

**Recommendations Subcommittee of the
System Analysis Subcommittee Meeting Minutes
Tuesday, February 25, 2015
Access Services, Forest Hills Road, Rockford, IL**

Present: Matt Toohey, Dick Kunnert, Carol Klint, Dr. Penny Billman and Mike Bacon

WELCOME AND INTRODUCTIONS:

Matt Toohey provided greetings and a brief overview of the Access Services facility and programming. There was a brief review of the materials provided in the meeting announcement packet along with a tentative agenda.

CLARIFYING GOALS FOR SYSTEM ANALYSIS REPORT:

The initial part of the meeting was spent discussing the focus / purpose for this report, which was intermixed with ideas for work elements to achieve a useful document. It was evident that this effort is being undertaken to provide both the MHAC and County Board with a summary of the current capacity and lack thereof of our existing behavioral health system serving the Winnebago County area. The range of services to be included in this Report involved mental health, substance-abuse and intellectual delay disorders. Dr. Billman briefly reviewed the Illinois Statutes on MHAC charge / responsibilities, which include assessing the existing system, monitoring services and results and making recommendations to the County Board.

There was further discussion on the formatting of the sections of the Report and whether to include information shared by Mr. Bacon that provides an introduction for the overall report and potentially adds a new section on the prevention components of the local behavioral health system. A comprehensive approach to behavior health services typically incorporates prevention as an integral part of the continuum of care. Members acknowledged the value of prevention, however, were concerned about the additional scope of work that this would add to the challenge of completing this Report in a timely manner. It was suggested that this might need to be a second phase of the MHAC work.

WORK STEPS TO ACCOMPLISH REPORT:

There was some discussion about how best to title the Report. Carol Klint suggested that in her experience this topic belongs under a broader term such as "chronic disease management". Others were concerned about whether or not this was descriptive enough for increasing public awareness around the importance and recognition of the behavioral health care system as an essential component of the larger healthcare system. It was felt that the behavioral health component needed a clear identity. Discussion ensued around the organization of the Report and the development of a data collection tool that would facilitate the collection of information from identified behavior health care system providers. Much of the structure is already in the draft Mr. Kunnert has provided. The tool could resemble a matrix with services following along the left-hand margin and the categories of information on service capacity to be collected across the top of the spreadsheet. These categories include 1) number of population served, 2) funding capacity for such services, 3) is there a wait list and how many, and 4) number of unserved / underserved.

The methodology for administering the survey and to efficiently and responsibly gather the needed information in each of the categories was discussed. It was initially suggested that perhaps an electronic survey would best meet these needs, but the degree of thoroughness may not be consistent across responding organizations. This led to recommending that a small work group actually call each organization to be surveyed and while on the phone complete the survey categories. Lastly a division of labor was discussed as far as developing materials that would be helpful to MHAC for their next meeting on Mar. 11. Mike, Dick and Penny each had responsibilities to bring back to MHAC.

Respectfully submitted,
J. Maichle Bacon

Approved by the Mental Health Advisory Committee: _____
DATE