

Healthy Illinois 2021 Behavioral Health Action Team Meeting
Wednesday, February 10, 2016 11:00 PM – 1:30 PM
Call info: 1-866-297-7906 Code: 631744

Present: Posh Charles, Bill Dart, Mary Elsner, Josh Evans, Beth Fiorini, Vincent Keenan, Diana Knaebe, Christina Koster, Jan Gambach, Judith Gethner, Maureen McDonnell, Mark Mulroe, Leticia Reyes-Nash, Amy Sagen, Sheryl Smith, Neli Vazquez Rowland, Amaal Tokars, Ron Weglarz,; From the public: Kathy Powers

Absent: Karen Ayala, Mary Dobbins, Grace Hong Duffin, Krysta Heaney, Jeff Joy, Colette Lueck, David McCurdy, Meryl Sosa, Sharon Post, Dan Rabbitt, Laurie Selvers, Sue Ellen Shumacher, Mary Smith

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

Agenda Items	Discussion/Updates	Action Items/Decisions Made	Responsibility/Deadline
Welcome and Roll Call	<ul style="list-style-type: none"> - Meeting called to order by Maureen McDonnell. - Geneva conducted roll call. 		
Approval of Minutes	<p>Minutes from 1/29/2016 meetings</p> <p>Meeting Purpose</p> <p>Overall goal: Build upon selection of strategies that may be adopted as statewide approaches to improve behavioral health outcomes and reduce/eliminate disparities.</p> <p>Activities:</p> <ol style="list-style-type: none"> 1.Share action planning assignment 2.Review strategy interventions that align with decision criteria 3.Analyze and decide what strategy interventions best align with SHIP decision criteria 	Move to approve minutes made by Amaal Tokars and seconded by Posh Charles	

<p>Reports on Small Group Work</p>	<p><i>Conversation centered on issues within the state of Illinois at the moment.</i></p> <ul style="list-style-type: none"> - Diana Knaebe, Chief of the Mental Health Division at IDHS, discussed how behavioral health will be integrated in Illinois. The Governor will mention some of the issues at his State of the State. - State Health Improvement Plan is working with the state and crosses many areas of interest. - Data mentioned as a way to bring everything together again. The integration of behavioral health into primary care is going to be data driven. <p>Treatment Group</p> <p>Trying to get justification around four initial goals:</p> <ol style="list-style-type: none"> 1. Expand the utilization of programs and resources other than ER rooms – taking a look at what and how the existing programs are being used for effective care instead of asking for new resources. 2. Reduction in prison population – this could bring a change to healthcare reform, look at a re-allocation of funds. 3. Expansion of re-imbursement to treatment – expansion of treatment to recover homes for longer term to avoid people using the emergency rooms as a form of treatment. 4. Treatment integration and treatable programs doing away with a lot of unnecessary duplication. <p><i>Comments around the discussion:</i></p> <ul style="list-style-type: none"> - Speaker – How are you measuring the justifications? - Group speaker – The issue of measurement metrics is a concern because it can either provide really good information or disrupt us from the goal. - Focus is on how to measure success and how effective the system is in Illinois especially the emergency room 		
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	<p>system.</p> <ul style="list-style-type: none"> ○ It can be difficult to keep track of this information and the information for recovery home care. ○ Posh Charles offered to provide information about ways of integrating behavioral health such as what is going on in smaller hospitals. <p>Prevention Group Goals/ideas reiterated by group</p> <ol style="list-style-type: none"> 1. Mental health first aid 2. Reducing of stigma 3. Activity to train local stakeholders 4. Public health campaign that focuses on activities to create messages and material such as website clips, radio, and print ads and billboards. <p><i>Comments around the discussion:</i></p> <ul style="list-style-type: none"> - Zero suicide approach is mentioned. - Outreach is needed for the homeless. How can we reach this population, especially in the wintertime? The depression level is quite high. - Word association around mental health is important. - Overdose intervention <p>Early Intervention Group Group did not formally present; however, there were members of the group present as well as large group comments.</p> <p><i>Comments around the discussion:</i></p> <ul style="list-style-type: none"> - The Three Buckets of Prevention is mentioned because it discusses an alignment about paying attention to those who are predisposed to certain illnesses. This way we can reduce the amount of effort that may come later. 		
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	<ul style="list-style-type: none"> - Community health workers program in Springfield is doing a lot of work around social determinations of health. 		
<p>Strategy Discussion</p>	<p>The idea is to point out things that are going well in Illinois, if there is something missing, and what is going on that supports the recommendation.</p> <p>Prevention Group (worksheet)</p> <ul style="list-style-type: none"> - Discussion is on best practice for public education that is tailored to various communities; using this language helps to make people comfortable in their own community. - “Questioning” – a great practice for educating children in doing so in a gentle way. It is about the education of mental health recovery. Questioning is also seen as a technique for early intervention. - Workplace wellness with chronic disease and overall mental health. - The use of validated screening tools. <p>Treatment (worksheet)</p> <ul style="list-style-type: none"> - House Bill 1 (HB1) - a bill aimed at combating heroin use in the state. It includes provisions for a prescription return program and providing a drug that counteracts heroin overdoses to first responder. <ul style="list-style-type: none"> o Drug courts are underway for certification - The development of tele-mental health services, but need statistics on that information for Illinois. <ul style="list-style-type: none"> o Tele-mental for primary care doctors out of U-C. <ul style="list-style-type: none"> ▪ It is a 24-hour hotline mainly for after hour treatment with a clinician, not a volunteer. Individuals can find addiction resources online at all times. 		

	<p>Early Intervention (worksheet)</p> <ul style="list-style-type: none"> - Discussion of a need for integration between chronic disease and mental health. - Crisis intervention for law enforcement, i.e., training for police officers on how to engage with the mentally ill during a crisis. - Mental Health First Aid - service to provide public education to help someone in emotional distress, and how to respond to that person in an approachable manner. 		
Group Discussion	Took place within small group presentations.		
Public Comment	None		
Next Steps	<ul style="list-style-type: none"> • Next meeting is Wednesday, February 24 from 1:30-4:00pm at TASC, Inc. Given this is the last meeting; members were asked attend in-person as that increases the meeting's productivity and interaction. • Agreed that each small group will submit the next iteration of the action planning template, containing goals and objectives, as well as supportive information included in the template no later than COB on Friday, February 19. All will be compiled and shared with the larger group by Tuesday, February 23 in order for the discussion on the following day in person. 	Next Iteration of each small group's action plan is due: Friday, February 19 by COB	Members are asked to please review what will be submitted 24 hours prior and come to the meeting prepared to provide feedback and reach consensus on strategies.
Adjourn	Meeting adjourned at 1:30 PM.		