

Minutes of the Behavioral Health Coordinating Council

The Behavioral Health Coordinating Council Committee met on Friday, June 22, 2018, at 7:30 AM in Room 400 of the Government Center, 115 East Washington Street, Bloomington, IL.

Members Present: Chairperson John McIntyre; Ms. Sonja Reece, McLean County Board of Health; Ms. Laurette Stiles, State Farm; Ms. Joni Painter, City of Bloomington; Mr. Tom Barr, Center for Human Services; Ms. Stephanie Barisch, Center for Youth and Family Solutions; Ms. Tosha Maaks; Ms. Laura Furlong, MARC First; Ms. Camille Rodriguez, McLean County Health Department; Mr. Dave Sharar, CEO, Chestnut Health Systems.

Members Absent: Ms. Colleen Kannaday, Advocate BroMenn; Ms. Elizabeth Robb; Ms. Donna Schoenfeld, Illinois State University; Ms. Lynn Fulton, OSF St. Joseph Medical Center; Ms. Karen Zangerle, PATH; Mr. Mark Jontry, Regional Office of Education; Ms. Laurie Wollrab, McLean County Board; Ms. Diane Schultz, The Baby Fold; Mr. Kevin McCarthy, Town of Normal;

Staff Present: Mr. Bill Wasson, County Administrator; Mr. Don Knapp, Assistant County Administrator; Ms. Trisha Malott, Behavioral Health Coordinating Council Supervisor; Ms. Julie Morlock, Recording Secretary, County Administrator's Office

Department Heads/

Elected Officials Present: Ms. Susan Schafer, McLean County Board

Others Present:

Meeting was called to order at 7:35 AM.

Chairman McIntyre presented the minutes from the March 9, 2018 meeting for approval

Motion by Reece/Barisch to approve minutes from March 9, 2018 regular meeting.

Motion carried.

Chairman McIntyre introduced Ms. Malott and turned the floor over to her. Ms. Malott stated that in May the County submitted a SAMSHA grant for an ACT program. She said they anticipate 50 consumers by end of grant but looking to increase by 10 consumers per year. She stated that costs would be about \$13,900 annually per person for treatment of frequent users 18 years old and over with severe and chronic

mental illness. Ms. Malott summarized how the program would work with the consumers and the ACT team, which would consist of a community collaborative trans-disciplinary team and led by a licensed clinician. She stated direct services would be offered through partnerships with Chestnut Health Systems, Bridgeway and the Center for Human Services. Ms. Malott discussed the lack of psychiatrists in town, utilizing tele-psych services and benefits that would provide including reaching those who are not comfortable leaving their home for psychiatric services and seeing the patient in their own environment. She indicated there would also be a full time RN, Certified Recovery Support Specialist, Supported Employment Specialist, Substance Use Specialist, Master's Level Case Manager, and Project Director.

She went over the model they would be following for the program. She stated they looked at State requirements and other models when considering staff for the program and felt the model they had chosen was a good fit as it pulls from the strengths that already exist in our community. Ms. Malott summarized the goals of the ACT program including reducing the number of emergency room visits, shelter days, and arrests while increasing the number of individuals receiving treatment and permanent housing as well as improving the ability of program participants to live independently.

Ms. Sonja Reece asked her how they arrived at the number of 50. Ms. Malott stated that staff levels have to change after 50 consumers, which would also change the budget. She stated that she also felt this was a manageable number to begin with. Ms. Reece asked her to go over any possible weak points of application. Ms. Malott stated that utilizing existing services in the community might be as reviewers might want one existing team. She stated that another point would be the tele-psych services as it was not a clear answer as to whether it met requirements. Ms. Reece stated that tele psychiatry is a reality because of shortage and hope that is not an issue with the application. Mr. Sharar asked if they decided on technology for the tele – psych portion. Ms. Malott stated they tested ZOOM Technology with CHS and Chestnut and it worked well. Mr. Wasson stated they did outreach to all who have psychiatric services and there is no capacity for this service in the community for this type of program so we hope this unique offering will be to our benefit. Ms. Barisch commended them for thinking of this option as they have used ZOOM and it has worked well for them. Mr. Barr commended them on this project as it meets goals of community needs and meets plan for the County. Mr. Wasson stated that we believe this model will be beneficial whether we receive SAMSHA grant or not.

