

**Beginning the Conversation:  
Statewide Policy Summit on Advancing Bidirectional  
Behavioral Health and Primary Care Integration**



# **Agenda and Workbook**

***Co-Sponsors and Partners:***

Department of Human Services  
Department of Human Services, Division of Mental Health  
Department of Human Services, Division of Alcoholism and Substance Abuse  
Department of Healthcare and Family Services  
Department of Public Health

**June 22, 2011**

Chicago, Illinois



# AGENDA

**June 22, 2011**

8:00 a.m.                    **Networking and Continental Breakfast**

8:30 – 9:00 a.m.        **Welcome and Vision Setting: It's About Whole Health and Wellness**

*Michelle R.B. Saddler, Secretary, Department of Human Services*

*Lorrie Rickman Jones, Ph.D., Director, DHS Division of Mental Health*

*Julie Hamos, Director, Department of Healthcare and Family Services*

*Damon T. Arnold M.D., M.P.H., Director, Department of Public Health*

*Theodora Binion-Taylor, Director, DHS Division of Alcoholism and  
Substance Abuse*

**Meeting Goals, Objectives and Plan for the Day**

*Gail Hutchings, M.P.A., President and CEO*

*Behavioral Health Policy Collaborative – Moderator*

9:00 – 9:10 a.m.        **Listening to the Voices of Consumers and Persons in Recovery**

*Nanette V. Larson, BA, CRSS, Director, Recovery Support Services,  
DHS/Division of Mental Health*

9:10 – 10:00 a.m.      **Keynote Address: Why Integration and Why Now?**

*Richard Frank, Ph.D., Margaret T. Morris Professor of Health*

*Economics, Harvard University and former Deputy Assistant*

*Secretary, Disability, Aging, and Long-Term Care Policy, Office of  
the Assistant Secretary for Planning and Evaluation, U.S.*

*Department of Health and Human Services*

- 10:00 – 11:00 a.m.    **Effective Bidirectional Integration – Evidence-Based and Best Practices Models**
- Frank Verloin deGruy, III, M.D., M.S.F.M., Woodward-Chisholm Professor and Chair, Department of Family Medicine, University of Colorado Medical School*
- Kathy Reynolds, LMSW, ACSW, Director, SAMHSA-HRSA Center for Integrated Health Solutions, and Vice President, Health Integration and Wellness Promotion, National Council for Community Behavioral Healthcare*
- 11:00 – 11:15 a.m.    **Break**
- 11:15 – 12:00 p.m.    **Payment Reform Models in Integrated Care Settings**
- David Lloyd, Founder, MTM Services*
- 12:00 – 1:15 p.m.    **Working Lunch** (provided)
- Small Group Discussions: Identifying Opportunities for Integrated Primary Care and Behavioral Health in Illinois** (*see Workbook*)
- 1:15 – 2:00p.m.    **The Impact of Health Care Reform on Integrated Care**
- John O'Brien, Senior Advisor to the Administrator, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services*
- 2:00 – 2:45 p.m.    **Spotlight on Current Illinois Models of Bi-Directional Integration**
- A Legacy of Caring:** *Diana Knaebe, President/CEO Heritage Behavioral Health Center*
- Primary-Behavioral Health Integration: Successes, Barriers and Solutions:** *Jerry Lowell LCSW, Senior Vice President, Aunt Martha's Health Center*
- A Model of Community Integration between a CMHC, FQHC and Health System:** *David L. Deopere, Ph.D. President, Robert Young Center Vice-President, Trinity Regional Health System*

- 2:45 – 3:00 p.m.      **Break**
- 3:00 – 4:00 p.m.      **Small Group Discussions Continue**  
*(Reconvene and utilize Workbook)*
- 4:00 – 4:30 p.m.      **Small Group Report Outs – “Takeaways” from Participants**  
*Gail Hutchings -- Facilitator*
- 4:30 – 4:45 p.m.      **Closing Remarks: Where Do We Go From Here?**  
*Lorrie Rickman Jones, Ph.D.*
- 4:45 p.m.              **Adjourn**



# WORKBOOK<sup>1</sup>

## Small Group Session #1:

12:00 noon to 1:15 p.m.

### *Instructions to Facilitators:*

1. Please begin the small group session by introducing yourself and having group members introduce themselves.
2. Remind the group that you have **until 1:15 p.m.** to discuss the following questions and return to the plenary session room.
3. For networking and follow-up purposes, remind group members that a Summit Participants List is on the Summit website and will remain there for 1 month following the Summit. Summit Website address: <http://www.dhs.state.il.us/page.aspx?item=55312>
4. Have the group select one member who will briefly report out at the end of the Summit on behalf of your group.

### **Introduction to 1<sup>st</sup> Small Group Session:**

- The purpose of this session is to have you meet other colleagues in your region who share an interest in advancing bi-directional behavioral and primary care integration and to discuss several key areas designed to begin or continue healthcare integration collaborations within Illinois.
- Building on what you learned from faculty members this morning and based on your own experience, please discuss the following questions as they pertain to:
  - Values and Guiding Principles for Integrated Care; and
  - Identifying and Participating in a Health Home.

### **Small Group Discussion Questions:**

#### **1. Values and Guiding Principles**

- What are the values and guiding principles that should frame discussions and system planning efforts toward bi-directional behavioral health and primary care integration in your community?
- Do most people with mental and/or substance use disorders access primary care services in Illinois? Do you ask if patients have primary care provider or mental and/or substance use disorders?
- What are the core elements of a vision and a model of behavioral health and primary care integration in your community that leverages your existing strengths?

