

## Minutes of the Behavioral Health Coordinating Council

The Behavioral Health Coordinating Council Committee met on Thursday, June 16, 2016, at 7:30 AM in Room 400 of the Government Center, 115 East Washington Street, Bloomington, IL.

Members Present: Chairperson John McIntyre; Mr. Chad Boore, OSF St. Joseph's Hospital; Mr. Kevin McCarthy, Town of Normal; Honorable Elizabeth Robb, retired Chief Circuit Judge; Mr. Steve Denault, Country Financial; Ms. Stephanie Barisch, Center of Youth and Family Service; Ms. Diane Schultz, The Baby Fold; Mr. Joni Painter, City of Bloomington; Mr. Mark Jontry, Regional Office of Education; Ms. Sonja Reece, McLean County Board of Health; Ms. Laurette Stiles, State Farm; Ms. Karen Zangerle, PATH; Mr. Tom Barr, Center for Human Services; Ms. Laura Furlong, MARC First

Members Absent: Ms. Colleen Kannaday, Advocate BroMenn Medical Center; Mr. Russ Hagen, Chestnut Health Systems

Staff Present: Mr. Bill Wasson, County Administrator; Ms. Hannah Eisner, Assistant County Administrator; Ms. Amy Brooke, Recording Secretary, County Administrator's Office; Mr. Don Knapp, Assistant Civil State's Attorney

Department Heads/  
Elected Officials  
Present:

None

Others Present: Ms. Judy Buchanan, Board of Health; Ms. Laura Beavers, Mental Health Program Manager; Ms. Susan Shafer, McLean County Board

Chairperson McIntyre called the meeting to order at 7:35 AM and declared a quorum.

Chairperson McIntyre welcomed everyone to the inaugural meeting of the Behavioral Health Coordination Council (BHCC) and had members introduce themselves.

The Mental Health Action Plan recommended that community leaders be brought together to address the issue of mental health in the community. The BHCC is the result of that recommendation.

Chairperson McIntyre gave an overview PowerPoint of the Behavioral Health Coordinating Council (attached). This included an overview of the history of the County's involvement in addressing mental health needs beginning in 1990 when the Board of

Health began providing community health capacity grants in response to closures of state facilities. The overview included the formation of the Drug Court (2007), establishment of Criminal Justice Coordinating Council (2009), formation of the Mental Health Court (2012), the National Institute of Corrections review (2013), the formation of the Mental Health Needs Assessment and Best Practices working groups (2014), release of the Mental Health Action Plan (2015), and the contract for Jail Needs Assessment and pre-architectural services delivered to the County Board (2015), approval of a sales tax increase of  $\frac{1}{4}$  of 1% by the Normal Town Council and the City of Bloomington Council for mental health and public safety (2015), and the beginning of the Behavioral Health Coordination Council (2016).

The County has participated in the National Association of Counties (NACCO) "Stepping-Up Initiative." The goal is to maximize scarce local resources and to work collaboratively and innovatively to provide effective community behavioral health services.

In March 2016 as part of the One Voice Trip to Washington, DC, the Bureau of Justice Assistance was presented with a copy of the McLean County Mental Health Action Plan. The County is constantly looking for state and federal grant money. One of these is the Bureau of Justice Assistance Crisis Intervention Project. McLean County's program has been endorsed by the White House Rules Council.

Chairperson McIntyre spoke about the necessity of addressing the needs of super-utilizers across different systems that cannot sufficiently meet the needs within that one system. People working in the field need to be better equipped to identify what can be done. The need is to train first responders and others to divert people from the ER or criminal justice systems as early as possible to the appropriate resources.

McLean County has applied for a federal grant. The Justice and Mental Health Collaboration Program Grant for \$215,000 would be provided through the Bureau of Justice Assistance. This grant would help in providing CIT training designed for first responders, staff for adult and juvenile detention facilities, officers across the County, dispatchers, firefighters, crisis support, EMT, hospital personnel, PATH, court services, and State's Attorneys. The cost is close to \$500 per person plus overtime pay in some cases. There would also be funds for a project coordinator and for analysis of the data. The overarching goal is to decrease criminal justice involvement of those with mental disorders.

Mr. Wasson shared that the County has a background of establishing relationships and obtaining grants from this agency. However, this is a competitive grant process. It would be helpful if participants see private or public grants available that they believe are related to the Mental Health Action plan that those leads be provided to the group.

Chairman McIntyre shared that the County has been using data and data exchange for a number of years with the criminal justice system. He asked how the organizations present share data. He stressed the importance of the early identification of super utilizers.

Ms. Zangerle stated that the amount spent over the life time of a super utilizer exceeds \$300,000.

Mr. Wasson asked if there are data exchanges in place for both internal functions and collaboration with other entities on the health services side. The County initiated an integrative justice system eighteen years ago. This includes all of the local government law enforcement units. It allows for the sharing of data. Officers begin the process by entering a report in the system. From that point on, everything is shared through the criminal justice process and all the way through to probation if necessary. The records are maintained. There is no need to re-enter the information. The information is shared through the EJIS system. It is sensitive information, so it is only accessed on a need to know basis. Each entity has their own specific restrictions and availability to that data. The goal is to economize the entry of data and to share as much data as is legally possible.

