

# CCBHC Advisory Committee Kickoff Meeting

October 5<sup>th</sup>, 2023 – 10:00am-11:00am

## Attendees

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- Chief David T. Jones, CBHO/GO
- David Albert, DHS-DMH
- Leanna Altamore, GO
- Jayne Antonacci, DHS-SUPR
- Jess Banner, Chestnut Health Systems
- David Berkey, IHPA
- Derrick Booth, Trillium Place
- Becky Brasfield, NAMI IL
- Georgianne Broughton, Community Resource Center
- Blanca Campos, CBHA
- Dan Carton, Heritage BH Center
- Shawn Cole, OMI
- Marcy Cox, Arukah Institute of Healing
- Lia Daniels, IHHA
- Dora Dantzler-Wright, The Path
- Shreya Das, OMI
- Jud DeLoss, IABH
- Nikki Dugger, Centerstone
- Kelly Epperson, Rosecrance
- Jennifer Epstein, IDPH
- Josh Evans, IARF
- Adam Flores, DOI
- Eric Foster, HFS
- Amy Frye, OMI
- Dana Frye, Lawrence Co. Health Dept
- Laura Garcia, DHS-SUPR
- Mary Garrison, Heritage BH Center
- David Gomel, Rosecrance
- Teresa Good, Sinnissippi Centers
- Tierney Hammer, IAMHP
- Angie Hampton, Egyptian Public & MH Dept
- Shea Haury, Comwell
- Jill Hayden, Sellers Dorsey (Rep. of IAMHP)
- Kristine Herman, HFS
- Tyrone Hill
- Grace Hong Duffin, Kenneth Young Center
- John Horsley, Kenneth Young Center
- Eugene Humphrey, HRDI
- Mark Ishaug, Thresholds
- Ruth Jajko, LSSI
- Alicia Jansen, MSLC
- Stacie Kemp, Sinnissippi Centers
- Amber Kirchhoff, IPHCA
- Jeremy Klemanski, Gateway Foundation
- Amanda Lake, DHS-SUPR
- Tricia Larson, Trillium Place
- Michael Lau, Arukah Institute of Healing
- Shannon Lightner, IDPH
- Dan Lustig, Haymarket Center
- Amy Marley, Lawrence Co. Health Dept
- Maggie McKenzie, Arrowleaf
- Emily Miller, IARF
- Matt Mollenhauer, Chestnut Health Systems
- Carrie Muehlbauer, OMI
- Samantha Olds Frey, IAMHP
- Kim Petit, Ecker Center for BH
- Matt Richards, CDPH
- Judith Ruiz-Branch, IAMHP
- Daphne Sandouka, Ecker Center for BH
- Sarah Scruggs, Arukah Institute of Healing
- Dana Severinghaus, DOI
- Dave Sharar, Chestnut Health Systems
- Ann Marie Stanley, Gift of Voice
- Mark Stutrud, LSSI
- Mary Thompson, Trillium Place
- Luke Tomsha, Perfectly Flawed Foundation
- Anne Tyree, Centersone

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|---|---|
| <input checked="" type="checkbox"/> Mike Tyson, Take Action Today | <input checked="" type="checkbox"/> Carrie Wilcox, DHS-DMH          |
| <input checked="" type="checkbox"/> Hillary Wang, CDPH            | <input checked="" type="checkbox"/> Megan Wyatt, MSLC               |
| <input checked="" type="checkbox"/> Alisha Warren, CDPH           | <input type="checkbox"/> Stacy Zawacki, Perfectly Flawed Foundation |

## Agenda Items

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### Current Items

#### Welcome and Introductions

- Chief Jones, Chief Behavioral Office of Illinois with the Governor's Office, introduced himself and requested that everyone type their names and organizations they are affiliated with into the chat.

#### Presentations

- Alicia Jansen, Myers & Stauffer LC, presented an overview of CCBHCs, including their history, what they are, and goals they aim to achieve.
- Kristine Herman, HFS, presented on the Illinois CCBHC program's approach and then opened the floor for questions.
  - Carrie Muehlbauer, OMI, announced to the group that all slides from both presentations will be emailed to the advisory committee members following the close of this meeting.