**Response to the following question to be reported by Group Spokesperson at end of Summit.** *[Instructions to Group Spokesperson: Record your group's response on Page 9 of the Workbook. Note that this page will be handed in after the report out session.]*

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<sup>1</sup> We extend our acknowledgement and appreciation to John O'Brien and the Substance Abuse and Mental Health Services Administration for their assistance in developing the Workbook.

- **What are 2-3 elements that your group identified of a vision and model for bidirectional behavioral health and primary care integration that builds on your community's strengths?**

## **2. Identifying and Participating in a Health Home**

- How would individuals with mental and/or substance use disorders be identified, informed and referred to health homes in Illinois? Who would have this responsibility?
- If you have a bidirectional system, what are the clinical considerations for establishing the most appropriate health home for persons with mental health and/or substance abuse disorders ( e.g., chronicity of serious mental illness, chronic medical disease morbidity)?
- What kinds of relationships should exist between the primary care health homes and the behavioral health care homes in your community? Why is it important for them to collaborate?
- Who are the key planning partners in your community to continue this discussion and what is the most effective structure for future planning?

**Response to the following question to be reported by Group Spokesperson at end of Summit.** *[Instructions to Group Spokesperson: Reminder to record your group's response on Page 9 of the Workbook and note that this page will be handed in after the report out session.]*

- **What is the biggest insight or recommendation that your group came up with during this conversation relevant to identifying and referring participants to Health Homes?**



## Small Group Session #2

3:00 – 4:00 p.m.

### *Instructions to Facilitators:*

1. If any new participants have joined your small group since the earlier session, please ask them to introduce themselves.
2. Remind the group that you have **until 4:00 p.m.** to discuss the following questions and return to the plenary session room.
3. Ensure that the group spokesperson who was selected at the earlier session has what he/she needs to report out to all Summit participants immediately following this session.

### **Introduction to 2<sup>nd</sup> Small Group Session:**

- The purpose of this session is for you to reconvene and build on the discussion you began earlier to address two additional key aspects of advancing bidirectional behavioral health and primary care integration across Illinois.
- Building on what you learned from faculty members this afternoon and based on your own experience, please discuss the following questions:
  - What is the Business Case for Integrated Care in Illinois?
  - What Outcome Data Do We Have/Need?
  - What Technical Assistance Do We Need?

### **Discussion Questions:**

*(Question numbers continued from 1<sup>st</sup> small group session.)*

#### **3. What is the Business Case for Integrated Care in Illinois?**

- Who is the business case for (e.g., providers, health plans, community leaders)?
- Do you have a sense of the size of the population (number of potential individuals with mental and/or substance use disorders) that could benefit from a health home? How would you project the size?
- What utilization and expenditure patterns of health and behavioral health services have you identified for individuals with mental and/or substance use disorders?
- What are the funding considerations and concerns for the models under consideration for your community and what are the elements of a funding strategy that would allow you to maximize your resources while achieving outcomes?
- What is the most effective structure to continue this discussion?

**Response to the following question to be reported by Group Spokesperson at end of Summit.** *[Instructions to Group Spokesperson: Reminder to record your group's response on Page 9 of the Workbook and note that this page will be handed in after the report out session.]*

- **What is the biggest insight or recommendation that your group came up with during this conversation relevant to making the business case for bidirectional integration in Illinois?**

#### **4. What Outcome Data Do We Have/Need?**

- Have you identified an anticipated outcome(s) for your State?
- What information/data would constitute evidence for a successful intervention?
- What information/data currently exist across the systems?
- What common information/data can be shared across the systems?
- What is the most effective structure to continue this discussion?

**Response to the following question to be reported by Group Spokesperson at end of Summit.** *[Instructions to Group Spokesperson: Reminder to record your group's response on Page 9 of the Workbook and note that this page will be handed in after the report out session.]*

- **What did your group identify as the biggest challenge or barrier to identifying and using outcome data to inform Illinois' progress toward bidirectional integrated health care?**

#### **5. What Technical Assistance Do We Need?**

- What technical assistance or other supports would be helpful in your efforts to implement integration programs?

**Response to the following question to be reported by Group Spokesperson at end of Summit.** *[Instructions to Group Spokesperson: Reminder to record your group's response on Page 9 of the Workbook and note that this page will be handed in after the report out session.]*

- **What were the top two areas or issues needing technical assistance did your group identify during your two sessions today?**

# Responses to Workbook Questions by Small Group Participants

Region: \_\_\_\_\_

*(Instructions: This sheet is to be completed by each Small Group's Spokesperson and handed in at the end of the Report Out Session to the Summit Moderator.)*

1. **Values and Guiding Principles:** What are 2-3 elements that your group identified of a vision and model for bidirectional behavioral health and primary care integration that builds on your community's strengths?

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2. **Identifying and Participating in a Health Home:** What is the biggest insight or recommendation that your group came up with during its conversation relevant to identifying participants in/for Health Homes?

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3. **What is the Business Case for Integrated Care in Illinois?** What is the biggest insight or recommendation that your group came up with during this conversation relevant to making the business case for bidirectional integration in Illinois?

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4. **What Outcome Data Do We Have/Need?** What did your group identify as the biggest challenge or barrier to identifying and using outcome data to inform Illinois' progress toward bidirectional integrated health care?

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5. **What Technical Assistance Do We Need?** What were the top two areas or issues needing technical assistance did your group identify during your two sessions today?

(1) \_\_\_\_\_

(2) \_\_\_\_\_

**Other Comments/Suggestions:**

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