

DATE: 9/8/2023

MEMORANDUM

TO: The Honorable John F. Curran, Senate Minority Leader
The Honorable Don Harmon, Senate President
The Honorable Tony McCombie, House Minority Leader
The Honorable Emanuel "Chris" Welch, Speaker of the House

FROM: Grace B. Hou *Grace B. Hou*
Secretary *by [signature]*
Illinois Department of Human Services

SUBJECT: **Strategic Plan for Inpatient State-Operated Psychiatric Hospital Capacity and Access**

The Illinois Department of Human Services respectfully submits the Strategic Plan for Inpatient State-Operated Psychiatric Hospital Capacity and Access on behalf of the Division of Mental Health in order to fulfill the requirements set forth in Public Act 102-913 (405 ILCS 140).

If you have any questions or comments, please contact Sharon Coleman, Deputy Director of Forensic & Justice Services, at Sharon.Coleman@illinois.gov.

cc: The Honorable JB Pritzker, Governor
John W. Hollman, Clerk of the House
Tim Anderson, Secretary of the Illinois Senate
Legislative Research Unit
State Government Report Center

Strategic Plan for Inpatient State-Operated Psychiatric Hospital Capacity and Access

Illinois Department of Human Services
Division of Mental Health

In partnership with the Institute for
Healthcare Delivery Design

SEPTEMBER 2023

The Illinois Department of Human Services' Division of Mental Health prepared the following strategic plan in partnership with the University of Illinois at Chicago's Institute for Healthcare Delivery Design. This plan lays out a roadmap of initiatives and solutions that the Division will undertake to improve access to inpatient beds in State-operated psychiatric hospitals, as mandated in the Mental Health Inpatient Facility Access Act.

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Executive Summary

On May 27, 2022, Illinois Governor JB Pritzker signed into law Public Act 102-0913, the Mental Health Inpatient Facility Access Act. The act mandates that the Department of Human Services' Division of Mental Health (DMH) develop a written, strategic plan that comprehensively addresses improving access to inpatient psychiatric beds in State-operated mental health facilities for individuals needing a hospital level of care.

In response, DMH brought together a team from the University of Illinois at Chicago's Institute for Healthcare Delivery (IHDD) to work with the Division's leadership and its Forensic Work Group to develop a strategic plan that aims to improve the State's ability to provide recovery-oriented care, specifically to its forensic consumers, more efficiently and effectively.

Bearing in mind that some areas needing attention are in DMH's control but some are not, the Division will adopt 4 interconnected strategic priorities:

1. Hire and retain more staff.
2. Expand community access.
3. Build a data infrastructure to predict and manage current and future capacity.
4. Establish, measure, and communicate treatment progression, from admission to discharge, for all consumers.

Laid out here is a series of 35 solutions, grouped into 11 discrete initiatives and aimed at engaging 4 groups of DMH stakeholders – its consumers, employees, community partners, and DMH leadership. Together, these initiatives address all areas of improvement outlined in the statute and can be implemented in the short, medium, and long term.

Solutions range from defining fundamental DMH principles to creating an organizational development team, from improving staff recognition to offering new options for consumers with intersectional mental health Issues, from system-level analytics to listening sessions at which community mental health providers can express their ideas for DMH improvements.

The strategic plan's initiatives and solutions comprise a roadmap of concrete steps for implementing a single cohesive strategy, building on actions that DMH already has underway. This document also contains principles for implementing and managing the plan, as well as foundational values essential to its ultimate success.

Goal of the Legislation

DMH and IHDD worked together to develop this strategic report in response to the State of Illinois' Mental Health Inpatient Facility Access Act,¹ a mandate that DMH develop and write a comprehensive strategic plan that addresses improving access to inpatient psychiatric beds in State-operated mental health facilities for individuals needing a hospital level of care.

This report includes initiatives, solutions, and steps toward effectuating improvements that DMH plans to put in place to provide recovery-oriented care, specifically to forensic consumers, more quickly and effectively than in the current state. **The solutions outlined in this strategic plan are aspirational, and achieving them will be an incremental and long-term process.**

Limitations to DMH Control

It's important to note that although the Mental Health Inpatient Facility Access Act was written specifically to direct DMH to address challenges related to inefficient bed use in State-operated mental health facilities, DMH is part of a complex and dynamic system of actors over which it does not have control.

The creators of the strategic plan assumed that certain potential changes were out of DMH's control and as a result were never under consideration to be elements of the plan. If the Division was unsure whether exploring a particular area would be within the bounds of compliance, one of the first steps in the plan was to confirm that DMH would remain in compliance if it were to pursue the issue. More specifically, IHDD made the following assumptions about what is not in the control of DMH to change and therefore were not explored, or even discussed, in this strategic plan:

- DMH must comply with the Illinois Mental Health and Developmental Disabilities Code (405 ILCS 5/) Code and all current Illinois statutes.
- DMH must comply with the U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- DMH is unable to reduce the time it takes to get in front of a judge.
- DMH is unable to change how NGRI status and UST status are determined, or how many such determinations are made in a particular amount of time. County court systems make the determinations.
- DMH must comply with all current labor union agreements.
- DMH must comply with the State's Grant Accountability and Transparency Act (GATA) when notifications of funding opportunities are released.
- DMH must comply with all State of Illinois hiring practices and procedures.

¹The Mental Health Inpatient Facility Access Act, Public Act 102-0913, May 27, 2022, Illinois General Assembly, <https://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=102-0913>

There are 2 important dimensions to the strategy: the 4 strategic priorities that DMH will adopt and the 4 stakeholder groups DMH will engage.

Four Strategic Priorities

To set the course for this strategic plan, DMH focused on two central questions: How do we implement immediate improvements for our forensic waitlist, and how do we improve the inpatient system 5 to 10 years from now?

Looking through this lens revealed 4 strategic priorities upon which DMH will focus its improvements. Together, these strategic priorities address both acute issues that affect the inpatient waitlist and chronic issues that impact the broader forensic system.

Because the strategic priorities are interrelated, DMH will address all 4 strategic priorities in concert.



Priority 1: Hire and retain more staff.

Inpatient beds can be utilized fully only if the forensic units at inpatient hospitals are fully staffed, which would require filling the vacant hospital positions. In the short term, DMH might need to turn to contractors to fill positions quickly; however, in the longer term, the Division will work to convert contractor staff members to full-time employees. Doing this would require the collaboration of DHS Human Resources, Central Management Services (CMS), and unions to normalize compensation and shorten hiring timelines.

Attracting and retaining top talent would also require DMH to build a well-considered, sustainable hiring and training pipeline, a holistic approach to compensation, a data infrastructure that helps DMH understand employees' satisfaction levels better, and a values-based culture of continuous improvement.

Priority 2: Expand community access.

Working with mental health service providers in Illinois communities would help DMH expand consumer options and capacity beyond state hospitals. To do this, DMH needs to 1) provide leadership and guidance to stakeholders, 2) simplify the processes required for community service providers to take on forensic consumers in existing programs, and 3) make it easier for those providers to get funding for the creation of new services tailored to local needs. To strategically expand its network, DMH will also need to create a data infrastructure, which would help the Division to assess and understand better partner services and coverage gaps throughout the state. In conjunction, DMH will need to educate the judiciary and its staff about options in the community that could serve as alternatives to inpatient treatment or provide continuity when a consumer is ready to step down to a less restrictive level of care and live in the community.

Priority 3: Build a data infrastructure to predict and manage current and future capacity.

The inpatient capacity crisis touches many state departments and processes. To effectively plan for long-term capacity needs, DMH will need to be able to measure and predict trends, share that information with other departments, and collaborate with them on sustainable solutions.

To manage bed capacity more effectively overall, more extensive analysis is required to learn what affects the progression of consumer treatment at DMH facilities. Using that analysis, the Division could define treatment phases and timelines for consumers with different illnesses and legal designations. It could then apply data analytics to see the progression of all consumers and use that information to better understand and predict bed availability and how many consumers the organization can serve at any given time.

Without a definition of treatment progress and investments in data analytics, consumer throughput and bed capacity would remain unknown, hampering DMH's ability to provide clear and accurate guidance to its community partners.