#### Questions and Group Discussion

- Becky Brasfield, NAMI IL, asked for clarification on how the state-specific requirements were determined.
  - Kristine clarified that HFS looked across the State at needs for additional enhanced services for customers served and best practices. Through that lens, they looked at the core service categories included in the CCBHC requirements and built out from each of those the model they wanted to see implemented in Illinois.
- Blanca Campos, CBHA, stated that the State criteria is ambitious and will require startup funding, as there is significant need to support clinics in building the infrastructure that's required around CCBHCs. She mentioned that other states are looking into providing additional support to fund clinics and help them in achieving success in being certified and would like HFS to reconsider providing funding to assist clinics with start-up funds.
  - Chief Jones responded that the state is working with a number of providers to obtain cost report data, and to make sure to include additional expenses that may incur in adhering to the state-level criteria and encouraged everyone to look at the claims data in order to be able to share with the State what they feel PPS rate will look like as a result. He added that SAMSHA grantees have the benefit of receiving start-up funding. He asked the trade organizations that if there is a good sense as to what those costs are, please share that information with him via email.

- Stacie Kemp, Sinnissippi Centers, said the SAMHSA grant dollars have been foundational. She expressed concern with the state requirements, saying the state requirements came as a surprise and were not things they had been planning for. Stacie also wondered if there will be an opportunity to revisit these requirements, particularly the two crisis programs required in 12 and 24 months; she also wondered what the community needs are for two additional programs in rural areas. In closing, she asked if there will be opportunity for additional discussions relating to specific areas in the community need and the more significant program enhancements.
  - Kristine responded that they purposely allowed for development time particularly for those items in order to have ongoing discussions about how it should be structured and implemented. Kristine emphasized that they are interested in hearing thoughts and feedback.
- Ann Stanley, Gift of Voice, asked if there will be funding for peer-to-peer people for mental health and substance abuse, outside of the veterans' support services.
  - Kristine answered yes, absolutely and this is one of the core services that CCBHCs will be expected to offer and posted the link to the [IL-specific requirements](#) that outlines HFS's expectations for peer-to-peer services.
- Chief Jones shared that he recognizes that the needs in urban, suburban, and rural areas will be unique and different and invites everyone to put forward solutions and suggestions for what the behavioral health community-based continuum looks like in each of their communities. Chief Jones reminded the group that there are no wrong questions and encouraged the group to complete the post-meeting surveys.
- Jeremy Klemanski, Gateway Foundation, commented that based on past experience setting up a new CCBHC, once providers become a more mature CCBHC, they will want the additional services Illinois is requiring and it's great that Illinois is thinking about those services beyond the federal requirements, although they were challenging to build. He encouraged the State to think about providing flexibility for the providers with regards to the state requirements if the providers have a plan for getting there.
- Daphne Sandouka, Ecker Center, clarified that the PPS rate is for Medicaid members-only, but providers are required to serve anyone, regardless of their ability to pay and even if they're not Medicaid recipients. She wondered if there is going to be an opportunity to factor in unfunded and underfunded individuals into the PPS rate.
  - Shawn Cole, OMI, responded that cost centers and the total cost reporting will be captured in the Medicaid PPS rate. In addition, when there are other payor sources, the expectation is to bill that payor source. Shawn further advised that if anyone would like to put that question into writing, it can be formally addressed in the FAQ process.
- Mark Ishaug, Thresholds, asked if the Federal or State governments are considering annual operating grants as supplemental grants, such as with FQHCs, in addition to Medicaid reimbursements, and expressed that we have an opportunity to figure out an ongoing grant mechanism to support it. Mark said it is critical to have an ongoing grant mechanism to support folks who are not covered by any payor source.
  - Blanca replied that it is allowable and has been done for CCBHCs based on conversations nationally.

- In the chat, Jill Hayden, Sellers Dorsey, answered that FQHCs get grants from HRSA as a part of their certification.
- Chief Jones responded to both by encouraging questions as well as strategies to be shared from other states. He stated that the concept behind the PPS rate was that it was to be all-encompassing to anyone, whether they have a commercial, private, public, Medicaid, or no insurance at all; all are to be served. Chief Jones stressed this is why cost-reporting is so important.

### Next Steps

- Chief Jones announced that the meeting cadence will be every other month starting December 2023, so in a calendar year we can expect six CCBHC Advisory Committee meetings. He asked if this generally worked for the group, and the overall consensus was yes.
- Carrie sent a link in the chat for the post-meeting survey and explained that it asks a couple of questions about the members as well as open-ended questions that are all optional. She explained that the group should expect this survey after each of the meetings and requested that the members provide any questions or comments that they have. Carrie again reminded the group that she will be sending an email with the presentations' slides attached.

## Action Items

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- Committee members to complete [post-meeting survey](#) – All
- Share power point slides with the group - OMI
- Schedule meetings on a bimonthly basis–OMI