having providers report accurate vacancy rates. The information is only accurate at the moment it was reported. It's a great idea in theory. It's extremely difficult to get to work. The number of beds fluctuate. If admissions go down, they actually close down part of unit. Beds aren't available when they're not staffed.

Co-chair Shirley asked if we could work towards aim of getting hospitals networked together with electronic health records. Reinert responded that we could, but it would take a lot more money to do it.

Sid Weissman said we're confusing two different issues. There's an issue of an existing bed on any given day. There's also the issue of staff beds. Hospitals could list the number of beds adequately staffed.

Technical challenge prevented Sid Weissman from further comment. While waiting for his line to be reconnected, AJ mentioned that Region 5 used to email a daily report on number of available hospital beds to community providers and mental health stakeholders. Every hospital in the region was asked to send a daily census update to DMH. It was explained that there were variables such as part of a unit closing down or difference in time of day when hospitals submitted census to DMH. It was helpful to know if a hospital had three beds, verses being at capacity. Nanette said that when she worked at Zellar Mental Health Center in Peoria, 20 years ago, the same system was used in Region 3 and it was very primitive. It was the region staff that managed the communication. AJ responded that if one system is too expensive and exorbitant to maintain that even a primitive approach might be better than no effort at all. Co-chair Shirley Davis remarked "It's a start."

Director Albert said that communicating about bed availability is important. There are other related areas for us to be focused on. We are focused on doing everything we can to increase the availability of beds. There's every reason to think that individuals are staying in hospitals longer than absolutely necessary for a variety of reasons. Director went on to say that almost everything we've talked about can come back to workforce development issue. I just want to flag that as a critically and vitally important issue. Shortage of qualified staff in our hospitals that would allow us to open up units that are already licensed to operate is also something to focus on. And we're working on procuring an electronic health records system. We don't have one throughout our hospitals. It's taking a multi-pronged approach. I'm all for the low hanging fruit. If communicating bed availability is one of the easier things for us to do and we're allowed to do it, I'm all for it. But we're also very focused on other things.

Mary Flaherty announces her presence as guest on the phone. She comments that she works as a psychiatric nurse for an inpatient unit and sometimes providers will not be open about the beds they have because they want to be able to closer select the patients that they feel would better fit their unit. Nanette Larson said that's exactly what she stopped from saying and I'm glad somebody else brought it up. We had a very difficult time getting genuine numbers. Even though it seems like a simple thing, we had a terribly difficult time getting genuine numbers out of that communication on a daily basis for the reasons that this person has just spoken up about and for a whole host of other reasons. It seems like it should be easy, but Mary mentioned she works on a unit where they don't give those numbers very easily. Back in the day when we were using that primitive email system, they gave us numbers but they did not give us genuine numbers.

Sid Weissman said he thinks we've touched on a major issue and he is quite pleased. This is very difficult meaningful information to get. Not all hospitals are the same. Co-chair Shirley Davis asks, if given the option to "opt out" would all hospitals opt, would all hospitals opt out or just a few? Nanette Larson says that because hospitals want to be a "good player at the table" they don't opt out, they just don't give you genuine numbers. Andrea Cook states that having some numbers would be helpful and mentions having to find beds in other states. Amy Starin brings up competition among providers in the for-profit sector. Lisa Betz brings up two recent national documents released on national guidelines for Behavioral Health Crisis Care from SAMHSA. She will send to AJ to include with minutes. These two reports talk about why we want good data, but why it's only one part of a four prong system. I value and hear the conversation, but want to make sure we're not focused on only one part of a whole. Sid Weisman agrees all are important, but the "bedrock" place is to have a bed for someone and, for various reasons, that's very hard to assure.

- **Justice Committee Report:**

AJ French reported that the Justice Committee did not meet, but approved minutes from the previous committee meeting were sent to Council Members. Additionally, the following three related documents were also emailed.

1. Justice, Equity & Opportunity (JEO) Initiative from Lt. Governor's office – It was disappointing to see they didn't include a whole lot about mental health in that report considering how many people with

mental health conditions end up in the criminal justice system. The one thing they did note is that they will convene a conference with some of the judges.