Priority 4: Establish, measure, and communicate treatment progression, from admission to discharge, for all consumers.

Defining and measuring evidenced-based treatment stages, with accurate time estimates for each phase, is one of the most important things for DMH to do. Successfully integrating the measurement of treatment stages into its regular operations would have a wide-ranging impact.

First and foremost, it would provide information to consumers (and their advocates and family members) about where they are in their treatment journey and their next steps. Second, it would allow staff to see consumers' treatment progression and regression and then make evidence-based decisions about care that would propel efficiency and effectiveness. Third, DMH operations would be more transparent and efficient. With an accurate picture of the status of each consumer, it could predict bed capacity, see trends across consumers and hospitals, and make data-driven decisions based on those trends.

Four Stakeholder Groups to Engage

To address these strategic priorities, DMH will change how it engages its consumers, employees, community partners (including community providers of health services, county judges and courts, and the Department of Corrections), and its leadership. Since the 4 stakeholder groups are inextricably intertwined, **DMH will need to pursue all 4 stakeholder groups in concert.**



Following are the 11 initiatives for change that DMH will pursue to change the experiences of its stakeholders – and, over the long term, improve how the system works. The initiatives here are directional descriptions.

◆ Consumer Engagement Initiatives

Goals for DMH consumer stakeholders

Establish a consistent, system-wide community-readiness process that drives policies, privileges, assessments, and, in the long term, a mindset shift within DMH, to set up all forensic consumers for successful recovery and to hold care teams accountable for their performance.

Initiative Descriptions

#1 [Forensic Recovery Framework](#)

A shared clinical-treatment philosophy that articulates clear phases, policies, privileges, and success metrics and enables the implementation of systems of accountability for clear team performance

#2 [Data to Enable Effective Care](#)

Data infrastructure and reporting on the recovery framework and other key performance indicators, to provide transparency into care and operations

#3 [Expanded Consumer Services](#)

Expanded DMH services beyond State-operated psychiatric hospitals, so that forensic consumers have the services they need even in communities without the civic infrastructure to build those services

◆ Employee Engagement Initiatives

Goals for DMH employee stakeholders

Create a hospital system stocked with high-performing, optimistic caretakers who act as respected advocates for forensic consumers.

Initiative Descriptions

#4 [Hiring and Retention Improvements](#)

Process changes and digital resources, to streamline hiring and reduce lead times, coupled with staff programs to boost morale and increase retention

#5 [DMH Organization-Wide Intranet](#)

A secure, well-organized digital portal for employees at all hospitals to access the most up-to-date, DMH-approved resources and tools

#6 [Multimodal Forensic Training](#)

Stronger, more formalized onboarding and training for both clinical and nonclinical roles, to better set up employees for success at the start of their employment and enable them to learn and contribute more effectively throughout their time at DMH

◆ Partner Engagement Initiatives

Goals for DMH partner stakeholders

Through new funding, tools, and resources, make it easy for community partners to provide new competency, recovery, and reintegration services for forensic consumers.

Initiative Descriptions

#7 [Community-Informed Funding Models](#)

Easier ways for partners to receive funding for services that forensic consumers may need in their communities

#8 [Forensic Partner Web Portal](#)

A central, online portal that provides: a) access to a repository of all up-to-date resources for community partners, including forms, policy updates, and news from DMH; and b) interaction among community partners to share questions and answers, success stories, best practices, and so on

#9 [Partner Advisory Services](#)

Personalized service and training for community service providers and county partners to strengthen relationships, off-load administrative work, and connect critical services to high-need areas

◆ DMH Leadership Engagement Initiatives

Goals for DMH leadership stakeholders

Equip leaders with the information they need to make strategic decisions about consumer, employee, and partner needs.

Initiative Descriptions

#10 [System-Level Analytics](#)

A series of relational, interactive data dashboards that give DMH leaders and hospital leaders overviews of consumer waitlists, consumer recovery progression, employment trends, community partner services coverage and gaps, and other hospital operational information

#11 [Organizational Development](#)

A fully staffed team that is responsible for identifying and managing various continuous-improvement initiatives across the hospitals and is focused on the development of talent and culture, wellness of staff, expansion of partnerships, and implementation of the strategic plan

Initiatives Mapped to the Strategic Priorities		HIRE AND RETAIN MORE STAFF	EXPAND COMMUNITY ACCESS	BUILD A DATA INFRASTRUCTURE TO PREDICT AND MANAGE CAPACITY	ESTABLISH, MEASURE, AND COMMUNICATE TREATMENT PROGRESSION
Consumer ENGAGEMENT INITIATIVES	1 Forensic Recovery Framework	●	●	●	●
	2 Data to Enable Effective Care	●	●	●	●
	3 Expanded Consumer Services	●	●	●	●
Employee ENGAGEMENT INITIATIVES	4 Hiring and Retention Improvements	●		●	
	5 DMH Organization-Wide Intranet	●	●	●	
	6 Multimodal Forensic Training	●	●	●	●
Partner ENGAGEMENT INITIATIVES	7 Community-Informed Funding Models		●	●	●
	8 Forensic Partner Web Portal		●	●	●
	9 Partner Advisory Services		●		●
DMH Leadership ENGAGEMENT INITIATIVES	10 System-Level Analytics	●	●	●	●
	11 Organizational Development	●		●	●

DMH believes that collectively, these initiatives will help the Division realize the strategic priorities and improve the availability and turnover of inpatient beds.

Enablement Drivers of the Strategy

Three important drivers underpin the successful implementation of these strategic initiatives: 1) data and technology, 2) processes and supporting tools, and 3) change management.

Data and Technology

Data will be an important part of making DMH operations more efficient and effective and making various aspects of the Division's hospital operations transparent. Achieving those goals will require investments in data collection and technology, such as an electronic health records system (EHR), data analytics and dashboards, and digitized forms and workflows.

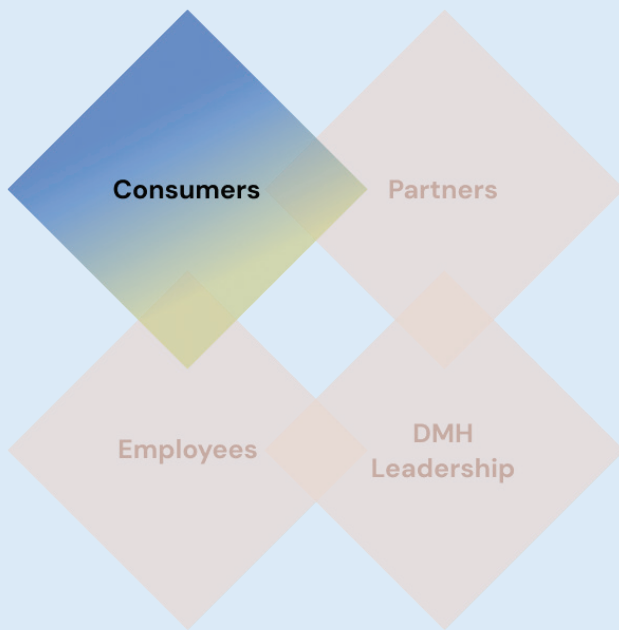
Although technology is fundamental to this plan's implementation, it's important to note that most, if not all, of the technology solutions recommended here can be executed using off-the-shelf software, which will enable speedy implementation and off-load ongoing product management and updates by the Division's information-technology team.

Processes and Supporting Tools

As recommendations and solutions are introduced to the Division, DMH will need to make changes to staff processes and the tools and resources that support those processes — for example, creating support documents, updated protocols and workflows, and putting in place mechanisms for sharing information. We expect that the results of these changes will enable practitioners to adopt and implement the solutions in a timely manner.

Change Management

Implementation of the outlined initiatives will require a multifaceted approach to managing change — including the devotion of resources to project management, staff training, and feedback collection. Large-scale change is difficult, and DMH will both drive top-down alignment and generate bottom-up excitement while maintaining a dialogue between the central office and the individual hospitals so that each hospital can implement the plan in a way that is appropriate for its culture.



◆ Consumer Engagement Initiatives

Goals for DMH Consumers

Establish a consistent, system-wide community-readiness process that drives policies, privileges, assessments, and, in the long term, a mindset shift within DMH, to set up all forensic consumers for successful recovery and to hold care teams accountable for their performance.

