

Minutes of the Behavioral Health Coordinating Council

The Behavioral Health Coordinating Council Committee met on Friday, December 14, 2018, at 7:30 AM in Room 400 of the Government Center, 115 East Washington Street, Bloomington, IL.

Members Present: Chairman John McIntyre; Ms. Sonja Reece, McLean County Board of Health; Ms. Stephanie Barisch, Center for Youth and Family Solutions; Mr. Mark Jontry, Regional Office of Education; Mr. Tom Barr, Center for Human Services; Ms. Tosha Maaks, NAMI; Ms. Diane Schultz, The Baby Fold; Ms. Laura Furlong, MARC First; Ms. Laurie Wollrab, McLean County Board; Ms. Elizabeth Robb; Ms. Joni Painter, City of Bloomington; Ms. Camille Rodriguez, McLean County Health Department; Mr. Dave Sharar, CEO, Chestnut Health Systems; Ms. Susan Schafer

Members Absent: Ms. Laurette Stiles, State Farm; Ms. Colleen Kannaday, Advocate BroMenn; Ms. Donna Schoenfeld, Illinois State University; Ms. Lynn Fulton, OSF St. Joseph Medical Center; Ms. Karen Zangerle, PATH; Mr. Kevin McCarthy, Town of Normal;

Staff Present: Mr. Bill Wasson, County Administrator; Ms. Trisha Malott, Behavioral Health Coordinating Council Supervisor

Others Present: Ms. Cassy Taylor, Court Services Director, Judge Rebecca Foley

Chairman McIntyre called the called to order at 7:30 AM.

Chairman McIntyre presented the minutes from the September 14, 2018 meeting for approval

Motion by McCarthy/Jontry to approve minutes from September 14, 2018 regular meeting.

Motion carried.

Ms. Malott presented an update on the Frequent Utilizer Systems Engagement (FUSE) project, which has been a partnership with the Corporation for Supportive Housing and the University of Chicago. She stated the program manager position has been posted and they are finalizing agreements with service provider partners, which will allow providers time to ensure they have staff in place. Ms. Malott said they now have control of the data-matching tool set up by the University of Chicago and our IT staff made some modification to incorporate information on mental health indicators and jail flag information. She indicated they are also finalizing a business associate agreement with Advocate to be able to compare matched individuals in the justice and homeless systems with individuals who are in to the healthcare system. She indicated they intend to have a similar conversation with OSF.

Ms. Malott stated they have put together a power point, which is intended for provider conversations and proceeded to go through the power point. She said that supportive pieces are case management, employment services, substance use treatment, mental health services, connecting individuals with primary health, parenting or coaching life skills and supportive housing. She discussed why the pieces are important to the overall project.

She discussed further the housing component and stated there are at least 32 known studies from 2002 to 2016 that focus on various subpopulations and supportive housing, which allow you to look at any subpopulation at different points to see how it affects that population. She went over six key components for the housing component including targeting households with multiple barriers, connecting individuals with a lease, recognizing that housing is affordable, engaging tenants in flexible voluntary services, coordinating among key partners and supporting connecting with the community. She stated that when we look at the target population we are first looking at individuals who have experienced homelessness, been connected with the criminal justice or have other complex needs, then we plan to add information from Advocate and OSF. She said they are also looking at individuals that are included in that set but also have difficulties with daily functions, such as balancing a checkbook. Ms. Malott indicated they take into account those diagnosed with a need for behavioral health services, so analysis goes beyond individuals showing up in the program, to individuals in the program with a behavioral health need and diagnosis and a need for more intensive services.

Ms. Malott further explained the intensive services portion of the program. She stated they applied for an ACT grant through SAMSHA to assist with those intensive services, but also identified resources to pursue a community support team if we did not get the grant, which we did not. She indicated they continue to discuss implementing an ACT program with higher level of care and since the State of Illinois has funded other programs we are still hopeful that funding will be available in the future. She indicated the description for the Community Support Team, is similar to ACT model, which has a low staff to client ratio and a range of services similar to the FUSE program.

Ms. Malott indicated that the housing component of this could involve scattered locations but would depend on what is available. She stated that they would try to give individuals a choice based on cost and location. She indicated they are working with Bloomington Housing Authority for mainstream housing program vouchers, and while vouchers will not be held specifically for our program, individuals who apply for our program will meet the criteria for a mainstream housing voucher. Ms. Malott stated that they anticipate taking on 10 new individuals each year. She indicated that when she looked at the data, and ran several different comparisons and while their rank order changes based on search criteria, the top 20 remain the top 20. She stated that the only information they do not have at this point is how those individuals intersect with the medical system.