Ms. Malott stated that January 1st we were required by legislation to establish a Veterans Court and therefore put the assisted outpatient treatment on hold. She assured the group that the plan is still to move forward and only on hold. Ms. Malott reviewed the assisted outpatient treatment program and benefits of the program.

Ms. Malott went over other current projects including:

- An alternative transportation policy with EMS and local fire departments that would incorporate diversion of individuals who meet certain criteria to the crisis stabilization unit at Chestnut instead of going to hospital.
- Involvement with the national council on behavioral health doing sequential intercept mapping meeting in July to discuss early intercept points and help us identify community strengths and weakness.
- A grant application submission to the MacArthur Foundation and the Urban Institute for their innovation fund for a virtual co-responder model. She indicated this would be for collaborating between law enforcement and the crisis team through use of tele-health technology. Ms. Malott stated this would allow law enforcement to have an assessment right away and transport them to the correct facility for treatment and reduce costs to treatment given elsewhere.
- CIT training September 17-21st Health Department research related to the prevention of Opioid overdose deaths.
- Partnering with the Housing Authority and the City of Bloomington to help them submit an application for a HUD mainstream housing voucher application, which is another way to increase housing assistant in the community for individuals with disabilities.
- Continuing to work with data driven Justice initiative and the University of Chicago and CHS on our data integration tool. She stated that they have moved into the second version and we have some preliminary data from the first version of the tool.
- BPIA team is looking at improving screening tools for mental health needs at the time of booking and for law enforcement to utilize in the field. She explained research on specific tools for this being done at Temple University and NYU Law.
- Beginning to plan for the 2018 Behavioral Health Community Forum with initial meeting in July. She asked for input from the Council on ways to make it better.

Ms. Reece asked if they could please explain acronyms in the future and provided example of BPIA. Ms. Malott stated that it stands for Best Practices Implementation Academy and went on to explain what it is. Mr. Wasson explained the Academy that was set up in the spring to bring teams from across the country to have conversations about ways to help communities and individuals.

Mr. McIntyre thanked Ms. Malott and introduced Stephanie Mercier, the Corporation for Supportive Housing.

Ms. Mercier commended them for extent they work to understand all the pieces and how they fit together. She stated that Corporation for Supportive Housing has a grant from the Corporation for National and Community Service to work with Communities who want to explore tools like Pay for Success. She stated they have also be involved with Communities to develop FUSE – frequent user system engagement and went on to explain how communities have implemented FUSE to understand and better define who

people are who cross over in health and justice systems and put solutions into place. She stated they are working with communities to define what success would look like, understand the population and challenges when communities do not have data. She said first stage is working with team at County and University of Chicago to develop an integrated data system that will make it easier to look at Criminal Justice and HMIS data and then use this information to identify individuals who would have better outcomes when connected with supportive housing. She stated that at the same time we work to set up a Pay for Success model to help make that happen.

Ms. Mercier summarized information provided by Ms. Malott on data sharing through the University of Chicago. She went on to explain Pay for Success where we define success, outside investors provide the up-front money and re-payments are based on success. She discussed four projects being implemented with supportive housing as the focus and several more that have components of supportive housing. She went over Pay for Success Work plan including understanding why doing this as well as the target population, figuring out intervention model, and then doing a preliminary financial model. She discussed what we know so far regarding the Target Population and went over the numbers we have to date. She also explained HMIS – Homeless Management Information System or homeless data. She stated that every community that receives federal homelessness funding through Continuum of Care has to have an HMIS. Mr. Wasson stated that PATH is the continuum of care for Mclean County and several adjacent counties in Illinois. Mr. Wasson stated that we have a lot of data on the jail side, but not as much information on the HMIS side. He stated that it has improved over the last few years but are gaps in data before that. Ms. Mercier stated that when we put numbers together there are some overlaps in both systems and went over the numbers. She also pointed out there are individuals showing as homeless in the jail data but do not show up in HMIS, which indicate those individuals are not utilizing homeless system.