Initiatives

#1 Forensic Recovery Framework

Objective: Address the challenges of inconsistently applied policies and privileges that come from wide variations across the system in approaches to care.

#2 Data to Enable Effective Care

Objective: Break down tech-system and data silos to create transparent views of hospital operations and consumer care.

#3 Expanded Consumer Services

Objective: Expand forensic consumer care beyond inpatient hospitals to better support a wider diversity of consumer needs across the care continuum.

Initiative #1: Forensic Recovery Framework

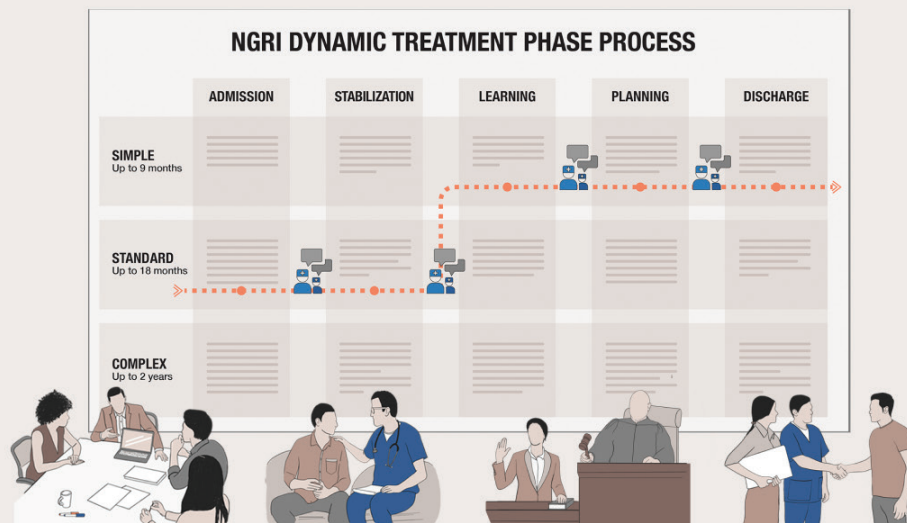
#1 : Forensic Recovery Framework

Objective

Address the challenges of inconsistently applied policies and privileges that come from wide variations across the system in approaches to care.

Description

A shared clinical-treatment philosophy that articulates clear phases, policies, privileges, and success metrics and enables the implementation of systems of accountability for care-team performance



Solutions

[Guiding Principles for DMH](#) SHORT-TERM

A shared set of principles that provide clarity and transparency about DMH's approach to care both within and outside of DMH

[Individualized Treatment Pathways](#) MEDIUM-TERM

A standard set of widely understood treatment **phases**, from admission to discharge, and **paces**, from simple to complex, that can be combined dynamically to create Individualized Treatment Pathways for all forensic consumers

[Smart Forms](#) MEDIUM-TERM

Dynamic, paper-based decision algorithms that walk care teams through deliberative decisions in line with DMH best practices and statutory requirements

[Discharge Review Team](#) SHORT-TERM

An experienced, multidisciplinary team that helps identify which consumers are not making planned progress on treatment plans and supports care-teams in making adjustments

Consumer RACI MEDIUM-TERM

RACI (responsible, accountable, consulted, and informed) model to clarify documentation and processes that explicate duties and responsibilities across roles and ensure that treatment teams are working cohesively and helping one another on the unit

Consumer Onboarding and Advocacy MEDIUM-TERM

Consumer-facing materials that clearly articulate the phases of treatment and their associated modalities, privileges, and care-team roles, so that consumers and their advocates know what to expect and can engage in informed advocacy

Initiative #2: Data to Enable Effective Care

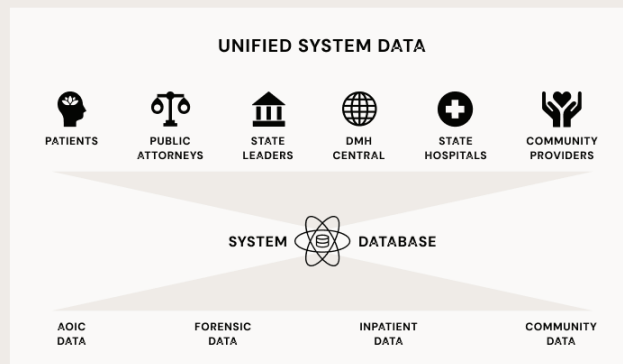
#2 : Data to Enable Effective Care

Objective

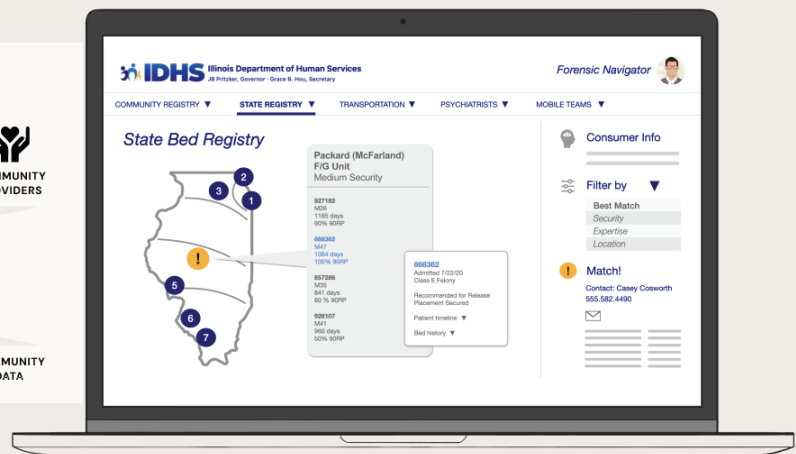
Break down tech-system and data silos to create transparent views of hospital operations and consumer care.

Description

Data infrastructure and reporting on the recovery framework and other key performance indicators, to provide transparency into care and operations



For illustrative purposes only



Solutions

Hospital Bed Registry MEDIUM-TERM

Transparent and real-time tracking of bed availability across the hospital system and ability for DMH team members and community providers to zoom in and out to understand when beds are freeing up, and where

Consumer-Progress Dashboard LONG-TERM

A single view of the recovery phase every consumer is currently in, as well as which inpatient resources are being utilized in that phase

Initiative #3: Expanded Consumer Services

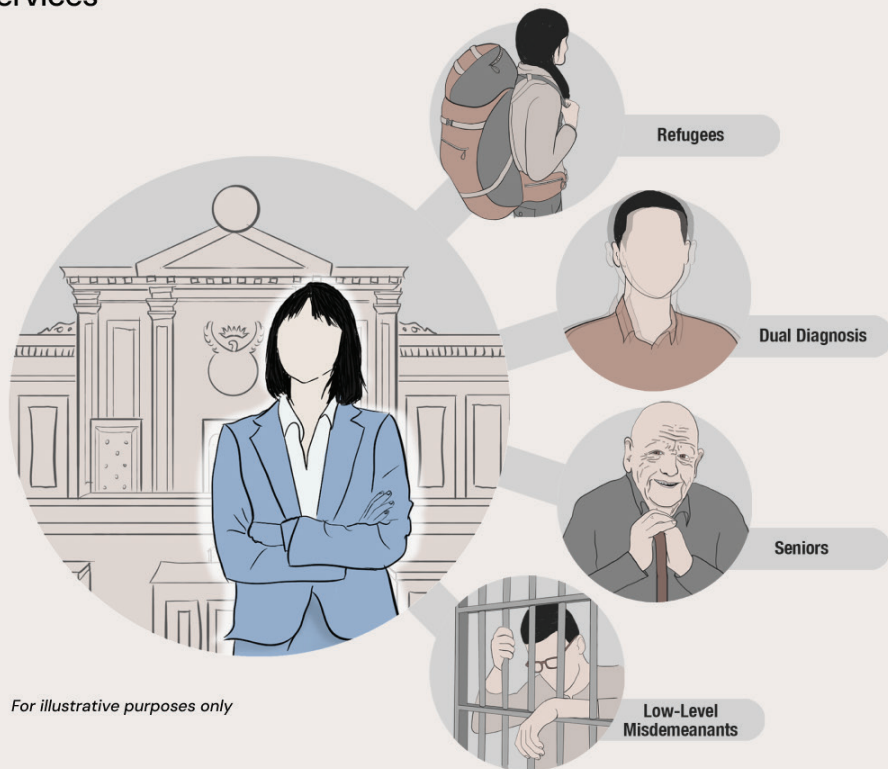
#3 : Expanded Consumer Services

Objective

Expand forensic consumer care beyond inpatient hospitals to better support a wider diversity of consumer needs across the care continuum.

