



Mental Health Leadership Council

Emerging Synergies



Purpose

- Permanent multi-system group that:
 - Is accountable for planning, development and funding of an expanded DuPage County mental health system
 - Ensures a bio-psycho-social mental health model is implemented
 - Links with DuPage Health Care Safety Net efforts



Beginnings

- Commission from the County Board to the MHAP Task Force
 - Develop, and implement, a plan to increase access to mental health services in DuPage County



Major Strategies Recommended by the MHAP Task Force

- Strengthen existing community mental health networks
 - Increase capacity to handle more patients
 - Upgrade capabilities to handle patients with more intensive needs
- Emphasize a bio-psycho-social model of care
- Enroll all eligible patients in Medicaid



Results: Upgraded Capabilities

- Circuit-riding psychiatrist
 - Headquartered at FQHCs
 - Periodically at OCM, DCC, PADS, and Serenity House
- 2 therapists at Outreach Community Ministries
- Team of psych extern/doc-level student interns at DuPage Community Clinic
- New therapist at FQHCs
- Bilingual capability



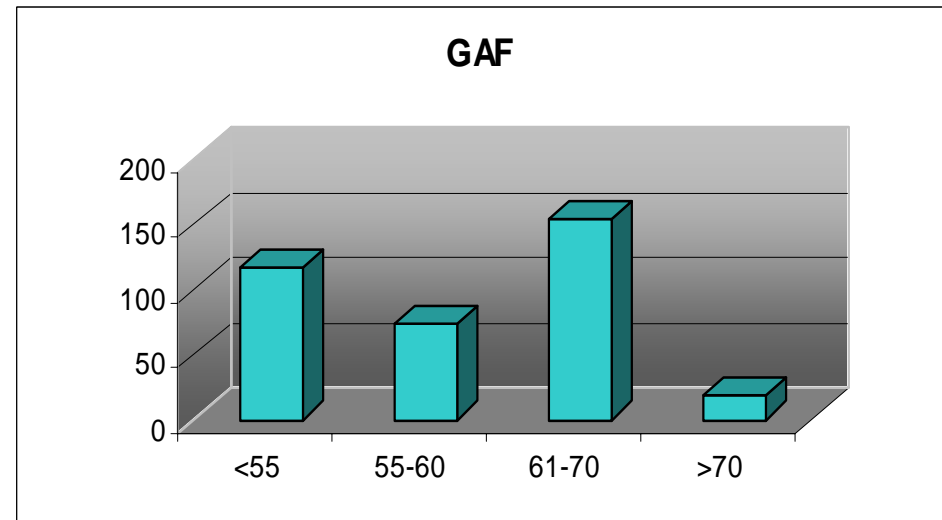
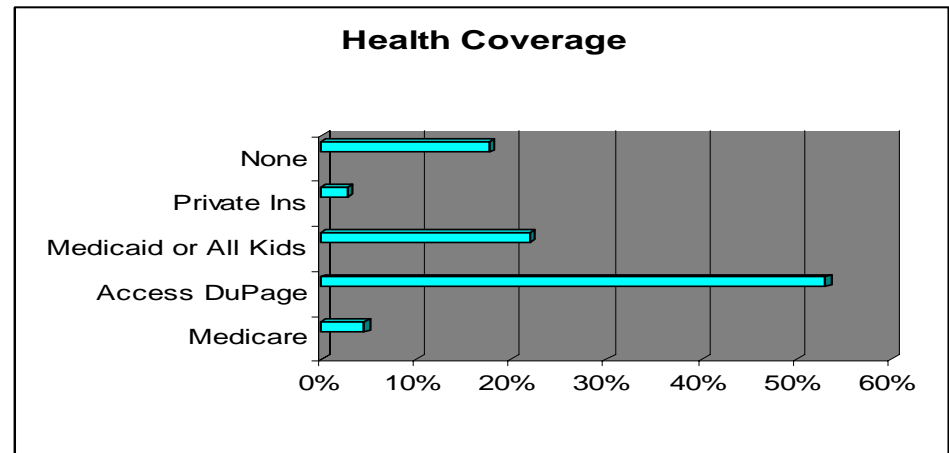
Results: Bio-Psycho-Social Model

- Medical care, psychological counseling, medication management, and human services are increasingly coordinated
- Disease management protocols have been initiated
- Programs providing prescription medications are increasingly coordinated