Ms. Reece raised concerns about the feasibility of sharing the information due to HIPPA regulations. At the Advocate Bromenn Regional Medical Center, the sharing of information is a one-way street. Physicians can sign in and get test results, surgery results etc. A similar return path from all of the physician offices is not available. In terms of pharmacies, physicians can access a state resource which deals with controlled substances that have been ordered for a patient. They cannot get information on other medications a patient is taking. There is not an immediate flow of information from the EMT world. Different types of software systems that are used and limited resources for some locations make data sharing difficult.

Mr. Barr addressed the ability of the Crisis Team, hospital, and other social service agencies to share information. The Crisis Team is able to share some limited information with other agencies if they are going out on a call and it relates to an individual in a crisis situation. For example, if the Crisis Team sees an individual at Advocate Bromenn, they will electronically leave information as to the disposition of the situation. Typically, this information is available at the point of service. The ER cannot pull up information to see if an individual is a client of the Center for Human Services. Information shared is typically tied to a certain event and specific individual. More information can only be shared if a release is signed.

Mr. Wasson clarified that this sharing of communication is not accessed through an electronic records system but is something that is shared verbally or in writing.

Mr. Barr stated that the limits of confidentiality are wider in a crisis situation than with someone who has been hospitalized for on-going treatment.

Ms. Zangerle shared that the Crisis Committee has established the use of the same form across the Crisis Team and the hospitals to gather information. This aids data collection.

Mr. Boore shared that throughout OSF there is a common electronic health record. This is available for those employed at OSF. There is the ability to provide read only access of that record to others. Within Central Illinois, there had previously been some work around hospitals participating in an electronic health record, but this has not been fully developed.

Mr. Boore shared about a flag within the OSF system to notify an ER nurse or doctor that a particular person has an ambulatory case manager. Ambulatory case managers work with those who are super utilizers. This triggers better follow up with those patients.

Mr. Boore shared that the biggest deterrent to interfacing with other entities is data integrity. There is not currently a feasible way to provide two way access.

Ms. Barisch shared that several years ago there was work to develop a secure email system. This was not to be a full data exchange but a way to send records and information securely. Funding for this project was cut in 2014.

Chairperson McIntyre shared the desire to see a co-responder system in place. The County is investigating ways to see provide information safely and efficiently within the realm of HIPPA regulations.

Mr. Wasson asked if the standards side of data sharing can be addressed if there is a willingness on the behalf of entities to work to develop that type of data exchange. There would need to be funding and technical assistance.

Mr. Barr stated that within the confines of the law, super utilizers are often those with the greatest needs and fewest resources. This type of data exchanged within the confines of the law could aid in individuals getting the services they need.

Mr. Boore stated that OSF would be on board as well and is supportive of being part of the solution.

Ms. Barisch stated that some type of common communication device or record would be a wonderful thing. However, it needs to be as simple and concise as necessary to avoid being over burdensome to those doing the work.

Ms. Stiles stated that she is supportive of attempting to work through these issues. Informed consent is very important to try to work through.

Chairperson McIntyre explained the idea of a resource website and that there will be community working groups. These working groups will be considered as advisory to the BHCC.

Chairperson McIntyre shared that the Chairman's Roundtable will meet on a monthly basis in the two months in between the BHCC meetings. Information from the roundtables will be part of the resources available to BHCC members. The roundtables will be made up of people on the continuum from providers to providers of funding.

Mr. Jontry shared about the progress of the Behavioral Schools Group. They have been meeting since November 2015. School representatives and providers have been included in the group. They have discussed the issues that are faced in the schools and examined the structural barriers which have blocked consistency in meeting the mental health needs of children and teens in school. They have identified four tiers of interventions. One area they have moved forward on is creating a universal release form across entities. They are also identifying the metrics that can be measured to identify success.


Ms. Barisch shared that the vast majority of those serving students are involved in the group. They are working to identify services available for each school, those who are available to provide services in the schools, and what services are available in the community. They are also looking at the needs of children who are not currently in school.

Ms. Furlong provided information regarding the Housing Group. In August of 2015 the League of Women Voters supported a group to come together to look at supportive housing needs in the community. The biggest challenge was getting a good picture of what the needs for supportive housing in the community were. McLean County Regional Planning is going to be doing a study of the community. There are three big issues: permanent housing, supportive housing, and affordable housing.

Ms. Zangerle shared about the Community Crisis Planning Group. Ms. Zangerle shared that they have worked heavily on protocols. Also, over the year, they have seen reduction of people being brought to the ER for crisis evaluation. A year ago, only 2.5% of those in crisis were seen outside of the ER. In the last year, 50% have been seen in their homes or another neutral place. National research supports seeing people in their own environment.

Chairperson McIntyre addressed the issue of the timing of the meetings. The committee decided on meeting on the 2<sup>nd</sup> Friday of the month on a quarterly basis. The next meeting will be September 9, 2016.

Respectfully submitted,



Amy L. Brooke  
Recording Secretary