WORKGROUP ON SUT-CST

MEETING MINUTES, DECEMBER 17, 2020

ADOPTED AT MEETING OF JANUARY 21, 2021

PRESENT VIA WEBEX:

Kristine Herman, HFS
Stephanie Frank, SUPR
Lisa Betz, DMH
Julie Hamos, OMI
Daniel Rabbitt, Heartland Alliance
Ed Stellon, Heartland Alliance
Grace Hong Duffin, Kenneth Young
Heather O'Donnell, Thresholds
Tim Devitt, Thresholds
Jamie Noto, Youth Outreach Services
Joseph Kreul, Rosecrance
Jessica Newsome, Alternatives Youth
John Markley, Centerstone
Andrea Quigley, Centerstone
Kimberly Volk, Ben Gordon Center
Lori Nelson, Ben Gordon Center
Brent Cummins, Chestnut
Patrick Phelan, Sinnissippi
Stacie Kemp, SInnissippi
Stephen Brown, UIC Health & Hospital System
Jeffrey Collard, Haymarket Center

Julie Hamos reviewed the history of this workgroup: it was organized during summer 2020 as the Workgroup on Access to Substance Use Treatment under Public Act 101-461. Under the *Early Mental Health and Addictions Treatment Act* (Public Act 100-1016), the State was directed to develop a Community Support Team model for substance use treatment under the IL Medicaid Program. The Workgroup was asked if there were any objections to reconstituting the workgroup and calling it the Workgroup on Substance Use Treatment – Community Support Team (SUT-CST). There were no objections.

Julie then reviewed the charge to the Workgroup from the three state agency partners – HFS, DHS-DMH and DHS-SUPR. That charge is to design a model for SUT-CST, to outline the operational details of a pilot project, and to invite one of more MCOs to review the model.

The providers in the workgroup were asked to share their experiences with this model. The following were comments from Workgroup members:

- Several organizations have had CST for years as an evidence-based practice
- The real issue is engaging people; bringing services to people where they are
- CST is based on SAMHSA pillars of recovery – housing, employment, etc…
- Providers do not currently have funding in place to do CST model
- Several providers do outreach in the community: on CTA, at O'Hare and at homeless encampments

The Workgroup was asked about the value of providing treatment as a community support team. The following were comments from Workgroup members:

- Once engagement is done, team continues to work with the client on their numerous challenges, e.g. getting state ID, getting on a housing list
- For one provider that now uses CST for mental health, fascinating are team huddles every morning
- The promise of the model is that it occurs outside the four walls of facility; this is also important in rural areas with the challenges of transportation
- Providers need flexibility based on outcomes; the current ACT and CST models have fidelity requirements put in place before EHRs, as do SUPR programs using ASAM criteria
- The staffing described in the law is a Cadillac model; need to make adjustments for rural areas

The Workgroup was asked whether the SUT-CST pilot is for youth or adults. After a discussion, the Workgroup agreed that it should be available across the life span. The model also should be an available intervention for those with co-occurring mental health and substance use disorders; with co-occurring disorders, problems such as lack of housing become exacerbated.

There was discussion of whether this model should be developed as a step-down program. The law states: "With the goal of early initial engagement of individuals who have an opioid or other drug addiction in addiction treatment and for keeping individuals engaged in treatment <u>following detoxification, a residential treatment stay, or hospitalization</u> to prevent chronic recurrent drug use emphasis added)." The following were comments from Workgroup members:

- A number of hospitals "treat and street", and then give patients a list of community referrals at discharge; what is needed is a warm hand-off to a continuum of BH services
- The nature of a team approach can help a person with multiple needs to move forward: assistance with housing, MAT, application to social security
- This model is about providing community support

Kristine Herman (HFS) stated that the aspiration of the Medicaid Program is to move to a focus on outcomes beyond HEDIS as well as to address SDOH. She would like the Workgroup to identify meaningful outcomes by which to measure success, and the steps needed to get there. One Workgroup member requested if providers could get Medicaid claims data to be able to analyze the total cost of care, with the possibility of value-based payments.

The Workgroup agreed on next steps:

- Learn about the Philadelphia Pathways model as a Medicaid service, cited in the fact sheet
- Begin the process to identify meaningful outcome measures
- Create a SUT-CST staffing model for rural areas

The Workgroup agreed to meet the third Thursday of every month.