Description

Expanded DMH services beyond State-operated psychiatric hospitals, so that forensic consumers have the services they need even in communities without the civic infrastructure to build those services



Solutions

Forensic Navigator Function SHORT-TERM

A liaison among forensic consumers, jails, courts, and community providers to guide, support, and advocate for consumers undergoing competency evaluation, competency restoration, and community reintegration

New Offerings for Permanent Placement LONG-TERM

New offerings for populations for whom the State will likely be the long-term caretaker because of insurance and community concern

New Offerings for Intersectional Mental Health Issues LONG-TERM

New offerings for populations with specialized needs such as people who require housing support while in mental health treatment and people with diagnoses such as substance abuse or traumatic brain injury



◆ Employee Engagement Initiatives

Goals for DMH Employees

Create a hospital system stocked with high-performing, optimistic caretakers who are respected advocates for forensic consumers.

Initiatives

#4 [Hiring and Retention Improvements](#)

Objective: Attract, hire and retain top behavioral health talent by streamlining processes, building talent pipelines and recognizing staff in meaningful ways.

#5 [DMH Organization-Wide Intranet](#)

Objective: Establish and disseminate DMH-vetted forensic tools, resources, and information that employees need to do their jobs consistently and effectively.

#6 [Multimodal Forensic Training](#)

Objective: Prepare employees with the skills and knowledge they need to confidently provide high-quality services.

Initiative #4: Hiring and Retention Improvements

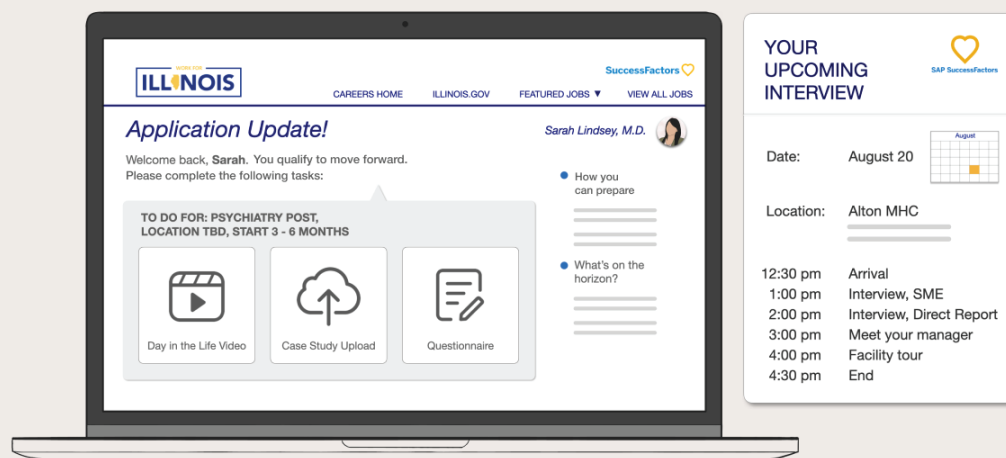
#4 : Hiring and Retention Improvements

Objective

Attract, hire and retain top behavioral health talent by streamlining processes, building talent pipelines and recognizing staff in meaningful ways.

Description

Process changes and digital resources, to streamline hiring and reduce lead times, coupled with staff programs to boost morale and increase retention



For illustrative purposes only

Solutions

[Prehiring Resources](#) MEDIUM-TERM

Resources and activities available for all applicants to complete that provide more transparency into the role, ensuring job preparedness on the first day

[Proactive Hiring Protocol](#) SHORT-TERM

Foundational improvements to DMH's backend hiring protocols designed to remove administrative bottlenecks to posting job openings and screening applicants

[Cross-Department Staffing and Collaboration](#) SHORT-TERM

An ongoing collaboration model between CMS and DMH focused on addressing bottlenecks in the hiring process, improving understanding of various roles, and creating shared incentives

[Forensic Talent Partnerships with Universities](#) LONG-TERM

Collaborations with academic institutions to expand forensic talent pools and knowledge in licensed roles in the organization and throughout the system

[Consumer-Led Staff Recognition Program](#) MEDIUM-TERM

Regularly scheduled stories from current and former consumers and mechanisms for current consumers to recognize staff who have gone above and beyond for consumer recovery

Initiative #5: DMH Organization-Wide Intranet

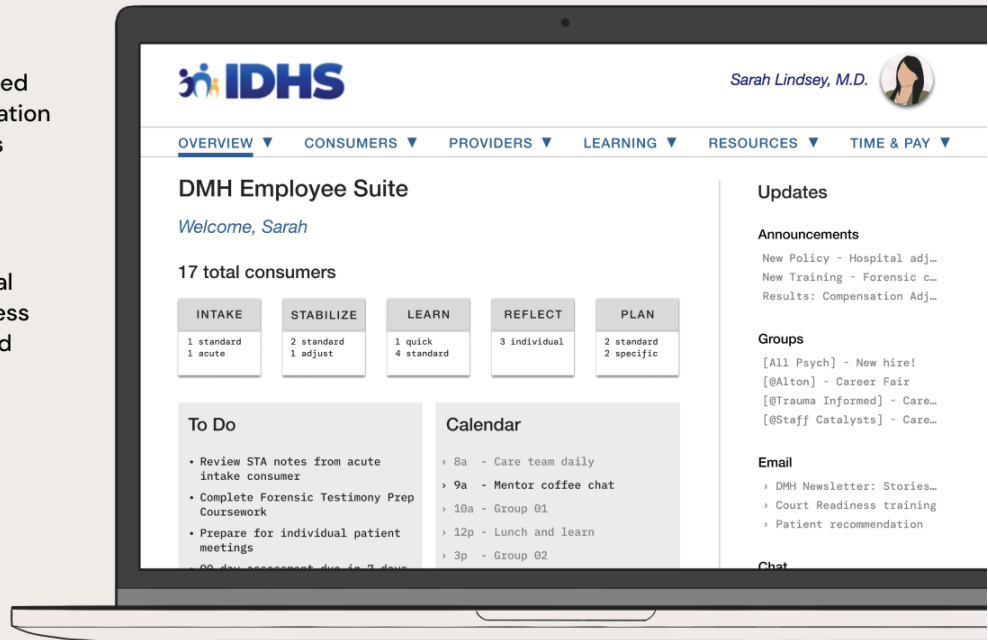
#5 : DMH Organization-Wide Intranet

Objective

Establish and disseminate DMH-vetted forensic tools, resources, and information that employees need to do their jobs consistently and effectively.

Description

A secure, well-organized digital portal for employees at all hospitals to access the most up-to-date, DMH-approved resources and tools



For illustrative purposes only

Solutions

[Sharing Hub](#) MEDIUM-TERM

An intuitively organized, easily accessible digital hub for preferred resources to be used by all hospitals that includes clinical evaluation and reporting forms, documented best practices and protocols, and other tools that employees are trained to use in their role or practice

[Fitness Toolkit](#) MEDIUM-TERM

A cohesive, best-in-class fitness curriculum that merges best practices and useful tools from DMH, academic research, and out-of-state fitness programs while incorporating perspectives from all DMH care-team roles and administration

[Centralized Communication Hub](#) LONG-TERM

A DMH-wide communication system for critical alerts, upcoming events, policy and protocol updates, practice changes, and more, facilitating a stronger centralized connection to clinical practices and leading to a collaborative organizational culture at DMH

Initiative #6: Multimodal Forensic Training

#6 : Multimodal Forensic Training

Objective

Prepare employees with the skills and knowledge they need to confidently provide high-quality services.

