

Minutes of the Behavioral Health Coordinating Council

The Behavioral Health Coordinating Council Committee met on Friday, September 8, 2017, at 7:30 AM in Room 400 of the Government Center, 115 East Washington Street, Bloomington, IL.

Members Present: Chairperson John McIntyre; Mr. Kevin McCarthy, Town of Normal; Ms. Donna Schoenfeld, Illinois State University; Ms. Stephanie Barisch, Center of Youth and Family Solutions; Ms. Diane Schultz, The Baby Fold; Ms. Laura Furlong, MARC First; Ms. Colleen Kannady, Advocate BroMenn; Ms. Joni Painter, City of Bloomington; Mr. Mark Jontry, Regional Office of Education; Ms. Sonja Reece, McLean County Board of Health; Ms. Karen Zangerle, PATH; Mr. Tom Barr, Center for Human Services; Ms. Tosha Maaks, NAMI

Members Absent: Mr. Chad Boore, OSF St. Joseph Hospital; Mr. Steve Denault, Country Financial; Ms. Laurette Stiles, State Farm; 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:

Ms. Susan Schafer, McLean County Board

Others Present: Laura Beavers, McLean County Health Department; Vern McGinnis, 377 Board; Catherine Porter, Advocate BroMenn Center for Integrated Wellness; Molly Smelzer, Advocate BroMenn Center for Integrated Wellness

Meeting was called to order at 7:37 AM.

Motion by Reece/Barr to approve minutes from June 9, 2017 regular meeting.

Motion carried.

Mr. McGinnis gave an overview of a project the 377 Board has been working on. The project arose during the fund distribution process in the winter. The 377 Board provides

some funding to MARC First to serve those with developmental disabilities. This program was unique in proposing wellness activities for adults with developmental disabilities.

The project launched in April with 41 participants. Twenty-seven of the participants have disabilities ranging from severe and wheelchair much of the time to those who are more mobile.

This project is unique in having the Advocate Charitable Foundation as a partner. A fund was created that is restricted to the same purposes as the 377 Board. This partnership allows private money to partner with public money.

A Community Wellness Event will be held on Nov. 14, 2017 at the Advocate BroMenn Health and Fitness Center. The goal of the event is to raise the awareness of those with developmental disabilities across the community.

Ms. Beavers shared the following facts about this population:

- Individuals with disabilities have a shorter life expectancy than the general population.
- Limited access to appropriate medical services. Doctors, dentists, and specialists often state that they do not have the appropriate training to care for this population.
- They are at a greater risk of obesity.
- They find it more difficult to maintain a healthy diet, control their weight, and be physically active.
- They suffer from chronic conditions (heart disease, diabetes, behavioral health challenges, etc.) more than the average person.
- They often have a support network of only 8 and half of those are paid staff. On average most people have 150 in their support network.
- Annual health care costs of obesity are estimated at approximately \$44 billion dollars.

The vision of the program is improved health and wellness for individuals with developmental and intellectual disabilities and reduced health care costs.

Partnership has been key. Partners include McLean County 377 Board, McLean County Health Department, Advocate BroMenn Health and Fitness Center, Advocate BroMenn, Advocate Charitable Foundation, and MARC First.

Ms. Porter shared about the Advocate BroMenn Health and Fitness Center. It is a medically integrated center. Fitness is only one component of wellness. The center tries to include the emotional, social, intellectual, and occupational components as well. The center tries to create a team of resources within the center as well as resources outside of the center.

Technology has been used to measure outcomes and assist the members. Metrics include minutes of exercise, visits, heart rate, and other assessments (BMI, blood pressure, etc.).

Ms. Beavers shared that other health and fitness centers declined to participate or wanted to restrict use. Some of the responses of other facilities were:

- Come between 2-4 when other members aren't present
- Come when your staff is here
- Only be in the pool at a certain time

This did not fit with the vision of allowing those with disabilities to live like those without disabilities.

The action plan included:

- Purchase of integrated, holistic health and wellness services for 41 participants. (27 were individuals with disabilities. The other services were for staff and caregivers in an effort to change the culture in which people were living.)
- Participant Centered Assessments – Biometrics and Quality of Life
- Individualized, tailored prescriptions
- Re-Assessments every three months and Quality of Life Assessment at six months
- Modified prescriptions every three months
- Nutritional education and planning

Ms. Porter shared that all of the exercise prescriptions are put on a wellness key. The key guides the participant through their exercise program. If someone doesn't remember what a certain exercise is, it will populate a video to remind the user. This allows some independence and ownership in their program.

