# CCBHC Advisory Committee – December Meeting

December 7th, 2023 – 9:00am-10:00am

## Agenda Items

### Current Items

Welcome and Introductions

- Chief Jones, Chief Behavioral Health Officer 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.

Feedback from 10/5/2023 Post-Meeting Survey

- Carrie Muehlbauer, OMI, shared a slide deck presenting the post-meeting survey results from the kickoff meeting held on 10/5; she discussed a general overview of responses and topics of interest.

Update on CCBHC Demonstration

- Kristine Herman, HFS, shared a slide deck presenting information about the CCBHC Medicaid Demonstration, which included:
  - A breakdown of providers' coverage throughout Illinois;
  - An update that the process is currently at the desk review stage of the process, then they will be doing onsite reviews of the agencies who pass the desk review; she anticipates that everyone will make it through both processes, unless they are not able to verify the readiness of the agency in question. Kristine estimates that this process should be complete in late February or early March 2024;
  - Information regarding the Cost Report process, which will be utilized in developing individual prospective payment rates specific to the agencies, are due to HFS on 12/31;
  - An update that the official CCBHC Demonstration application has not been released by SAMHSA yet, but they anticipate it to be released in January; she aims for it to be written and submitted in March;
  - Clarification that there will be opportunities in the demonstration to add CCBHCs as they move along and those who did not make it will have the opportunity to be a part of a learning collaborative. HFS is working based on information provided in previous applications, but once the full application is released in 2024, they should get additional information about points in time when they can enroll additional providers as CCBHCs;
  - Plans to schedule additional technical assistance calls for Cost Report questions and that HFS is reviewing policies before providing feedback and answers.

- Chief Jones stated that Illinois currently has 20 CCBHC providers operating 26 clinics across the State; with 28 potentially participating in the demonstration, the State is very invested in this care model.

Lessons Learned from Current CCBHC SAMHSA Awardees: Rosecrance and Thresholds

Rosecrance

- Kelly Epperson, Rosecrance, presented on Rosecrance's lessons learned and journey to embracing the CCBHC model as a SAMHSA grant awarded CCBHC. Kelly explained that they challenged themselves to think bigger and embrace the model to integrate mental health, addiction treatment, and primary care of patients. She encouraged the group to use this opportunity to be transformational and shared a slide deck that explained how CCBHC models differ, as they are whole-person care, and included Rosecrance's goals for CCBHCs and their key accomplishments and implementation strategies.

Thresholds

- Debbie Pavick and Caroline Perrewe, Thresholds, spoke on their path to becoming a CCBHC and discussed how Rosecrance mentored them. Debbie spoke on pre-award strategies and keys to implementation success, which they organized into four main categories:
    - Consultants: they reached out to a partner, Chestnut, and added a second site in Chicago since State had implemented Mobile Crisis Response (MCR) units/teams. They built consultants into the application post-CCBHC award to assist with ongoing consultations, statistical analyses of data, and community needs assessments.
    - Application process: they took a "big tent approach" for the application process and started early, as they did not know when the NOFO would be released; met internally in preparation to discuss how they were going to submit the application and brought a big group of people into the application process to understand the changes of site services and assist with goal brainstorming, foster sponsorship, and put them ahead of communication if they were funded.
    - Reorganization: originally, they had two sites with different leaderships where each of those program directors reported to VPs who reported to two separate senior VPs. They decided to promote an internal clinical leader (Caroline) and aligned both sites under her; she then reported to one senior VP, which streamlined their ability to be effective and efficient, and allowed Caroline to be an internal CCBHC expert. Additionally, this change centralized the CCBHC leadership and created one point of contact.
    - Paradigm lens/communication: since CCBHCs are a new paradigm for the country, they looked at the whole organization in terms of how they delivered care and used that as their lens to communicate with staff, departments, leadership, boards, etc. what CCBHC stood for and what it meant for Thresholds.
- Caroline discussed post-award launch strategies, including:
    - Implementing a project management (PM) team: their PM team was tasked with going through criteria in its entirety, the Notice of Award, goals of the application, and timelines to be aware of deadlines; additionally, they were tasked with getting

workgroups together for steering committees and advising on who needed to be on those steering committees. They met weekly with PM team throughout the first year to problem-solve, understand how the steering workgroup committees were moving along, and how they were doing on deadlines. They met monthly with steering committees and shared that there were a couple of steering committees they wished they had started sooner in hindsight, which they recommended starting right away:

- Partnerships (especially with FQHCs)
- Hospital relationships
- Data integration
- Facility teams to prep sites for delivery of on-site services
- DCO partner relationships and developing referral process
- IT and EHR group and helping them understand what needed to be built;

o Meeting with other CCBHCs and site visits;
o Participating in national council cohort calls, attending national council conferences, and meeting with Grant Project Officer (GPO);
o Communicating with the agency at a whole and staff/teams at both CCBHC sites.

Next Steps and Announcements

- Next Meeting will be held February 1st, 2024 from 10:00am-11:00am
- Please complete the post-meeting survey.
- Reminder that all meeting documents can be found at this Box account; if you have trouble accessing it, please email omi.cbho@uillinois.edu.

## Action Items

- Committee members to complete post-meeting survey – All

## Attendees

☒ 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
☒ Kimber Browne, ComWell
☒ Blanca Campos, CBHA

☒ Dan Carton, Heritage BH Center
☒ Shawn Cole, OMI
☒ Elizabeth Cook, Egyptian Health
☒ Marcy Cox, Arukah Institute of Healing
☒ Kelly Cunningham, HFS
☒ 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
☒ Juan Flores
☒ Eric Foster, HFS
☒ AJ French, Gift of Voice
☒ 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
☒ Frank Harris, LSSI
☒ Shea Haury, Comwell
☒ Jill Hayden, Sellers Dorsey (Rep. of IAMHP)
☒ Kristine Herman, HFS
☐ Tyrone Hill
☒ Kaitlinn Himes
☐ 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
☒ Meredith O'Brien, IABH
☒ Samantha Olds Frey, IAMHP
☒ Debbie Pavick, Thresholds
☒ Caroline Perrewe, Thresholds
☒ Kim Petit, Ecker Center for BH
☒ Keith Polan, DCFS
☐ 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
☒ Mike Tyson, Take Action Today
☒ Hillary Wang, CDPH
☐ Alisha Warren, CDPH
☒ Randy Wells, IABH
☒ Carrie Wilcox, DHS-DMH
☒ Megan Wyatt, MSLC
☐ Stacy Zawacki, Perfectly Flawed Foundation