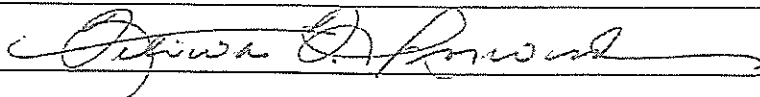


Approval Date	10-19-16
Approval Signature	

STATE OF ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

MEETING MINUTES
1115 Waiver - Public Hearing

Howlett Auditorium, Michael J. Howlett Building, 501 South Second Street, Springfield, IL 62756
Thursday, September 8, 2016 - 10:30 AM - 1:00 PM CDT

AGENDA:

Call to Order

- Introduction of HHS Transformation Team
- Purpose of the Public Hearing
- Public Hearing Procedure and Guidelines
- Presentation from HHS Transformation Team
- Comments and Testimony from the Public

Adjournment

PURPOSE:

The 1115 Demonstration Waiver public hearing provides an opportunity to learn about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration. This Demonstration sets forth a plan to transform behavioral health in Illinois with the goals of improving access, quality, and cost effectiveness. The demonstration aims to promote a robust complement of core, preventative, and supportive behavioral health services as well as the integration of behavioral and physical health for both higher-needs and lower-needs behavioral health customers.

PARTICIPANTS:

- Trey Childress, Deputy Governor
- James T. Dimas, Secretary, Department of Human Services
- George H. Sheldon, Director, Department of Children and Family Services
- Felicia Norwood, Director, Department of Healthcare and Family Services
- Dr. Nirav Shah, Director, Department of Public Health
- John Baldwin, Director, Department of Correction
- Jean Bohnhoff, Director, Department on Aging

Agenda Item: Introduction of HHS Transformation Team

Presenter: *Deputy Governor Trey Childress*

Summary: Introduction of participants and highlight of State of Illinois departments involved in the transformation effort.

Agenda Item: Purpose of the Public Hearing

Presenter: *Deputy Governor Trey Childress*

Summary: Informed attendees that the purpose of the public hearing was to give an update on the behavioral health transformation and to provide an opportunity for them to learn more about and provide input into Illinois Department of Healthcare and Family Services' (DHFS') proposed Section 1115 Demonstration.

Agenda Item: Public Hearing Procedure and Guidelines

Presenter: *Deputy Governor Trey Childress*

Summary: Stated the protocols for signing in at the registration desk and submitting written and oral comments during the hearing.

Attachment: 1115 Waiver Public Hearing Sign-In Sheets (Springfield) 20160908

Agenda Item: Presentation from HHS Transformation Team

Presenters: *Secretary James Dimas, Director George Sheldon, Director Felicia Norwood*

Summary: Presenters walked through the context for the team's focus on behavioral health, how stakeholders have been engaged thus far, and provided an overview of the behavioral health strategy and how the 1115 waiver application fits in. They also discussed the path forward leading up to submission of the 1115 waiver to CMS.

Attachment: HHS Transformation Update: 1115 Waiver Public Hearing

Agenda Item: Comments and Testimony from the Public (moderated by Deputy Governor Trey Childress)

Presenter: *Joe Roesch, Chief Deputy Sheriff, Sangamon County, IL*

Summary: On behalf of the Sheriff of Sangamon County I want to express our support of the 1115 waiver. The purpose of the waiver is to provide services to people with mental illness. Many people in jail suffer from substance abuse and mental health issues. We have seen a dramatic increase in mental health issues in recent year in the criminal justice system and we believe some could be addressed before crimes are committed. A significant number of inmates have serious mental illness and there is only one

mental health provider for the jail. This is dangerous for both inmates and staff. A person determined unfit for trial has to stay in jail because there is nowhere else to put them. The waiver will help with this. It will also help with alcohol and substance abuse issues. 90% of all inmates reported some type of substance abuse. Heroin is a major issue in our county now. There has been a record number of ODs in the county this year. The waiver will allow Medicaid coverage for methadone which will help. Thank you for doing this.