2. Assistant Secretary from SAMHSA Letter – Addressed to each state mental health authority, clarifies that block grant funds can be spent for people while they are in criminal custody. French asked Brock Dunlap if any current DMH dollars go toward people in jails or prisons. LeeAnn Reinert says not currently. Brock clarified there are no direct funds, but couldn't speak if any indirect funds were spent. LeeAnn, as Block Grant planner, added that she was on a call with the Assistant Secretary. After the letter came out, they had a call with all the states and one of the reasons the answer is no is because previously there was an interpretation of federal law that prevented it. This is a new interpretation of the law that says block grant money can be used to benefit people in prison or jail provided the services provided to them are provided by community provider who is eligible for block grant funds. Given the timing when they released it, there wouldn't be any way we could start something in Illinois this fiscal year with the mechanics that are involved. We have started talking about what those implications might be with Dr. Coleman, whose our forensics Deputy. We were pleased to hear it. It's always good when states have more flexibility. There are some initiatives we hope will be able to take advantage of that new leniency in interpretation. French asked if consumer operated service providers could be funded. Reinert said there's nothing to say consumer operated service providers couldn't be funded, but shared it was disheartening to hear that another state asked if WRAP could be brought to a prison and Assistant Secretary said that would not be a covered expense. At federal level, WRAP is not considered treatment. The only things they would consider covering are things more clinical in nature and are part of Medicaid services.
3. Gift of Voice is offering "Take Courage: A Conference for Individuals & Families Impacted by Incarceration." SAMHSA Assistant Secretary McCance-Katz was invited and has indicated availability. Formal approval still needs to happen. French is hoping to speak with her about the value of WHAM & WRAP at that time.

- **Child & Adolescent Committee Report:**

Margo Rothlisberger reported the committee had not met. Amy Starin requested an update on the committee. Margo replied she doesn't know why committee has not set a time to meet. Amy asked DMH whose responsibility it was to get that committee rolling. AJ French indicated it was Development Committee responsibility. Ron Melka replied that Council co-chairs assigns committee members and committee chairs. Development Committee develops membership and elected officers. Amy Starin asks if we have chairs assigned for the Child & Adolescent Committee. Margo replies that the last she knows it was Dennis and herself. Margo didn't know if that was still accurate or not. Director Alberts says lets make sure DMH does whatever we can to support the development of a robust Child & Adolescent Committee. LeeAnn says that one of the challenges was that bylaws are specific in membership and we have to have a certain number of Council members on the committee. The larger Council membership was invited to communicate to someone. Margo says Council members were invited to communicate with her. Two members communicated they would be interested in participating – Shirley Davis and Christine Walker. Christina said another issue was that meetings needed to be opened up to the public. Margo said that now all our meetings are open to the public so we are in compliance with the Open Meetings Act. Margo said we will send out an invite to committee members in April and get in posted on the DHS website. Lisa Betz offered to participate as a representative from DMH. AJ asked if Shirley & Margo if they were going to appoint co-chairs. Mago replied that she and Dennis were both co-chairs and that has not changed.

New Business:

- **Support for Legislation Related to Mental Health**

Fred Friedman brought up a Recovery Pilot Program, HB5465. It proposes that, for a certain subset of people at risk can be given a home with a "Housing First" model. It's almost impossible to recover if you don't have a home. Following Colbert and Williams consent decree models, there will be a certain amount of money available and anyone at risk can have a home. Treatment will be available, but not required. Backed by remarkably large coalition, the bill has not yet been assigned to a committee and is subject to appropriations. Fred requests that the State endorse this bill. Fred motions that the Council support HB5465. AJ French asks for clarification on how Council can support. Is Fred asking Council to write formal letter or each of our individual and organizational

members to individually offer support? Fred says that Mark Heyrman used to write letters on behalf of Council all the time, but we didn't need a letter because leadership is right in front of us. AJ said she is very interested in supporting and asks DMH if it would be helpful to actually have a formal letter in your possession when you have discussions with decision makers. Director Albert replies he is happy we're discussing legislation. LeeAnn Reinert explains that each division is asked to review and comment on bills during each legislative session. There is a process in which that information is collected when the Department of Human Services has taken on a bill. Sometimes, there may be one Division that believes it's helpful and another Division that is against it. We don't, as a Division, make a final decision on what happens. Then the Department of Human Services reports to the Governor. We may make a recommendation to the Governor's office, but it may or may not be the position taken by the Governor. Because we report to the Governor, the Governor's position is our position. While it's always helpful to get input from the Council on the work that we're doing, it may or may not have the impact that the Council wants it to have depending on other factors. There's a whole flow chart on how we have to make our decisions. Fred says that all Council Members will be asked to "slip" in favor of legislation and asks DMH if Council writing a letter would be more effective than a motion. AJ interjects to say that she believes it would and that, as a Council, we need to put something in DMH hands to equip them to have conversations with decision makers. AJ motions that we authorize Fred Friedman to draft a letter on behalf of the Council supporting HB5465 and that it be addressed to the Division of Mental Health with copies to Leader Willis and within two weeks it would be signed by co-chairs. Pearl Madlock seconds the motion.