Ms. Malott stated there are different funding strategies for FUSE and Supportive Housing, including pay for success, performance based contracts and value based payments. She

stated that pay for success and performance based contracts are similar. She said that performance based contracting focuses on the outcomes of the program and the success of the participants. Mr. Wasson stated that the premise behind pay for success is that we engage funders that finance at least a portion of the projects. If those projects are successful then it is proof of concept, and investors are repaid. Mr. Wasson went over public resources availability and how private resource investment allows us to invest in both behavioral/mental health and give us times to show that these investments are going to be successful so that we can reduce public funding on one side to add to the other side.

Ms. Malott then went over key outcome goals of the program including housing stability where the client maintains ongoing access to safe and affordable housing, reductions in interactions with both homeless and justice system as well as reduction in visits to the emergency room. She said that when they move forward with this there will be a number of individuals involved including tenants, direct service staff, Bloomington Housing Authority and County leadership. She stated they will meet regularly to review status of program, process measures and outcomes and then provide information back to Council. She stated they want to be able to prove to community that this is successful and will make the lives of all constituents better. Mr. McCarthy asked if they could provide an idea of private investors being considered. Mr. Wasson indicated that large private foundations are typically the source for these funds. Mr. McIntyre asked if there were other questions; hearing none, he asked Mr. Wasson to provide an update on the Triage Center program.

Mr. Wasson stated that at the last meeting he believed they had reported a collaborative effort between Ms. Malott and Center for Human Services to submit a grant for a Triage Program which would allow for a 24/7 crisis assessment location within the community. He stated that funding for program has been included in the budget in case we did not receive the grant. He stated that the Center for Human Services did receive the award, but we were informed they were unable to recruit staff for that program within the time window provided. Mr. Wasson stated they made a request of DHS that the County be allowed to take the grant but were informed that because it was a competitive grant they were not allowed to shift the grant from one entity to another, so funding would be moved to the next applicant. He said that a positive is that DHS continues to want to work with our community and all our providers to try to identify needs. Mr. Wasson stated that a second positive is that the program is fully funded in the County's budget for 2019, so the intention is to move forward. He stated that they have talked about cross utilization with the FUSE program, but we are not fully sure how cross utilization of staff would work and if the space provided for the FUSE program would work for this program as well. He stated that they looked at other options in the community, that did not work out, so they are back to looking at 200 W. Front and Fairview campus. Mr. McIntyre asked if there were questions.

Ms. Stephanie Barrish asked if the triage center would be for all ages or primarily for adults. Ms. Malott indicate that it would be primarily for adults because the original intent

when they applied for the grant was adult focused. She stated that they also recognize the need for intensive and crisis services for youth in our community beyond what SAS can provide, and explore how we meet that need. Mr. Wasson stated that over the last few weeks while exploring our immediate needs for psychiatric services and referrals it has become clear that we need to recruit additional psychiatric services for youth. He stated they believe there are opportunities and many of those require telemedicine.

Mr. Sharar asked about approach to educate the potential users about where to go and connection between services at triage center and mobile crisis team, crisis stabilization unit and emergency rooms. Ms. Malott stated that as they move forward with Triage Center there will have to be more conversations with community partners to make sure process. She indicated that the Triage Center is not to replace any of the current partners, and provided example that as individuals that come in may need more than what can be provided at the Triage Center but not necessarily inpatient services so that would be an appropriate referral to the CSU. She stated she believes it will be a while before our community is fully educated as to entry points available to them. Mr. McIntyre indicated there would also need to be discussions about security and first responders. Mr. Sharar stated that we need to train emergency service responders regarding alternative locations other than emergency departments. Mr. McIntyre agreed. Mr. Wasson agreed that the Triage Center does not replace efforts to deflect individuals from the emergency departments to more appropriate locations.

Mr. McIntyre went on to practitioner committee meeting agenda item. He stated the plans were that we would have another youth committee meeting in January and a round table to include some BHCC members and other members of the community. He said focus has been on the FUSE and Triage programs but want to move on to these other projects in the spring. Mr. McIntyre indicated that after first meeting he realized there does not seem to be one answer or an easy answer to this issue. He stated that he went in to first practitioner meeting with an idea to entice individuals in the psychiatric service area to come to our community if we assist with the payment of their student loans. He stated that after getting input from everyone at the meeting he understands that would be a long process and it does not address the immediate concerns. He stated that they looked alternatives, one of which was more authority for APNs to prescribe psychotropic drugs. He said they also discussed psychologist referrals and other ways to do this than through our justice system. Mr. McIntyre indicated that they also discussed sharing psychologist, which is difficult based on different needs. Mr. McIntyre stated that within the discussion about APN was discussion about working with local institutions that are training nurses to institute practicums with our local agencies. Ms. Laura Furlong indicated she had a meeting regarding the need for psychiatric support and Ms. Judy Neubrandner, Dean of Mennonite School of Nursing is open to developing a psychiatric track for APNs. Mr. Tom Barr indicated they have trained one APN and are training another and that is probably the way the profession is going based on lack of medical students going into psychiatry. Mr. Wasson stated they have had tremendous outreach from the school of nursing. Mr. McIntyre agreed but indicated he felt we should still entertain the possibility of enticements into our community. Mr. Sharar stated he felt that if services providers in the