Presenter: *Sara Howe, Illinois Association for Behavioral Health*

Summary: We agree with much of what the previous speaker said. We appreciate the vision of the 1115 waiver and thank you for what you are doing. We will submit written comments but also want to share a few things today. You talked a lot about prevention but we would like to hear more about primary prevention. Other states have used MA for youth in schools. Existing substance abuse prevention system can be utilized. More detail on state plan amendments would be helpful and we would like to provide comments on those as well, particularly on health homes.

In Section 3.11 of the draft waiver on supportive housing – please include primary diagnosis of SUD qualifies for services. It is not clear in the draft waiver. We are excited and supportive of IMD but would like to go beyond the 30 days. Current federal guidance says 15 days but it can be consecutive and they recommend a waiver for this. We want 60 days. As you talk about institutional care, community based residential is not institutional care. Residential care is not high end/high cost and this should be clarified in the waiver. Finally, certification of need for new residents and IMD services - We know the capacity is really limited and this may slow that down as we wait for the IMD exclusion waiver. Do we really need that cert process at this time?

Presenter: *Jim Stone, Public Health Director, Sangamon County, IL*

Summary: I am the former President of IAPHA. I am here to support the waiver because we support the focus on primary prevention and public health. We need to look at social determinants and impact on children and mental health. Half of diagnosis are made by 14 and half by 24; need to get more diagnosis upstream. Best practices have been identified by experts at the federal level and in IL; all strategies must connect to local public health and DHS. Commitment to community partnerships is essential to success. Home visiting is important and is expanded in the waiver. By leveraging MA revenues, we can do family case management, ounce of prevention, etc. The perfect entry system is public health. Also possible to help expand school based approaches to prevention. Waiver can provide opportunities to invest in primary prevention for opioid addiction. For this and many more reasons we support the vision of this waiver and its focus on prevention and public health.

Presenter: *Emily Miller, Behavioral Health Policy Analyst, Illinois Association of Rehabilitation Facilities*

Summary: Thank you for allowing me to speak. We will submit formal comments. I wanted to say thank you for all of your work. We are very encouraged by what we have seen and heard. We are thankful for the opportunities in transformation. Many of the points in the transformation are many of the recommendations we have submitted over the past several years with focus on justice, involved populations, reinvestment, crisis, triage, transitional services, etc. Thank you again, I appreciate your time.

Presenter: *Greg Brotherton, Mayor, Taylorville, IL*

Summary: I have had the opportunity to see this in different views. I used to be in corrections. I am also a parent of a son with severe autism and worry about what will happen to him when my wife and I are not around. I also had a 25 year career as law enforcement officer where I would pick up someone in need and would sit with them because they had nowhere else to go. Thank you for your time, I support this initiative and am hopeful.

Presenter: *Bruce Kettlekamp, Sheriff, Christian County, IL*

Summary: Christian County is mostly rural with a population of 35K. I've been in law enforcement for 36 years. Things are getting worse and worse with drugs and alcohol. I have beds for 55 and sometimes we have 63 on weekends who have to sleep on the floor. Mostly the crimes are based on the drug use. We have a drug court team. We are very excited about what you are doing and we fully support it. We need to stop people from using drugs. When people use drugs they get addicted and it becomes a problem. We need more beds for treatment. We don't want to put them on the street because we are worried they will die, so we hold them in jail until beds are available. I hope and pray this will help. Problem with drug/mental health court is that when they graduate they need housing and jobs. We don't have halfway houses and need somewhere for them to go. We need this investment bad.

