

**Minutes from the ARIOB Performance Measurement Committee Meeting  
Tuesday, December 9, 2014, 2:30-4:30 p.m.  
ICJIA Small Conference Room, 300 W. Adams, Ste. 200, Chicago, IL 60606**

ARIOB board members present: Joe Antolin, Nate Inglis Steinfeld (for Kathy Saltmarsh), Rebecca Skorek (for Jack Cutrone), Jordan Boulger (for Lavone Haywood)

Non-ARIOB present: Mary Ann Dyar, Lindsey LaPointe, Sara Wasserteil

ARIOB by phone: Judge Radcliffe

**Welcome and introductions**

Committee chair Joe Antolin called roll at 2:45 p.m., and it was determined there was quorum.

**Approval of previous meeting minutes – November 24, 2014**

Committee members reviewed the minutes from the November 24<sup>th</sup> meeting, which were presented in a new format highlighting decisions made and next steps. Rebecca motioned to approve the minutes, and Nate seconded. All in favor, none opposed, minutes approved.

**Decisions:** Minutes from the November 24<sup>th</sup> meeting approved.

**Review and vote on site corrective action plan (CAP)**

- a. LaSalle County

LaSalle revised their CAP with more actionable language for Action Steps #4-7 and the specific membership of the steering committee (Action Step #3). LaSalle will report on progress quarterly through October 2015. In subsequent CAPs, the proposed timeline will require information on quarterly actions, as well as reporting frequency.

Nate motioned for the approval of the LaSalle CAP, contingent upon clarification of staff responsible for Action Step #7 (checking on parole status at intake) and quarterly reporting. Rebecca seconded the motion. All in favor, none opposed, CAP unanimously approved.

**Decisions:** LaSalle CAP unanimously approved, with contingencies (see above).

**Action Items:** Recommend developing one-pager on client eligibility to be distributed to stakeholders. Include CAP decision in written report to full Oversight Board.

**Discussion of Corrective Action Plan (CAP) process and policy**

- a. Review of contractual performance measures and corrective action plan triggers
- b. Review of data for benchmarks (IDOC commitments and LSI-R scores)

In order to initiate a CAP, there needs to be evidence that the site is an outlier according to its performance measures. Rebecca provided a table taken from the ARI database with participants' LSI-R scores and revocation rates to compare data across sites. The data show that most sites have at least 60% of their participants scoring as moderate to high risk. We want to increase this percentage based on ARI goals and the risk principle of evidence-based practices. Also, we need to have sites fill in missing LSI-R data.

The proposed motion was to require sites to have 66% (2/3) of participants with moderate to high risk by the end of SFY15, and have 80% of admissions with moderate to high risk by end of SFY16.

Nate motioned for approval, Rebecca seconded. All in favor, none opposed, motion carried.

**Decisions:** Thresholds of 66% (2/3) of clients in program with moderate to high LSI-R scores by June 2015, and 80% of admissions with moderate to high scores by June 2016 were established for sites.

**Action Items:** Get missing LSI-R data by mid-January.  
Review proportion of high scores among moderate-high risk participants, looking at median across sites.  
Inform sites of thresholds.  
Determine when in intake process LSI-R is administered and who has access to information when making enrollment decisions.

For benchmarking site performance, find what percentage of unsuccessful clients go to IDOC. It would be good to also know what percentage of referred but rejected clients go to IDOC; however, these data are not available through the ARI database.

**Action Items:** Collect data on unsuccessful terminations to IDOC by site (Rebecca).

### **Discussion of the Affordable Care Act (ACA) and Adult Redeploy Illinois**

A map of Illinois with Affordable Care Act (ACA) entities was distributed from the DHFS website. Joe provided the Medicaid policy context for Illinois healthcare reform and the ACA, and described the different entities created to administer Medicaid. With the physical/behavioral health parity provision, access to behavioral health services should increase.

ARI staff is collecting information on the impact of the ACA at the site level and working with TASC to facilitate best practices. We need to help sites determine what the best network is for coverage for ARI clients county-by-county and how to connect them to services they need. The aim is to have people get the Medicaid coverage that is right for them while decreasing treatment costs billed to ARI.

**Action Items:** Determine impact of ACA on site treatment budgets and assist with reallocating ARI dollars to other services/needs.  
Check if ARI-funded treatment providers accept Medicaid  
Look at sites doing a good job of rolling out the ACA – develop case studies.  
Ask TASC about how non-covered counties will be covered.

### **Old Business/New Business**

A decision is needed about next steps with the Cook HOPE program and implementation of its CAP.

Next meeting: January 27, 2015 at 2:30 p.m.

### **Adjournment**

Rebecca made the motion to adjourn, which was seconded by Jordan. All in favor, none opposed, meeting was adjourned at 4:44 p.m.

**(Approved 1/27/15)**