

# Behavioral Health Outcomes Stakeholder Meeting

Wednesday, April 24<sup>th</sup>, 2024

## Attendees

|   | First Name | Last Name     | Organization   |
|---|------------|---------------|--|
| x | Rich       | Adelman       | Art of Recovery  |
| x | Jayne      | Antonacci     | Illinois Department of Human Services Division of Substance Use Prevention and Recovery (DHS-SUPR) |
| x | KenJa      | Brassfield    | Trilogy Inc  |
| x | Fanya      | Burford-Berry | Person with Lived Experience   |
| x | Clara      | Burklow       | Egyptian Health Department   |
| x | Blanca     | Campos        | CBHA   |
| x | Drue       | Cannata       | Arukah Institute of Healing  |
| x | Shawn      | Cole          | University of Illinois System, Office of Medicaid Innovation (OMI)                                 |
| x | Carrie     | Colvin        | Art of Recovery  |
| x | LeNita     | Gardner       | Person with Lived Experience   |
| x | Mary       | Garrison      | Heritage Behavioral Health Center  |
|   | Jill       | Hayden        | Illinois Association of Medicaid Health Plans (IAMHP)  |
| x | Kristine   | Herman        | Illinois Department of Healthcare and Family Services (HFS)  |
| x | Kati       | Hinshaw       | Illinois Department of Healthcare and Family Services (HFS)  |
| x | Eugene     | Humphrey      | Human Resource of Development Institute adba HRDI  |
| x | Aron       | Janssen       | Lurie Children’s Hospital of Chicago   |
| x | Annie      | Johnston      | University of Illinois System, Office of Medicaid Innovation (OMI)                                 |
|   | David T.   | Jones         | Office of Illinois Governor JB Pritzker  |
| x | Crystal    | Jordan        | Illinois Department of Healthcare and Family Services (HFS-BBH)                                    |
| x | Amanda     | Lake          | Illinois Department of Human Services Division of Substance Use Prevention and Recovery (DHS-SUPR) |
| x | Greg       | Lee           | Cook County Health   |
| x | Aaron      | Mallory       | GRO Community  |
| x | George     | Mazya         | Art of Recovery  |
| x | Megan      | Miller-Attang | Illinois Department of Human Services Division of Mental Health (DHS-DMH)                          |
| x | Carrie     | Muehlbauer    | University of Illinois System, Office of Medicaid Innovation (OMI)                                 |

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| x | Kate      | Murphy-Zgrabik | Meridian Health   |
|   | Susan     | Newberry       | Person with Lived Experience-not in attendance                            |
| x | Elizabeth | Ormes          | Guardian Angel Community Services   |
| x | Melissa   | Pappas         | Rosecrance  |
| x | Debbie    | Pavick         | Thresholds  |
| x | Lily      | Rocha          | National Alliance on Mental Illness of Illinois (NAMI Chi)                |
| x | Erika     | Tomaszewski    | Meridian Health   |
| x | Matt      | Werner         | M. Werner Consulting  |
| x | Carrie    | Wilcox         | Illinois Department of Human Services Division of Mental Health (DHS-DMH) |

## Meeting Notes

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- Examples of Identification of Team-Based Outcomes. Kati Hinshaw, HFS, presented on the types of quality metrics, including structural, process, outcome and customer experience. She also discussed examples of how states have used these types of metrics and commonly monitored outcome domains. The [presentation can be found here](#).
- After the presentation, Chief Jones opened a discussion with the group about what are some of the options that we may want to consider as critical components? What does quality measure/outcomes look like for consumers around team-based services? What are the things that tell us we are achieving the outcomes we want to achieve?
  - Matt Werner, M Werner Consulting, said we need a level view on outcomes. He recommended limiting the number of measures created and suggested one or two metrics from each category.
  - Debbie Pavick, Thresholds, added they have been using existing data to measure outcomes, specifically admission discharge and transfer real-time data. They also do a seven day follow up when they are discharged from the hospital with a goal to prevent a 30-day readmission. They look at the connection to primary care. They are struggling to define what is meaningful and providing feedback to staff.
  - Blanca Campos, CBHA, asked about aligning metrics with CCBHC metrics, asking how we track time investment on cost with collecting data.
  - Aron Janssen, Lurie Children's Hospital of Chicago, said metrics are valuable, especially when they are transparent. Aron asked if the metrics could also come from oversight board and not just the providers, explaining that metric collection takes a lot of time and money.
  - Kati Hinshaw, HFS, added that there is a tendency to rely on things we are already collecting (e.g. CANS, claims system) which is important, but encouraged the group to not limit themselves.
  - Aaron Mallory, GRO Community, asked what criminal justice tracking would look like.
  - Clara Burklow, Egyptian Health Department, said right now they are collecting data and creating a 6-month report on physical health, customer provider, preventative care, monthly face-to-face with nurse to go over medication. Clara said this is

- cumbersome and asked if there is a better way to share information. Debbie suggested Power BI dashboards to keep track. Melissa added that Power BI can live in your EHR with parameters on what is shared.
- Fanya said she has never experienced follow up personally or professionally, and asked if these services were happening. She said an open-door, with encouragement of follow up is best. Chief Jones emphasized that follow up is an important metric.
  - LeNita agreed with Fanya and added that she had an experience where she did not know what would happen after leaving a facility in terms of where to go and what supports would be in place. The Above and Beyond Family Recovery Center was very supportive and LeNita began working there because of the connection they provided. Connection is missing from the MCO's and inpatient behavioral health services.
  - Aaron recommended incorporating client feedback as a value-based metric. Their team reaches out to clients for quality assurance surveys every other month, which includes consumer feedback regarding the services they received. These could be a value-based metric. Fanya raised the concern that if this is not incentivized, they could lose connection with the consumer. You do not want to push a client through the program before they are ready.
  - Debbie said they are a productivity driven fee for service evaluation facility, and when they transition from grants to fee for service it caused a financial disruption. This transition to VBP will be difficult but welcomed. She also said they have measures in place to keep the facility running, including individual staff targets. She said that the transition needs to include time to train staff and technical assistance.

## Action Items

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- Share any additional thoughts and ideas to Chief Jones, Kati and/or Carrie Muehlbauer, OMI - All
- Next meeting is Wednesday, June 26 at 2:30pm.