

CHIEF BEHAVIORAL HEALTH OFFICER

Behavioral Health Outcomes Stakeholder Workgroup Meeting | June 26, 2024

Attendees

Committee Members

	First Name	Last Name	Organization
\boxtimes	Fanya	Burford-Berry	Westside Heroin/Opioid Task Force
×	Clara	Burklow	Egyptian Health Department
	Drue	Cannata	Aruhka Institute of Healing
×	LeNita	Gardner	Age of Options
	Mary	Garrison	Heritage Behavioral Health Center
\boxtimes	Jill	Hayden	IL Association of Medicaid Health Plans (IAMHP)
	Aron	Janssen	Lurie's Children's Hospital
	Aaron	Mallory	GRO Community
	Jen	McGowan-Tomke	NAMI Chicago
	Susan	Newberry	Person with Lived Experience
	Melissa	Pappas	Rosecrance
×	Debbie	Pavick	Thresholds
\boxtimes	Matthew	Werner	M. Werner Consulting

Meeting Participants

	First Name	Last Name	Organization
×	Jayne	Antonacci	IL Department of Health and Family Services (HFS)
\boxtimes	Blanca	Campos	Community Behavioral Healthcare Association (CBHA)
\boxtimes	Michelle	Churchey-Mims	Community Behavioral Healthcare Association (CBHA)
X	Shawn	Cole	University of Illinois System,
\boxtimes	Carrie	Colvin	Art of Recovery
\boxtimes	Joseph	Croegaert	IL Department of Human Services (IDHS)
×	Tierney	Hammer	IL Association of Medicaid Health Plans (IAMHP)
\boxtimes	Kristine	Herman	IL Department of Healthcare and Family Services (IDHS)
\boxtimes	Kati	Hinshaw	IL Department of Healthcare and Family Services (IDHS)
X	Eugene	Humphrey	Human Resources Development Institute
×	Annie	Johnston	University of Illinois System,
\boxtimes	David T.	Jones	Office of Illinois Governor JB Pritzker
×	Crystal	Jordan	IL Department of Healthcare and Family Services (IDHS)
\boxtimes	Amanda	Lake	IL Department of Human Services (IDHS)
×	Ron	Lampert	Thresholds

X	George	Mazya	Art of Recovery
×	Mary	McClimon	Heritage Behavioral Health Center
X	Emily	Miller	IL Association for Rehabilitation Facilities (IARF)
X	Megan	Miller-Attang	IL Department of Human Services (IDHS),
X	Carrie	Muehlbauer	University of Illinois System,
X	Heather	O'Donnell	Thresholds
X	Lily	Rocha	NAMI Chicago
X	Heather	Sultemeier	University of Illinois System,
\boxtimes	Nicole	Tamburrino	Meridian Health Plan
×	Erica	Tomaszewski	Meridian Health Plan
×	Carrie	Wilcox	IL Department of Human Services (IDHS),

Welcome and Roll Call

Quorum was achieved.

Agenda Items

Purpose of the Stakeholder Meeting

- Chief David T. Jones, Office of the Illinois Governor, reminded the group of the purpose of the workgroup, which is to:
 - Provide feedback to HFS on redesigning reimbursement rates for Medicaid-funded team-based behavioral health services.
 - Advise HFS in identifying metrics and outcomes for team-based behavioral health services.
 - Provide input to HFS in the development of a pay-for-performance model for team-based services for implementation in state fiscal year 2025.
- Kati Hinshaw, HFS, provided a brief overview of how outcomes are related to payment.

Group Discussion/Feedback/Q&A

- Kati introduced the discussion with the questions: What do customer-based outcomes look like? How
 do customer-based outcomes translate to payment models? What other outcomes metrics themes
 should we consider?
- Debbie Pavick, Thresholds, recommended leveraging existing metrics to reduce the burden on clinical teams (e.g. IM CANS). She added that she has done some research on ACT measurements, notably looking at The University of North Carolina's Center for Excellence in Community Mental Health. She reported that she has predominantly seen the use of fidelity scores as a means for ACT quality measures. She had also seen the metric of graduation from ACT. Fidelity scoring has been done before by the state and takes a lot of people power.
 - Joseph Croegaert, IL Department of Human Services, Division of Mental Health (DMH),
 commented in chat that DMH has conducted fidelity reviews of providers for ACT and CST in the past.

- o Matt Werner, M. Werner Consulting, and Fanya Burford-Berry, West Side Heroin/Opioid Task Force, agreed that fidelity scoring measures the input not the outcome.
- Fanya asked what makes a good ACT team. Kati offered to share the staffing requirements for both ACT and CST, as well as Dartmouth's ACT fidelity tool.
- Chief Jones suggested looking nationally to understand how others are structuring their ACT teams, as well as what metrics they collect to track outcomes.
- Chief Jones asked how others are experiencing CST or other team-based models.
 - Clara Burklow, Egyptian Health Department, responded that they struggle with the amount of work it takes to keep clients at baseline and is unsure how outcomes would look for the population they serve, many of whom are elderly and require a lot of time.
 - Carrie Colvin, Art of Recovery, added that certain high utilizers will remain psychotic at baseline, even with medication compliant and it could be a disservice to wean them off supports.
 - Kati confirmed that HFS wants to pay for good outcomes, not punish for no outcome. This
 workgroup is tasked to make sure we incentivize what we want it to.
- Chief Jones asked if they have the right service options to refer to. Carrie confirmed there are limitations, noting that housing and transportation are in great need.
 - Fanya asked how we build 'hyper local' relationships with community organizations, instead of having a provider travel multiple communities top support an individual with other organizations with.

Action Items

- Draft high-level measurement recommendations
- Research and potentially invite academic partners or other states with experience in collecting teambased behavioral health outcome metrics for future discussions.
- Share current staffing requirements for Illinois' ACT and CST
- Submit further questions, comments, or concerns to omi.cbho@uillinois.edu.feedback on minutes

Next Meeting

• The next meeting is scheduled for August 28, 2:30 to 3:30.