There was a 10 week dietitian program with HyVee that focused on portion sizes. It included an individual session with the dietitian and then 9 weeks of group sessions. They were able to try different foods and were able to incorporate them into their meals. Most were drinking 6-10 bottles of soda a day and most have cut back to 1 a day. They have significantly increased their water intake.

Ms. Beavers shared the following outcomes:

- 100% Retention Rate
- Visits per month are higher than the national average
- Increased mobility
- Increased water intake, decreased sugary sweetened beverages
- Small improvements in weight gain and weight loss
- Decreased ER usage
- Increased social connections

- Expanded partnerships that leverage maximum resources
- Cost savings across systems
- Shared investment
- Utilizing best practices

Mr. McGinnis shared that the program is funded through April 30. They would like to create enough resources to expand it throughout the community. They will be doing a paper at the end of the year.

Mr. McIntyre introduced a 60 Minutes segment on the Cook County Jail. The segment details some of the innovations that the Cook County Jail is making in dealing with their large population, ways of assisting the mentally ill, and helping to decrease stays for those who do not pose a danger to society.

The link is: <https://www.cbsnews.com/videos/cook-county-jail-2/>

Mr. Wasson updated the committee about the following:

- Data from the Criminal Justice System and Homeless Management Information System have been delivered to the University of Chicago. They will be looking at 300-400 different data points to do assessments.
- The County is expanding the data sharing agreement with the University of Chicago. The County is working to streamline the process.
- The County and PATH are completing a cooperative agreement to improve Crisis 211 phone service and data development. This will provide robust data for PATH and decrease PATH's phone cost.
- In partnership with the CSH Data Pay for Success grant program, the County received information on a two day readiness incubator training program. This will be offered to one of the four jurisdictions to which CSH is providing the grant. They have asked the County to provide a short proposal by the end of next week. This is designed to help the participants understand how a pay for success program works and is implemented.
- The County shared with providers data over the last couple of weeks:
 - Provided a top 50 list of Adult Corrections bed day users.
 - Cross matched with their provider list and to provide aggregate data on number of behavioral health service days and hopefully in the future to look at cost.
- The goal is to try to minimize the number of bed days in the Correctional Facility who are not a danger to the community.
- Three providers have provided aggregate data to the County. Currently, the information available is percentage of participants from those three providers. From the three providers' responses, the percentage of the top 50 users accessing their programs were 52%, 54%, and 24%. There are reasons behind the 24% versus the 52% and 54%. These require detailed explanations in the future.

- Providers have suggested additional data elements:
 - Percentage who have completed an assessment but who have fallen off on treatment.
 - Percentage who participate in a residential program
 - Percentage who participate who participate in a step-down to outpatient program
 - Percentage who participate strictly in an outpatient setting
 - Percentage who have received primary medical care or psychiatric service
 - Number of service hours per category by individual in terms of individual therapy and group therapy
- Weaknesses in the data pool have been identified:
 - Individuals involved in major cases and in jail on a single case for a long period of time skew the data. Effort is being made to rectify that data.
 - Review of how to utilize aggregate provider data concerning time frame of service is underway. The question has become, “When does time frame of service become a component of the analysis?” If someone received treatment 10-15 years ago but has now just entered the criminal justice system, is that something we need to look at? Is that responsive to our analysis? How do those different time frames work? The hope is that some of the data analysis being done by the University of Chicago, the University of Loyola, and the Stevenson Center might be able to help frame that information.
 - Review of single incident participation exclusion. This is already done with some of the data the Stevenson Center works with. If a person has a single incident, is that statistically relevant?
 - 911 CAD Data is available from MetCom and the City of Bloomington. This data is in the process of being integrated.

Chairman McIntyre shared that the Law and Justice expansion is on schedule.

Chairman McIntyre stated that we are currently posting for the Program Supervisor/Grant Writer position that the committee recommended and approved.

Ms. Maaks shared that the NAMI walk is coming up on September 23. They have put in place student rates. The student rates are pay what you can afford. They are gearing towards kids and will have carnival games. Any child is pay what you can afford.

Chairman McIntyre stated that the next meeting will be Friday, December 8, 2017. As a result of the Mental Health Action Plan, there have been several voluntary start-up committees over the last couple of years. There will be presentations in the next three meetings. On December 8, 2017, Mr. Jontry will bring in a group to present on behavioral health in schools. In March, the Crisis response committee will present. In June, the housing committee will present.

Meeting adjourned at 8:50 AM.

Respectfully submitted,

A handwritten signature in cursive script that reads "Amy L. Brooke".

Amy L. Brooke
Recording Secretary