Persons Treated: Demographics

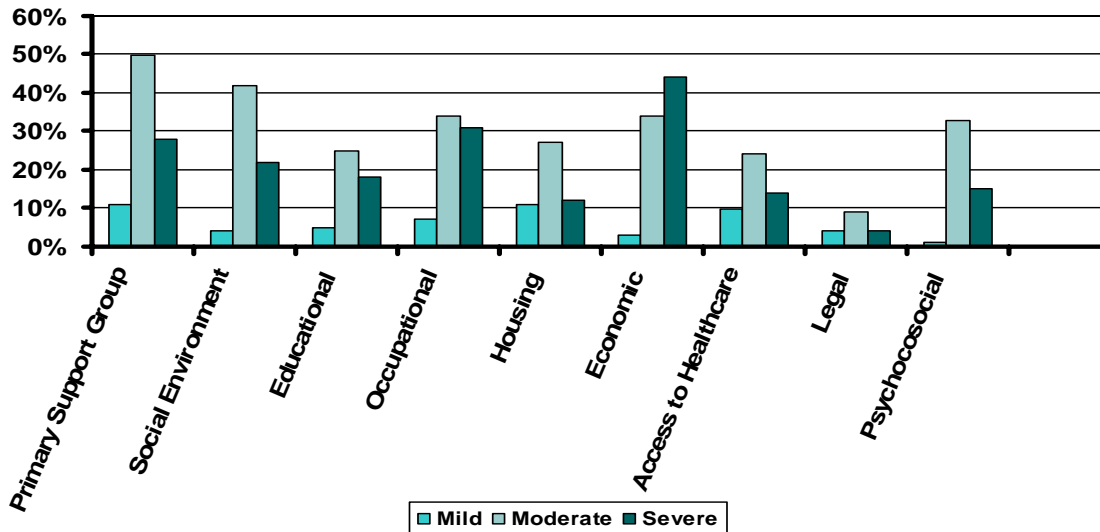
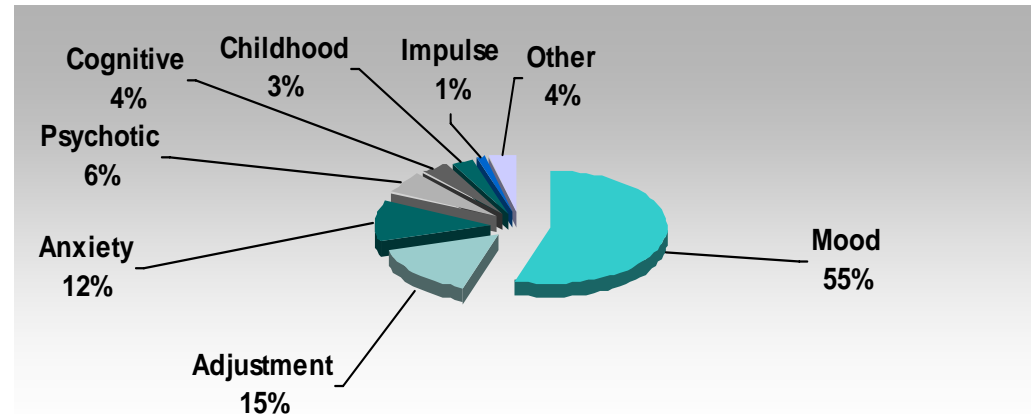
388 low-income persons treated

- Average family size 2
- Average monthly income \$1,263
- 53% White, 34% Latino, 6% Black, 3% Asian, 4% other
- 69% women
- 68% serious to moderate symptoms (AVG. GAF 57)