community including Hospitals, Chestnut, County, etc. pool resources it might help although would need to work on sharing of services. Mr. McIntyre agreed.

Mr. McIntyre moved to next item regarding interim psychiatric services. Mr. Wasson stated the Center had made an announcement last week that they could no longer take new referrals. He indicated they have asked the Center to help them understand their financial challenges and operations so we can understand how we can assist. He said that the Center is working on that. Mr. Wasson stated Staff identified some direct and immediate concerns to County programs including problem solving courts and referrals from there. He stated that Cassy Taylor of Court Services did outreach to Chestnut and they are going to assist on an interim basis. Mr. Wasson stated that there are referrals coming from the jail, and they have been successful in identifying some interim opportunities to provide psychiatric services through telemedicine while we continue to work on a more global solution. He provided some history about the larger psychiatric service needs and issues and stated they are currently contemplating using parts of different programs to try to fill the gaps in services as well as working with partners to try to assist community. Mr. Wasson stated that we have known from the beginning of this initiative that we do not have enough of these services in the community especially for youth and juvenile individuals.

Ms. Sonja Reece asked if we were able to address immediate concerns. Mr. Wasson stated that Staff has a contract we are working to finalize that Staff hopes to present to the County Board meeting on Tuesday for approval. He stated that biggest concern is going to be working with entities that make referrals. Mr. Wasson stated that resolving this issue is not going to be quick or easy but we feel we can put some processes in place for the interim. Ms. Reece indicated there are a limited number of psych bays at Advocate so they want to work with Staff on this. Mr. Wasson thanked her.

Mr. McIntyre indicated under general reports that he felt they needed to encourage more interaction between CJCC and BHCC by having Trisha attend CJCC and share information with BHCC and then a member from CJCC, such as Ms. Cassy Taylor attend do the opposite. Mr. McIntyre indicated that as there is more data available, we need to make sure we share information. Mr. McIntyre then asked Mr. Wasson to talk about the Stevenson Center information. Mr. Wasson noted that the Stevenson Center has been working with CJCC over the last several months to take data from a flag system we have that helps us identify and track individuals with behavioral and mental health issues. He stated that preliminary reports from the Stevenson Center indicate that in 2002 15.5% of the population in our detention facilities had a mental or behavioral health flag and today 2018 the percentage is 26.8%. He said he was initially skeptical whether this was a growing problem or just doing a better job of identifying individuals with behavioral illness; but after talking with individuals who work in this setting every day, there is no question, we are better trained but there is an ever-increasing number of individuals we serve that have behavioral illnesses.

Mr. McIntyre stated under other business that he has asked Ms. Wollrab to join the Mental Health Advisory Board for the Board of Health and Ms. Schafer, the Health Committee Chairman will join this Committee.

Ms. Diane Schultz stated she felt encouraged when the Chairman asked them to start working on children and services and feels that while we are going to get somewhere it is taking a long time. She stated she has worked with youth in the Community for 30 years and many of the names on the current super utilizer list she recognized as youth she worked with. She indicated it is concerning we have an increasing number of kids in our County that are deemed unable to attend school by various physicians and practitioners because of their mental health issue, so they are sitting at home with minimal school based services. She stated schools are aware of these increasing needs because they are required to provide home based services. She feels long term solution is through our children who need services. Mr. McIntyre added that when he met with superintendents he was also concerned with the number of children at the primary level who need services. He said that those who are on the sub-group regarding youth and schools would try to meet again in January to continue to work on this issue. Mr. McIntyre stated that he wanted to assure them he is very committed to this issue.

Mr. McIntyre reminded members that the next meeting would be Friday, March 8, 2019 at 7:30 a.m.

Mr. McIntyre asked if there was anything else to come before the Council; hearing nothing, he adjourned the meeting at 8:40 a.m.

Respectfully submitted,

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

Julie A Morlock
Recording Secretary