Description

Stronger, more formalized onboarding and training for both clinical and nonclinical roles, to better set up employees for success at the start of their employment and enable them to learn and contribute more effectively throughout their time at DMH

For illustrative purposes only



Solutions

[Digital Course Library with Micro-Credentials](#) MEDIUM-TERM

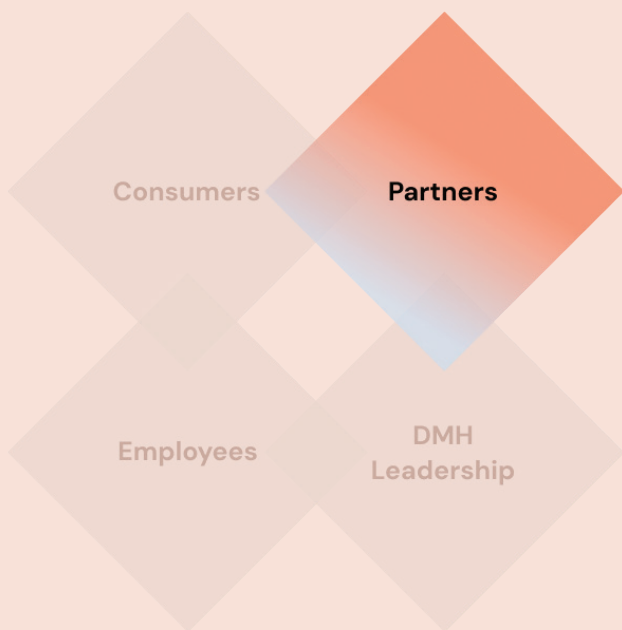
A cloud-based digital software tool, accessible through the DMH Organization-Wide Intranet, containing a variety of lecture- and video-based training modules on relevant forensic topics and pathways along modules to gain micro-credentials

[Credentialed On-the-Job Mentors](#) LONG-TERM

Credentialed peers and supervisors who guide and mentor staff members through important job duties to facilitate skill development and determine if mastery has been achieved

[Testimony Prep Program](#) MEDIUM-TERM

Rigorous training for clinicians that breaks down misconceptions about, and trains people for, the testimony process to help clinicians who must appear in a court setting feel more comfortable and prepared to take the stand



◆ Partner Engagement Initiatives

Goals for DMH Partners

Through new funding, tools, and resources, make it easy for community partners to provide new competency, recovery, and reintegration services for forensic consumers.

Initiatives

#7 Community-Informed Funding Models

Objective: Increase access to funding so that community partners can develop and deploy new forensic services.

#8 Forensic Partner Web Portal

Objective: Reduce the friction that partners experience when working with DMH so that it's easier for partners to meet their obligations when serving forensic consumers.

#9 Partner Advisory Services

Objective: Strengthen relationships with high-quality providers and support new or niche forensic providers by supporting their forensic needs beyond providing services.

Initiative #7: Community-Informed Funding Models

#7 : Community-Informed Funding Models

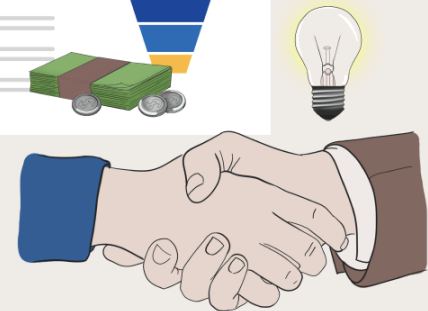
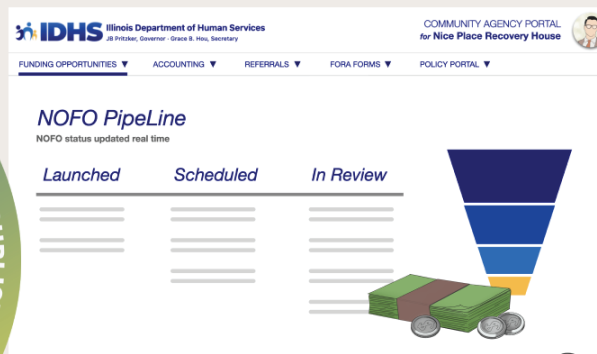
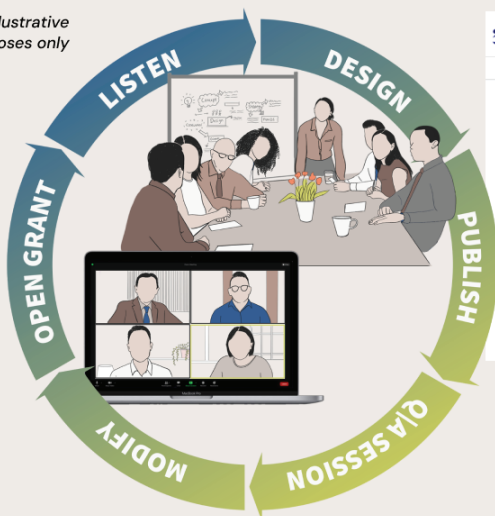
Objective

Increase access to funding so that community partners can develop and deploy new forensic services.

Description

Easier ways for partners to receive funding for services that forensic consumers may need in their communities

For illustrative purposes only



Solutions

[Listening Sessions with Providers](#) SHORT-TERM

DMH-hosted listening sessions with community providers and forensic influencers, including courts, corrections, advocates, and neighbors

[Funding for Community Pilots](#) MEDIUM-TERM

A program to enable rapid piloting of new ideas that require low investment and have a high probability of positive impact

Initiative #8: Forensic Partner Web Portal

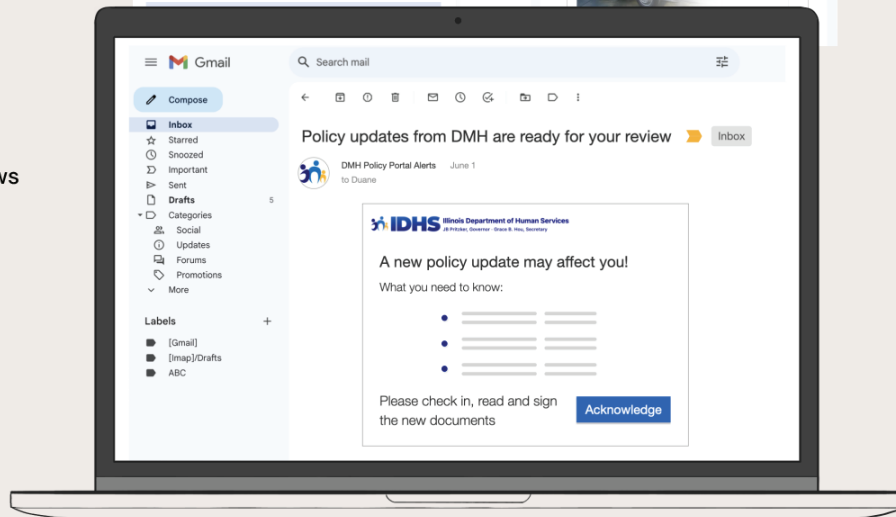
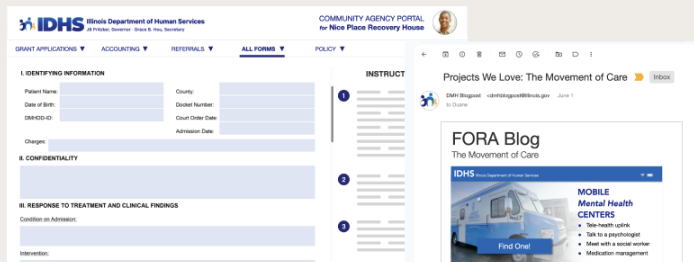
#8 : Forensic Partner Web Portal

Objective

Reduce the friction that partners experience when working with DMH so that it's easier for partners to meet their obligations when serving forensic consumers.