Persons Treated: Diagnosed Disorders

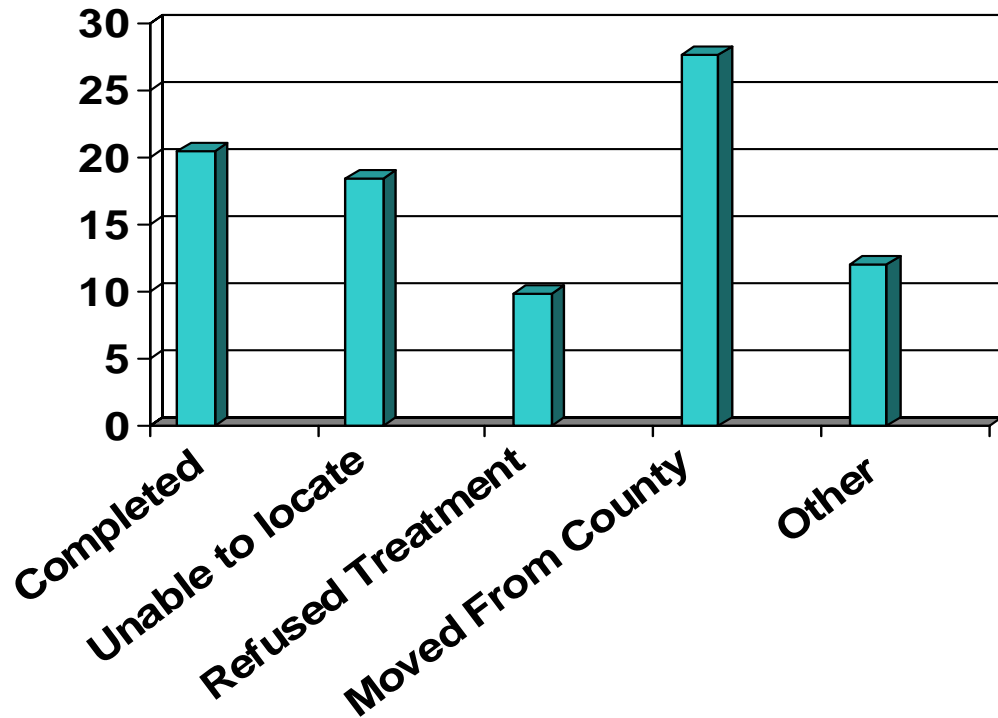
- **Primary disorders**
 - Mood Disorders, Adjustment Disorders, Anxiety Disorder



- **Major Life Problems**
 - Social Groups, Environment, Economic

Cases Closed

- 138 cases closed
 - 45 persons completed treatment
 - GAF at opening 58
 - GAF at closing 73
 - Average 139 days of treatment





Health Safety Net Council Vision 2012

- Create a health system that meets the needs of DuPage County

Vision 2012: Mental Health

- Vision 2012 and the MHLC coordinate and link efforts
- DuPage County Health Department Mental Health continues as the foundation to meet DuPage County's most seriously mentally-ill persons.
 - Revenues from all billable events are being maximized.
 - Look at how could DCHD Mental Health services evolve to:
 - Improve serving its current clientele?
 - Expand its scope of mission (i.e. serving 7s & 8s as well as 9s & 10s)?
 - Integrate with or shift some programs to or from FQHCs and other programs?
- MHLC coordinates existing network:
 - DuPage County hospitals
 - FQHCs
 - DCC
 - Outreach Community Ministries
 - Metropolitan Family Services
 - Private practitioners and others?
- Within the network create a seamless experience of care for each client.
 - May need to move towards greater capabilities and integration within each organization, or it may involve coordinated referral processes.


Vision 2012:Continued

- Expand treatment options
 - Each provider in network provides services to sicker patients, up to limits imposed by the respective mission and capability of that provider.
 - One or more circuit-riding psychiatrists, available at designated times to clients and providers at various sites throughout the network.
- Integrates with and manages transitions between:
 - DuPage County criminal justice and probation systems,
 - Homeless care network, and
 - Hospital discharge planners
- DuPage Mental Health Network works with the DuPage County and State of Illinois to ensure every person eligible for state mental health services is enrolled timely in the appropriate program. In part this is accomplished through:
 - Integrated processes and procedure; and
 - Designated personnel (“system integrators”) whose job it is to collect and organize all of the required information and documentation.

