Collaborative Efforts
In Really Hard Times

MISA Steering Committee **Recommendations**

Region One Advisory Council
Illinois Division of Mental Health
Bill Coats

Knowing Reality and What Works

- Once we admit that none of us will get out of life alive we are all forced to engage in harm reduction
- We know that integrated services work best when offered persons with co-occurring disorders
- We know that change does not generally come evenly or even incrementally but in miraculous bursts, like volcanoes

In Whose Best Interest?

- We may be able to predict what direction change is taking (like toward integrated care systems), but we generally under estimate how profound the change is for deeply vested interests and we tend to way under estimate the time it will take to happen
- Change in public policy and governmental funding can only happen when it is perceived as in the interest of those with the most power

Who Would Have Thought

- That the Twin Towers could or would come down?
- That we would be engaged in a long term war that would cost billions of dollars and thousands of lives?
- That all three branches of Illinois government would be dominated by Democrats and be so dysfunctional (other than a Republican)?
- That there is no there, there in the Department of Human Services, or the Divisions?

Or That

- That a Woman and an African/American man could be seriously considered for the Presidency?
- That a gallon of gas and of milk could cost over $4.00? or
- That a national health care plan was seriously being considered?

Together We Might Catch the Wave

- May opportunity will come after the Illinois Assembly Veto Session in November; some think they will then pass a tax increase
- Danny Davis’ Second Change bill will be funded and he and Durban will be helping to set the agenda for the Democratic Congress
- The national election could bring Obama into office
- All in all there could be a really big wave that could carry our agenda for creating an integrated care system into reality!

Collaborative Action: The MISA Steering Committee

The *MISA Steering Committee* (a subcommittee of the *Region One Advisory Council*) formed two work groups, identified as the *Training Subcommittee* and the *Coordinated Care Subcommittee* (CCSC). The CCSC developed a *Plan of Action,* which was approved by the *MISA Steering Committee* at a February 28, 2006 meeting.

Plan of Action

- The *Plan of Action* identified three phases which included:
  - a "…consensus among key MISA stakeholders on a service model… protocols, and fidelity scales."
    - The *Steering Committee* approved the CCSC recommendations during the May 12, 2006 meeting.
  - During the second phase the CCSC proceeded to make recommendations for systems improvements
    - On May 17, 2007 the *MISA Steering Committee* received and accepted the recommendations being presented today
  - The third phase of the plan envisions the *Region One Advisory Council's* support for and the mounting of "…a public education campaign…"

Reviewing the Recommendations

- The *Region One Advisory Council* was asked to review the recommendations from the *MISA Steering Committee*, they endorsed the innovations during three area meetings in support our vision for "…consumers with co-occurring disorder (to) have immediate access to a seamless integrated system of care that delivers evidence-based and culturally appropriate services, regardless of their point of entry."

Moving to the Third Phase

If the *Region One Advisory Council* is in substantial agreement with the following recommendations, thus clearing the way for us to proceed with Phase III or our Action plan, which is to mount a Public Education Campaign

The MISA Steering Committee's Recommendations

- **Target three subsystems:**

1. Strategic Recommendations
2. Systems-of-Care Recommendations
3. Provider Activity Recommendations

Strategic Recommendations

- Continue to envision and support the creation of an integrated co-occurring disorders, mental illness and substance abuse, (COD) system-of-care and agree that any recommendations that are limited to improving coordinated or collaborative care are to be understood as steps toward the ultimate vision of a fully integrated approach.
- Included in the vision of Integrated COD treatment is a full range of housing, employment and other supportive medical and social services being available.

Strategic Continued

- Work with other interest groups to find a means to expunge the records of felons with COD who are enrolled in appropriate treatment programs so that they too can obtain housing and employment.
- All recommendations related to changes at the systems or the provider levels are targeted toward assuring that DASA funded substance abuse (SA) programs and DMH funded mental health (MH) programs develop comprehensive integrated COD services.

Strategic Continued

- Recommendations approved by the *Region One Advisory Council* will be presented at every opportunity available within Region One and shared at the State level as requested.
- Form partnerships and alliances with advocacy groups, institutes, and professional/trade associations to amplify the message and to build a synergistic movement.

Systems- of-Care Recommendations

- That "COD certified providers", DASA and/or DMH, be mutually eligible for reimbursement for a common list of services provided to appropriate consumers; certified providers could be designated using such criteria as:
  - Substance Abuse (SA) programs that score between "capable" (3) to "enhanced" (5) measured by the DDCAT; or
  - Mental Health (MH) programs meet like standards using the IDDT Fidelity Scales;
  - Such certified providers will agree to sign a DMH continuity-of-care agreements and agreements to accept referrals from criminal justice systems; and
  - Consumers with COD with SA and MH be diagnosed with both Axis I diagnosis as primary when appropriate.

Systems- of-Care Continued

- Develop new funding streams that pay SA providers who are "COD certified" and deliver MH services to consumers who do not have severe and persistent mental illness (SMI), but who have diagnosis such as depression, anxiety or PTSD.
- Develop new funding streams that pay for SA services provided to persons with MI and SA diagnosis, while they are in a primarily MH settings that are "COD certified".
- Develop, encourage the use and inter-agency acceptance of common assessments, consent, and release-of-information forms that meet both Rules 132 and 2060 standards.

Systems- of-Care Continued

- Upon entering the Region One system-of-care each COD patient be assigned a “care manager” who will track the consumer’s course of treatment; a care managers might approve emergency funds, transportation cards and such to be available in support of eligible consumers who are in transition into a less restrictive level of care.
- Encourage credentialing bodies to require that CEU include COD (MISA) training.
- Provide information and technical support for Region One stakeholders who want to pursue applications for foundation or governmental funding to support integrated services for consumers with COD

Provider Activity Recommendations

- Develop and utilize the best evidence and/or consensus based COD treatments within the network of care; for example between residential, state operated mental health of corrections settings.
- Develop an array of COD services that minimize the necessity of having to transfer COD consumers to other agencies and to minimize transfers to other clinical staff with in an agency when levels of care change.
- When a transfer from one provider to another is necessary provide immediate same day access to enhance continuity of clinical services.

Provider Activity Continued

- All agencies are to have one MISA certified case manager or one team responsible for each consumer with COD.
- Until an agency can provide integrated COD treatment it is recommended that they use the co-location of Psychiatric and other MISA certified clinical staff to enhance collaboration and continuity of care.
- Work collaboratively with criminal justice and state operated facility institutions, using collocation MISA certified and/or medical staff to assure continuity of care for the COD referrals.

Action Plan - Phase III, Public Education Campaign

- It is time to collaborate and prepare to catch the wave of opportunity that will sweep across Illinois!
- Come together with other Stakeholders to plan for our Public Education Campaign
- We need decision markers to know that we who provide and receive services know that integrated services work
- **September 23, from 9 AM until Noon at the Madden MHC, First Ave. and Roosevelt Road in Maywood**