Presenter: *Dr. Kari M. Wolf, Associate Professor of Clinical Psychiatry & Chairman, SIU School of Medicine*

Summary: SIU School of Medicine exists to help people. We serve 67 counties in central and southern IL with a faculty of 350. I moved from Austin, TX to Springfield where I wrote and implemented five 1115 waivers. The development of IL's waiver is what brought me here because I know what it can do. I want to apply my learning to this state. I'm excited to see the focus on behavioral health for this program. We created a workforce development project for psychiatry and fellowship on the integrated behavioral health program. Projects included: post-graduate training for pharmacists to assist primary care with medical prescriptions; 16 integrated clinics served clients with wraparound care and telemedicine; early recognition of depression. There are opportunities for clinics and SOC in IL such as primary care providing basic behavioral health care. Other efforts included youth prevention efforts, such as having a full time therapist on each campus to provide support to students and families; educational programs developed to train school staff in mental health first aid and how to manage students; curriculum for students to prevent bullying. We can do this in Illinois too. The final area I'd like to discuss is Tele-psychiatry. – A telemedicine network was created and supported by 10 area hospitals and 24 care clinics. In Texas, the limitation of RHP boundaries was drawn due to nonalignment with patient referral pathways, which caused an issue. This could have avoided numerous patient transfers. I encourage you to take that into consideration in IL. We're ready to assist as you develop details and transform health care.

Presenter: *Curt W. Barker, Chief of Police, Macomb, IL Police Department*

Summary: I support the waiver. Since 2013, mental health calls continue to increase. We are up to 106 calls with a 50% increase from last year alone. We transport the person to our local ER or local jail. The hospital in Quincy has inpatient services, but they are 70 miles away. If the person is taken to the ER, an officer has to stay until the person is released by a doctor. This takes up a lot of the officer's time when they have to get shifts covered for these cases. Individuals taken to the local ER without proper mental health services are medicated, released, and not given follow-up care, so the ER is not a solution. Temporarily boarding the person in the local jail also is not a practical solution, either. We need a mental health specialist that can prescribe medication. The cost associated with this is very high, as well. Also, the waiver would create an opportunity to address the need for maintenance and community support by increasing capacity for community-based behavioral health services at the local level. We are excited about the waiver and transformation and I think it will provide some of these solutions.

Presenter: *Stacy Wilson, IL Chamber of Commerce*

Summary: I wanted to say that we are pleased to see 13 agencies working together on this transformation. Anytime siloes are broken down it is a positive reinforcement for a favorable outcome. As a member of the SChip plan and 2021 plan we support this waiver. The need to best utilize state resources and look

at alternatives to an efficient system and quality of care is important. We need to look at cost and quality with focus on preventative services. I want to emphasize our support of this waiver and its innovation.

Question: Have the feds given any indication about how long the approval will take?

Response: *Director Norwood:* No, they haven't. We wouldn't expect to hear from them before December. We are already having briefings with them so we are hoping to move it along but it could take a while. It could take over a year.

Question: I have a question regarding the proposed use of opioid treatment. The proposal focuses on Valtrexin but there are other forms of opioid suppressants that are out there. Can someone explain why Valtrexin was decided specifically?

Response: *Director Shah:* There are multiple drugs that can be used. They generally fall into two categories – block high or prevent need. In pre-release settings, there are several important things to consider especially the drug given to the patient should not be easily sold and should be longer lasting so they can't abandon their treatment. This drug is given once a month and can't be easily stopped.

During this comment process, we could offer or educate commenters on other pharmaceutical products availability, because I think other options exist.

Director Shah: Also, the storage of these products (Methadone and Suboxone) is also very important. They also have street value.

Question: This morning I checked on the preferred drug list and Valtrexine is not on the list. Is the plan to add these other drugs to the list?

Response: *Director Norwood:* Anything covered by Medicaid will be covered.

Attachment: 1115 Waiver Public Comments 20160908

Attachments

1. 1115 Waiver Public Hearing Sign In Sheets – Springfield, IL
2. HHS Transformation Update: 1115 Waiver Public Hearing – PowerPoint presentation presented by HHS Transformation Team.
3. Written testimony submitted at the public hearing – Springfield, IL