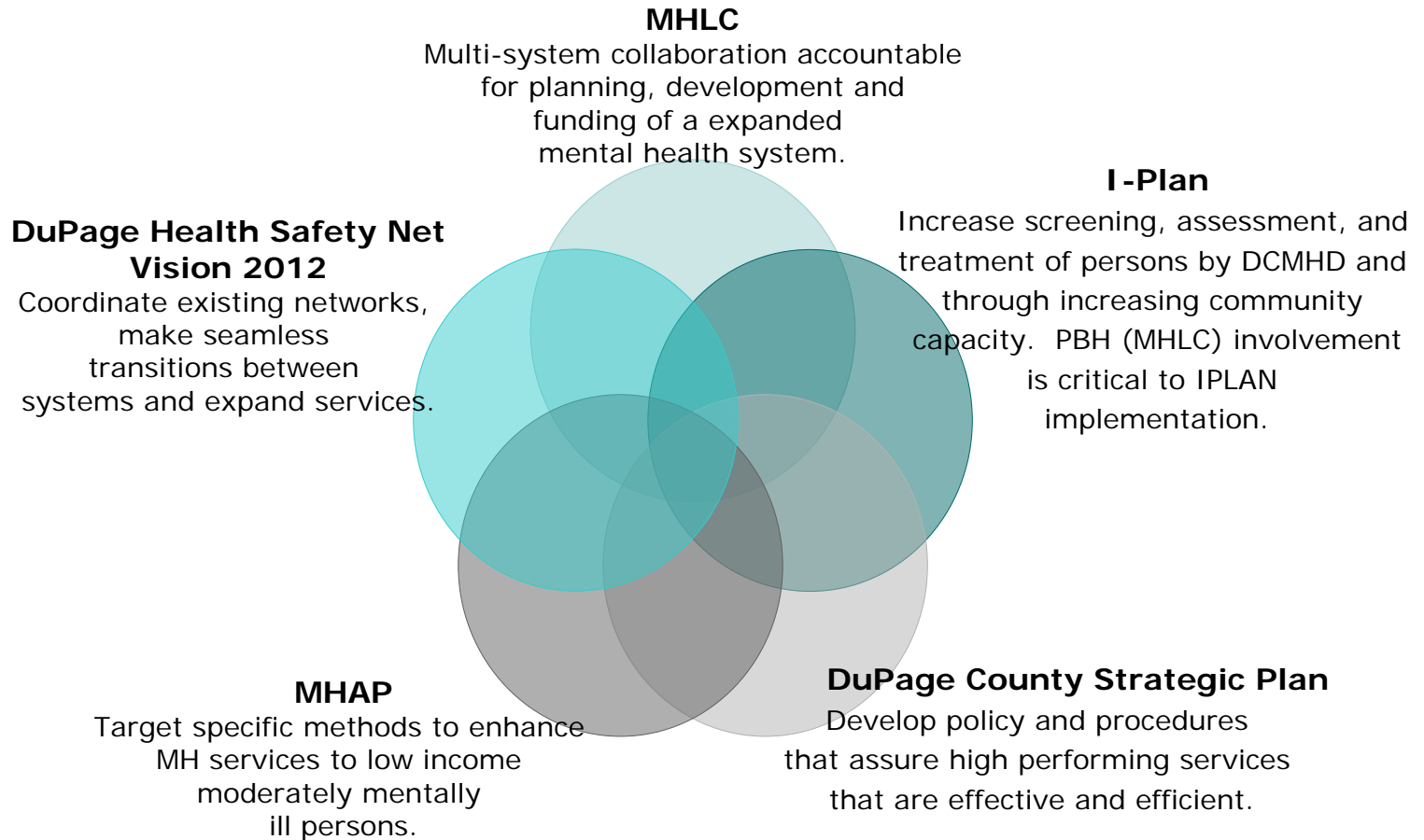


Challenges

- Keeping focused on achieving results
 - Keep focus on vision, but
 - Ensure action steps are concrete and achievable
- Reduced funding
 - Explore ways to increase external funding
 - Ensure action steps aren't always about the money
 - Use collaboration to improve services with minimal cost
- Collaborate to target transitions of care
 - Jail/Prison to community
 - Hospital/Doctor to DCHD/community
 - School to work
 - Etc.

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- Integrating services can be complicated by:
 - differing philosophical approaches of key service providers,
 - limited cross training,
 - poor communication and coordination,
 - and political barriers between agencies that historically compete for funding


Ensure MHLC Integrates With Existing Plans/Initiatives







What We Can Potentially Achieve

- Maximize the effectiveness of scarce resources by coordinating programs and making systems “seamless” to consumers.
 - Explore and partner with other initiatives (why re-invent the wheel)
 - Identify current systems and exit and entry points

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- Prevent the negative consequences of mental disorders by getting the right services to the right people at the right time.
 - Develop methods to improve access to services as a preventative effort rather than a reactive effort
 - Address the issue of culturally competent care


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- Invest in children and support the families' role in making treatment decisions.
 - Provide care and linkage for the entire family
 - Recruit and expand treatment options
 - Provide advocacy when needed
 - Identify innovative ways to obtain care for children


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- Promote independence by increasing employment, eliminating disincentives for economic self-sufficiency and ending homelessness.
 - Develop public/private partnerships to address the need
 - Link with other efforts with business to support community effort



Next Steps

- Define outcomes
 - Establish a strategic vision
- Identify and address potential barriers to collaborative efforts
 - Understand the roles of all partners in the process
 - Identify commonalities
 - Identify where differences exist
 - Are differences systemic in nature
 - Identify who has the power to change the system

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- Create small groups by system
 - Identify assets and gaps within system
 - Identify system transition points
 - Provide specific strategies for action
 - Include “low hanging” fruit
 - If new sources of funding needed, identify potential ways to access

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- Provide summary of small group meeting 2 weeks prior to large group
 - This data will be compiled and sent prior to the next meeting
 - Meet as large group to identify linkage points between systems and common needs
 - Prioritize action steps