Description

A central, online portal that provides: a) access to a repository of all up-to-date resources for community partners, including forms, policy updates, and news from DMH; and b) interaction among community partners to share questions and answers, success stories, best practices, and so on



For illustrative purposes only

Solutions

Digital Forms and Resources SHORT-TERM

A central repository of all current forms and documents that community providers can use for easy information compilation, submission, recall, and sharing

Partner Knowledge Base MEDIUM-TERM

Accessibly, usably, and memorably formatted database for required provider-specific information, such as new hospital policies and procedures, new forms to use, and newly available services

Partner Digital Community MEDIUM-TERM

Explore DMH-curated newsletters for DMH and community providers that can be used to interact and exchange information, advice, tips, guidance and support, and stories of success

Initiative #9: Partner Advisory Services

#9 : Partner Advisory Services

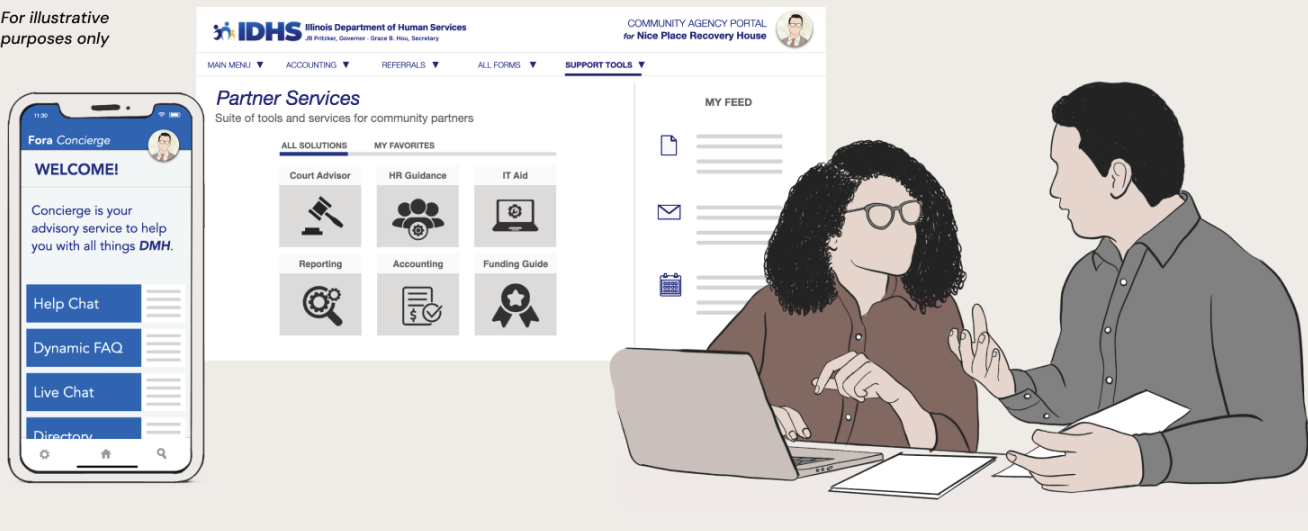
Objective

Strengthen relationships with high-quality providers and support new or niche forensic providers by supporting their needs beyond those related to providing services.

Description

Personalized service and training for community service providers and county partners to strengthen relationships, off-load administrative work, and connect critical services to high-need areas

For illustrative purposes only



Solutions

Provider Success Team MEDIUM-TERM

A team of DMH provider liaisons that provide one-on-one support and training to help community agencies with challenges specific to forensics, such as court and grant reporting and statutory responsibilities

County-Specific Training MEDIUM-TERM

A small team of DMH-certified trainers who create high-touch, tailored training sessions for a county's community providers, law enforcement, judges, and attorneys



◆ DMH Leadership Engagement Initiatives

Goals for DMH Leadership

Equip leaders with the information they need to make strategic decisions about consumer, employee, and partner needs.

Initiatives

#10 [System-Level Analytics](#)

Objective: Create transparency into system needs and trends to help inform strategic decisions.

#11 [Organizational Development](#)

Objective: Continuously improve consumer care outcomes by focusing on the ongoing development of talent, culture, and knowledge.

Initiative #10: System-Level Analytics

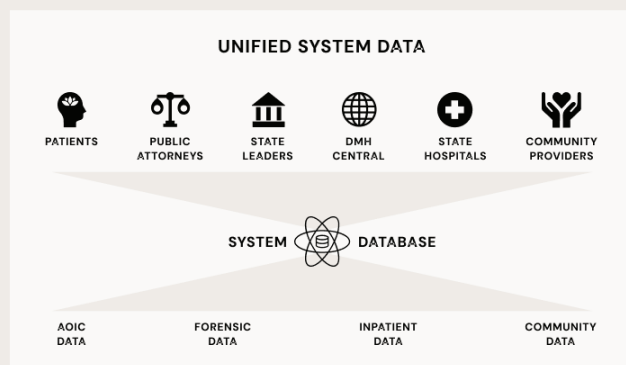
#10: System-Level Analytics

Objective

Create transparency into system needs and trends to help inform strategic decisions.

Description

A series of relational, interactive data dashboards that give DMH executives and hospital leaders overviews of consumer waitlists, consumer recovery progression, employment trends, community partner services coverage and gaps, and other hospital operational information



For illustrative purposes only

Solutions

[Key Junction Reporting](#) MEDIUM-TERM

A dynamic snapshot of consumer throughput that measures how many individuals there are at each key step in the forensic journey, from time of incarceration to inpatient admission to discharge and beyond

[State Trends and Forecasting](#) LONG-TERM

A dashboard that includes all the counties and catchment areas of the State of Illinois,, with several data sources overlaid into a single view: state census data, inpatient forensic data, behavioral health data, and criminal justice data

[Funding Dashboard](#) LONG-TERM

An interactive dashboard that provides visibility into active and upcoming grant programs and partners and their utilization of funds, to inform ongoing allocation decisions

Initiative #11: Organizational Development

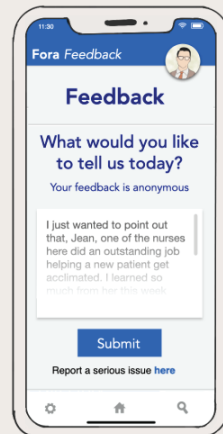
#11: Organizational Development

Objective

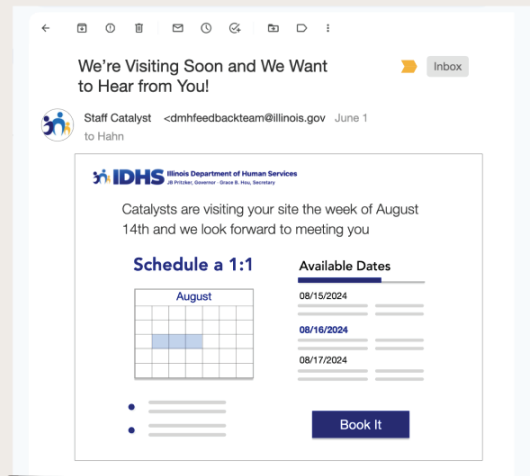
Continuously improve consumer care outcomes by focusing on the ongoing development of talent, culture, and knowledge.

Description

A fully staffed team that is responsible for identifying and managing various continuous-improvement initiatives across the hospitals and is focused on the development of talent and culture, wellness of staff, expansion of partnerships, and implementation of the strategic plan



For illustrative purposes only



Solutions

On-Site Executive Meetings SHORT-TERM

Hospital rotation of hosting on-site meetings with staff and a team from the central office to share experiences and coordinate strategic-plan initiatives