She stated that FUSE effort overlaps with ACT, as there are some who have experienced homelessness and criminal just utilization and those who have homelessness and healthcare utilization and there may be people who utilize all three. She said they think that of the 10, about half of them may need and meet criteria for Assertive Community Treatment (ACT) and other have lower level of need to achieve success. She stated that between those individuals who would need ACT level Services and those who would need FUSE level services we anticipate 75 individuals with some overlap.

Mr. McIntyre asked if they are still looking for healthcare information. She said they have some preliminary information from OSF and Advocate that shows the overlap between criminal justice but they do not have homelessness data to know who of those also utilized homelessness system. Mr. McIntyre asked where the information would come from. Ms. Mercier said that she felt we could take HMIS information, provide to

hospitals, and ask those hospitals to do cross match with that information. Mr. Wasson stated that progress has been made on sharing and comparing information, we are still working on ways to better share data through technology. Mr. Sharar asked how in-depth the data is from hospitals. Ms. Malott stated that we have asked specific questions of the hospitals, information provided in different ways, but they are very good about answering our follow-up questions. At this point in the meeting several individuals discussed how Medicaid data would be very helpful, but difficult to obtain. Mr. Wasson stated that the Federal Government passed a legislative bill for Social Impact Partnerships for Results Act (SIPRA). He said that it designates a bipartisan board to work with the Department of the Treasury to develop avenues to implement Pay for Success mode, which may be our avenue to recognize that some of this data is important for implementation of projects.

Ms. Meier reviewed definition of success members provided the last time she was at a meeting including housing stability, reductions in use of ER, and reduction in numbers through the Criminal Justice system. She then went through each point and discussed how success could be measured, where the information would come from and timeframe for determining success of each step with the targeted group. She stated they are working on determining numbers for success of stable housing, which could be determined through information from HMIS. She stated that for the criminal justice goal a reductions in jail days and arrests which would be looked at over a 24-month time frame to allow for some ups and downs and we could get this information from County Justice information. Ms. Meier stated that Health care reductions in Emergency Room visits in targeted group would be reviewed over an 18 to 24 month window with a 10% reduction within this period with information gathered from hospital partners. Mr. McIntyre asked her if having a triage system would help contribute to reduction. She said that she did not have data on that, but other communities have looked at having options other than the Emergency Room. Mr. McIntyre stated they went up to Cook County and looked at their Triage Center, which he felt was a great diversion system.

Ms. Barisch stated that a number of individuals from McLean County are hospitalized outside of McLean County, so will need to check in with hospitals in surrounding counties to make sure accurate information. Ms. Meier agreed and stated this also comes up with Jail data. Ms. Malott stated another source of data for individuals in this program would be the Supportive Service Team as they would be able to track those in the group.

Ms. Meier stated they are also putting information into a value case to help understand if there a cost effectiveness argument to be made by making these changes. She said she would be interested in hearing from individuals about housing availability in the community.

Mr. McIntyre stated that Mr. Wasson was a panel member at the Corporation for Supportive Housing National Summit and that Ms. Schafer represented the County

Board so that we can continue to be involved with the hope that benefits continue to be forthcoming.

Mr. McIntyre presented the action item to direct Staff to prepare budget regarding Frequent User Systems Engagement (FUSE) projected for Fiscal Year 2019

Motion by Barr/Painter to direct staff to prepare budget regarding Frequent User Systems Engagement (FUSE) projected for Fiscal Year 2019.

Motion Carried

Mr. McIntyre reminded the members that the next meeting would be Friday, September 14th. He stated that he felt they are making progress with the action plan, but have more to do and thanked the group for their help. He also reminded them that they would be setting up a Community Forum and asked for their assistance.

Mr. McIntyre asked if there was anything else to come before the Council; hearing nothing, he adjourned the meeting at 9:09 AM.

Respectfully submitted,

A handwritten signature in cursive script that reads "Julie A. Morlock".

Julie A Morlock
Recording Secretary