During discussion, Amy Starin says she is not comfortable voting regarding legislation she hasn't read. Fred responds that the trouble with that is that legislation is fluid. Bill today will read differently after negotiations. Lisa Betz points out companion bill Senate 3853 and offers to send links. Nanette Larson asks if links to both bills can be sent in advance of meeting minutes. AJ says yes, links can be sent in advance of meeting minutes. This gives people opportunity to read the legislation as it exists now. Lisa gives the website address is www.ilga.gov put the House Bill or Senate Bill and the number. Ron Melka says it has now been assigned to Mental Health Committee. AJ says this means it's no longer in rules. Nanette says it may be better to address the letter higher and copy DMH. DMH is going to take a position which will be merged with SUPR and all the other divisions and DHS will take a position. LeeAnn says we have a form to fill out and part of that is listing what we know about the bill in terms of proponent and opponent. We would list IMHPAC as proponent because that's what you've told us to you want us to do, but there's no way to attach a letter to this form.

AJ amends the motion to authorize Fred Friedman to draft a letter on behalf of the Council supporting HB5465. The amended motion addresses Leader Willis and copies Representative Conroy, DHS Secretary Hou and DMH Director Alberts and will be signed by Council Co-Chairs within two weeks. Pearl Madlock seconds the amended motion. AJ notes that Council members should also receive a copy. Motion carries, with abstentions from Amy Starin and all DMH state staff members.

Treasurer:

Margo states we need a Treasurer. Ron Melka asks if an email can be sent requesting nominations for Treasurer. Andrea asks "Who are we supposed to send reimbursement forms to?" Brock Dunlop says that someone in the Council has to approve and verify people attended the meeting and sign off on it before it comes to my office. Brock says it doesn't matter who signs off because he can confirm attendance through meeting minutes. AJ asks if we can identify someone authorized to receive reimbursement forms who will verify, sign and submit form to Brock Dunlap in the interim period until we have a Treasurer. Shirley Davis said no. Margo Roethlisberger said she could. Nanette Larson suggested that the motion be in regards to "in the absence of a Treasurer" this become the standard procedure. AJ motions that, in the absence of a Treasurer, one of the co-chairs will be authorized to receive reimbursement forms to be verified, signed and submitted to Brock Dunlap or appropriate DMH designee. Ron Melka seconded. Motion carried unanimously.

Public Comment:

Chris Stohr, representing GROW in Illinois, asked if there were any openings for membership on the Council. Ron Melka responded the Development Committee will review his application. Typically, the Council brings in new people at fall meeting but we've had a few vacancies. We will discuss at next Development Committee meeting whether we want to fill current vacancies or bring people in for a new term this fall.

Chris also asked if it was appropriate for Brock Dunlap to comment on funding community operated services providers. Brock replied he could respond during meeting or after meeting. AJ said she would like to hear. Chris said he was especially asking for smaller organizations that might have a niche, but not a wide spectrum of services. Brock said majority of funding opportunities are required by Grants Accountability & Transparency Act to be competitive. Notices are posted on DHS site. If you got to DHS website, under grant opportunities, under mental health, you will see a detailed list of things you have to do prior to applying for grant and things you have to do once you accept grant. We recommend doing this ahead of time so funding will flow quicker once there is an award.

Chris asked if there is anything in Governor's budget about consumer operated funding. Brock said Governor's budget has broad funding levels. Unless there's a line-item, they don't usually identify funding at that level.

Sondra Frazier remarks that phone system is not very clear. LeeAnn says she received similar feedback from Ray Conner. We'll do some investigating and try to trouble shoot it before next meeting.

Adjournment

AJ French motions to adjourn meeting. Nanette Larson seconds motion. Meeting adjourned.

Next Meeting: Scheduled for May 7, 2020 @ 12:30pm

Respectfully Submitted by AJ French on May 5, 2020