Continuous-Improvement Team and Programming LONG-TERM

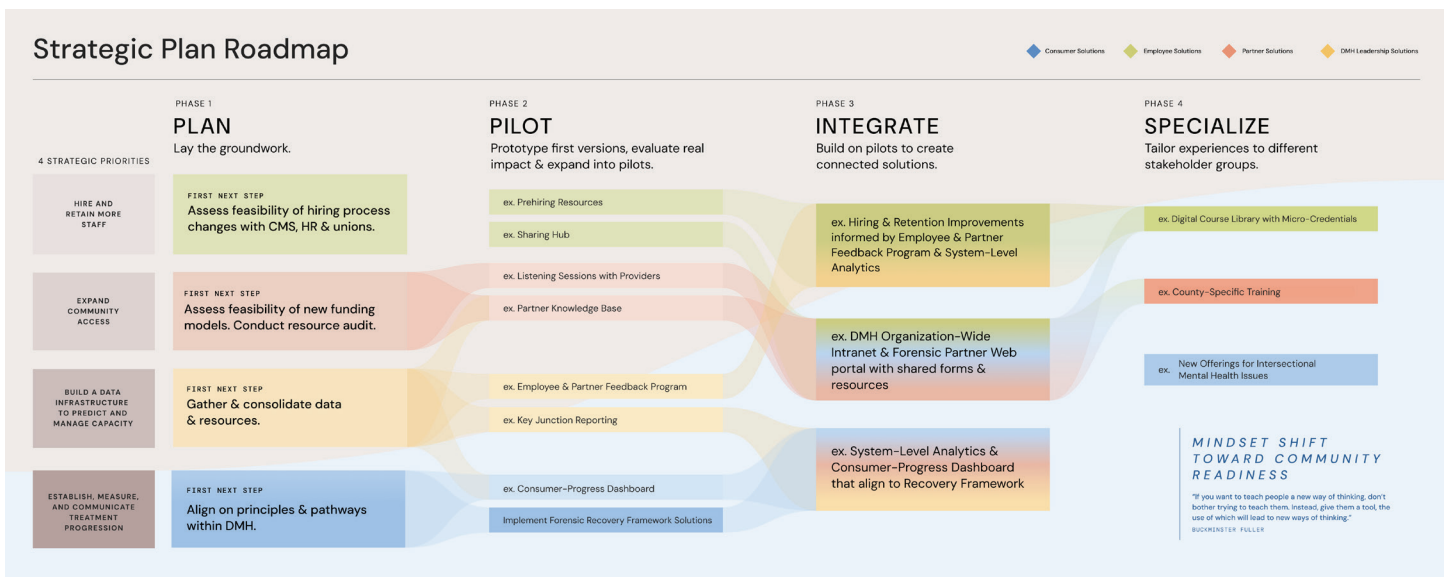
A team held accountable for continuous-improvement goals and metrics at the central office and throughout the hospital system; and a Continuous-Improvement Team, which, among other responsibilities, designs events focused on building a culture of collaboration and embedding new attitudes and behaviors in inpatient facilities

Employee and Partner Feedback Program MEDIUM-TERM

A multifaceted feedback approach to gathering employee and partner input on a variety of topics, including policy changes, engagement programming, implementation of strategic initiatives, and collaboration with DMH leaders

High-Level Roadmap

The roadmap provides insight into how the Division will take clear, concrete steps to implement the strategic plan. The roadmap shows how DMH plans to move the strategic initiatives forward across 4 phases of implementation, each with a different goal in mind: Plan, Pilot, Integrate, and Specialize.



In the **Plan** phase, DMH will lay the groundwork by meeting with key teams to make go/no-go decisions and starting to tackle initiatives that are foundational to the strategy.

In the **Pilot** phase, DMH will create first versions, or prototypes, of many of the solutions. This phase will allow DMH to evaluate the real impact of several solutions without taking on the burden of large capital investments. DMH will then be able to use data from these pilots to determine how to refine them and increase their value.

In the **Integrate** phase, DMH will begin bringing together the discrete pilots to form connected solutions. For instance, disparate views of data might be networked into a series of relational dashboards, making all employee- and partner-based solutions available from a central web portal; and the linking of training modules, to form larger training programs, might begin.

Last, in the **Specialize** phase, the roadmap shows the potential for DMH to use the connected data and accumulated knowledge to create more tailored experiences for consumers, staff members, and partners. At this juncture, an Organizational Development team could play a critical role by ensuring that processes, training, and systems are clearly communicated and evolve as needed.

At its core, the roadmap is a representation of a mindset shift toward community readiness, which will start with the creation of the Forensic Recovery Framework. This framework will inform training, operations, and collaborations and lead to a new way of thinking throughout the DMH system.

Already Underway

DMH has already undertaken, or is in the midst of taking, several actions to lay the groundwork for the implementation of the strategic plan and, in time, the realization of the Division's strategic vision. Following is a comprehensive list of measures that are currently underway at DMH and other entities represented in the Forensic Work Group.

Foundational Initiatives

- A request for proposal (RFP) is in the requirements-refinement process for an electronic health record (EHR). The business requirements have indicated a need for a forensic module and/or processes for proper recovery and treatment planning.
- A subcommittee of the Forensic Work Group is rewriting the Fitness Statute (Article 104) for the legislature to consider, focusing on *United States v. Sell* as a precedent to expedite care.

Consumer Engagement Initiatives

- A Clinical Review Committee has been formed.
- Forensic coordinators are collecting and sharing data on inpatient capacity.
- A forensic unit at the Alton facility is converting from a coed unit to an all-female unit, creating 8 or 9 additional beds for female forensic consumers on the waitlist.
- A Microsoft Access database called Forensic Database System (FDS) has been created to streamline and document inpatient placement.

Employee Engagement Initiatives

- Cross-Hospital Fitness Work Group has been created.
- Elgin Mental Health Center and the Treatment and Detention Facility (TDF) share knowledge about returning consumers.
- Elgin Mental Health Center's Social Workers Group has piloted an extended onboarding training process.
- Multiple hospitals offer parking-spot and Employee of the Month rewards. A newly established process enables applicants to meet their prospective managers.
- Non-licensure roles are posted proactively.
- One-on-one preceptor consultants help staff members prepare for upcoming testimony.
- On-site career fairs are being held.
- Central-office UST and NGR1 training has been updated.

Partner Engagement Initiatives

- Forensic Work Group meetings are underway.
- Forensic Work Group member Scott Block, working with the Illinois Supreme Court Committee for Justice and Mental Health Planning (JMHP), has requested a Technical Assistance Grant to provide technical assistance for Leading Change in Competency to Stand Trial Systems in Illinois courts.
- A Forensic Work Group subcommittee, led by Mark Heyrman, is currently conducting forensic training webinars with members of the Illinois judiciary.

DMH Leadership Engagement Initiatives

- Employee–feedback mechanisms, such as suggestion boxes, are in place at some institutions.
- The Forensic Work Group, consisting of DMH leadership, judicial representatives, county corrections representatives, and consumer advocates, meets monthly.
- Monthly waitlist statistics are collected and shared with the Forensic Work Group.
- A TDF Employee Committee Model has been created and is being used.

First Next Steps for the Strategic Plan

Creating and distributing this strategic plan to the Illinois General Assembly is only the first step to moving toward a more effective forensic system for all consumers. DMH will begin implementing this plan immediately.

As a starting point, the following action items are meant to kick–start the implementation plan and maintain momentum.

Communication and Socialization

- Create and execute a communication plan to socialize the strategic plan with key audiences at DMH hospitals, community service provider partners, and judicial and correctional partners.

Project Management

- Assemble an implementation oversight team.
- Assign or hire designated project managers and subject–matter experts.
- Schedule implementation meetings.
- Identify and assign staff catalysts, who could support each task force by supplying on–the–ground perspectives, cocreating solutions, and testing prototypes.

Consumer Engagement Tasks

- Assemble an internal team of clinical experts and innovators to develop Guiding Principles and Individualized Treatment Pathways.
- Understand the existing scope of work of the Placement Evaluator, Forensic Coordinators, and similar roles in the court system. Consider modifying each role’s focus to better support consumer access to the least restrictive level of care.
- Write a description of the Forensic Navigator Function and explore implementation, starting in high–need counties.

Employee Engagement Tasks

- Work with CMS to discuss possible areas of collaboration and innovation.
- Work with HR departments and unions to discuss possible areas of collaboration and innovation.

Partner Engagement Tasks

- Meet with the GATU to discuss possible areas of collaboration and innovation.
- Collaborate with forensic service providers to identify the biggest administrative pain points of working with DMH and taking on a forensic consumer and create a plan to solve these issues, starting with making the lowest-effort, highest-yield changes.
- Collect and consolidate a list of resources for a Forensic Partner Web Portal.

DMH Leadership Engagement Tasks

- Audit existing forensic resources and training used by DMH and by other states.
- Assemble a team with psycho-legal expertise to curate the best existing training materials and staff resources.
- Attain alignment on metrics for assessing training effectiveness and progress.
- Assemble a team with data and IT expertise to develop first versions of discrete data dashboards with an eye to eventual integration.
- Audit hospital and system data.
- Build alignment of stakeholders regarding a minimum data set and data collection.

Implementation Principles

The changes outlined in this plan are sweeping. The following 3 key principles will guide DMH's approach to managing future projects and programs. The Division will be able to manage these changes by starting small, taking a test-and-learn approach, and collecting ongoing feedback from the various groups of people with a stake in the outcomes of the plan.

Start Small

DMH is beginning by tackling opportunities that are likely to have an immediate impact, focusing initially on opportunities that build on work that is currently underway or has a straightforward path to adoption.

Keep Collecting Feedback

To ensure that solutions remain viable, feasible, and desirable throughout the plan's implementation, DMH will commit to collecting ongoing feedback from consumers, staff members, and partners throughout project life cycles. Feedback could take many forms, including staff workshops, staff interviews with current and former consumers and community partners, and meetings with State-level departments like DoIT and CMS.

Take a Test-and-Learn Approach

Given both obvious and subtle differences among the multiple hospitals, consumer types, stakeholders, and workflows, taking a test-and-learn approach to implementing solutions will increase the likelihood of their adoption. By breaking each solution down into small and feasible stages of development, staff and other stakeholders will over time learn what has and hasn't worked at each stage. This approach is designed to bring unforeseen issues and roadblocks to the surface to be reckoned with and to clarify ways to make the next development stage work better.

Clear Values: The Foundation of Success

Finally, the results of this work will sit in a larger ecosystem of existing processes, protocols, and organizational structures at the Division of Mental Health. As such, future solutions need to address not only the Mental Health Inpatient Facility Access Act's specific calls to action but also larger organizational opportunities that are foundational to the success of the solutions. To this end, DMH developed the following Values for solutions, to ensure that the recommendations are consistent with the long-term strategic vision and that the outcomes of the Mental Health Inpatient Facility Access Act are consumer-centric, scalable, adopted, and long-lasting.

NUANCED: Designing a system that is more responsive to individual needs will allow DMH to develop a more nuanced view of consumers' circumstances.

CONNECTED: DMH needs to lay the foundation for a larger and more connected network of stakeholders who are aligned with the big picture and not focused only on isolated problems on their turf.

DIGITAL: By making its data management more accessible, DMH will be able to provide its employees, community partners, and service providers a clear and accurate view of the information they need, when they need it.

STRATEGIC: Shaping an organizational structure that supports best-in-class clinical operation will support the capacity of DMH leaders to upskill and act more strategically.

DATA-INFORMED: By using data to fuel a service model that provides unbiased consumer assessments, DMH will be able to deliver treatment plans that meet consumers where they are clinically as well as culturally.

Forensic Work Group

This strategic plan was created in collaboration with the Forensic Work Group. The multidisciplinary nature of the team was critical to the plan's creation because of the sheer quantity and variety of individuals and organizations that would be affected by the plan and have a stake in the outcome.

Special thanks to the individuals below for providing expertise to inform the strategic plan. DMH looks forward to continued collaboration in future implementation efforts.

The Forensic Work Group



DEPARTMENT OF HUMAN SERVICES

Dr. David Albert
Dr. Donell Barnett
Dr. Agoritsa Barczak
Dr. Sharon Coleman
Dr. James Corcoran
Dr. John Cummins
Dan Dyslin
Danielle Jacobson
Dr. Yetunde Johnson
Patty Hudson
Meredith Kiss
Rebecca Paz
Ryan Rollinson
Jason Stamps
Tracey Thomas
Yolanda Wilson



STATE'S ATTORNEY OFFICES

Risa Lanier, Cook County
Patrick Waller, Cook County
Jacob Dennis, Kane County
Kimberley Klein, Kane County
Jamie Mosser, Kane County
Samim Munshi, Kane County
Joseph McMahon, formerly Kane County
Jeremy Karlin, Knox County
Meghan McCarthy, Sangamon County
Dan Wright, Sangamon County



LAW ENFORCEMENT

Ana Lalley, Elgin Police Department
Tony Rigano, Elgin Police Department
Ron Hain, Kane County Sheriff
Maureen O'Connell, Treatment Liaison Coordinator, Kane County Sheriff's Office
Jim Kaitschuk, Illinois Sheriffs' Association



COUNTY EVALUATOR

Dr. Dan Cuneo, St. Clair County



COMMUNITY PROVIDERS & ADVOCATES

Stacey Aschemann, Equip for Equality
Dennis Hopkins, Iroquois Mental Health Center
Amy Campanelli, Lawndale Christian Legal Center
Mark Heyrman, Mental Health Summit
Rachel Bhagwat, National Alliance of Mental Illness Chicago
Jen McGowan-Tomke, National Alliance of Mental Illness Chicago
Andy Wade, National Alliance of Mental Illness Illinois
Sara Anderson, Memorial Behavioral Health
Sue Schroeder, Stepping Stones
Heather O'Donnell, Thresholds



STATE BAR ASSOCIATION

Jennifer Hansen, Illinois State Bar Association



CONSUMER SERVICES & EDUCATORS

Dr. Ana Belmonte, Chicago School of Professional Psychology
Dr. Casey Sharpe, Chicago School of Professional Psychology
Dr. Stephen Dinwiddie, Northwestern Medicine
Dr. Carolyn Shima, University of Chicago Medicine
Dr. Daniel Yohanna, University of Chicago Medicine
Stephen Brown, University of Illinois at Chicago



PUBLIC DEFENDER OFFICES

Emily Cole, Cook County
Silvana Santilli, Cook County
John Rekowski, Madison County
Cathy MacElroy, St. Clair County
Ernie Springer, Winnebago County



THE COURTS

Hon. Judge Paul Novak, Lake County
Hon. Judge John Madonia, Sangamon County
Hon. Judge Robert Haida, St. Clair County
Hon. Judge Gibbons, Winnebago County
Scott Block, Administrative Office of the Illinois Courts
Marcia Meis, Administrative Office of the Illinois Courts
Michelle O'Brien, National Center for State Courts

Report Team

Project Oversight

Dr. Sharon Coleman, Deputy Director of Forensic and Justice Services, Division of Mental Health

Ann Kauth, Assistant Director, Institute for Healthcare Delivery Design

Project Managers

Lindsey Pawlowski, Project Manager, Institute for Healthcare Delivery Design

Jenn Schiffman, Project Lead, Institute for Healthcare Delivery Design

Advisers

Dr. David Albert, Director, Division of Mental Health

Dr. Agoritsa Barczak, Court Services, Division of Mental Health

Dr. Donell Barnett, Deputy Director, Clinical Services, Division of Mental Health

Scott Block, Statewide Behavioral Health Administrator, Illinois State Supreme Court

Stephen Brown, Director of Preventative Emergency Medicine, UI Health

Dr. Sharon Coleman, Deputy Director, Forensic and Justice Services, Division of Mental Health

Olachi Tiffany Etoh, Consultant, Institute for Healthcare Delivery Design

Hugh Musick, Director, Institute for Healthcare Delivery Design

Ryan Rollinson, Chief of Staff, Division of Mental Health

Report Authors

Joan Burton, Workstream Lead, Institute for Healthcare Delivery Design

John Dominski, Workstream Lead, Institute for Healthcare Delivery Design

Kimani Isaac, Economic Analyst, Institute for Healthcare Delivery Design

Parker Joyner, Workstream Lead, Institute for Healthcare Delivery Design

Ann Kauth, Project Oversight, Institute for Healthcare Delivery Design

Mary Morgan, Workstream Associate, Institute for Healthcare Delivery Design

David O'Donnell, Workstream Lead, Institute for Healthcare Delivery Design

Lindsey Pawlowski, Project Manager, Institute for Healthcare Delivery Design

Jenn Schiffman, Project Lead, Institute for Healthcare Delivery Design

J. Smyk, Workstream Lead, Institute for Healthcare Delivery Design

David VandenBranden, Workstream Lead, Institute for Healthcare Delivery Design

Kathy Willhoite, Copywriter, Institute for Healthcare Delivery Design

Report and Exhibit Design

Amar Singh, Design Associate, Institute for Healthcare Delivery Design

Illustrations

Cristina Leños, Design Associate, Institute for Healthcare Delivery Design