

Minutes of the Behavioral Health Coordinating Council

The Behavioral Health Coordinating Council Committee met on Friday, September 10, 2021, at 7:30 a.m. 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. Susan Schafer, McLean County Board; Mr. Christopher Workman, PATH; Mr. Kevin McCarthy, Town of Normal; Ms. Joanne Glancy for Lisa Thompson, Project Oz; Ms. Kristen Adams, COUNTRY Financial; Ms. Donna Boelen, City of Bloomington; Judge Rebecca Foley, McLean County Circuit Court Judge; Ms. Colleen O'Connor, NAMI; Judge Elizabeth Robb, Retired Chief Judge; Mr. Dave Sharar, Chestnut Health Systems; Mr. David Taylor, United Way;

Members Absent: Ms. Dianne Schultz, The Baby Fold; Ms. Lynn Fulton, OSF Healthcare St. Joseph Medical Center; Ms. Colleen Kannaday, Carle Bromenn Medical Center; Mr. Eric Thome, State Farm; Mr. Brian Wipperman, Marc First

Staff Present: Ms. Trisha Malott, Behavioral Health Coordinating Council Supervisor; Ms. Cassy Taylor, Interim County Administrator; Mr. Chris Spanos, McLean County First Assistant State's Attorney; Kevin McCall, McLean County Triage Center Supervisor and Recording Secretary

Others Present: Mr. Curtis Rendall Heartland Community College; Ms. Leslie Blockman, District 87; Ms. Donnelle Pressburger, CYFS CAT Team; Mr. Brian Hanson, Center for Youth and Family Solutions; Mr. Travis Wilson, EMS System Manager

Chairman John McIntyre called the meeting to order at 7:35 AM.

Chairman John McIntyre presented the minutes from the June 11, 2021, meeting for approval.

Motion by Reece/Jontry to approve minutes from, June 11, 2021.

Motion carried.

Chairman John McIntyre called for comments, questions, and corrections.

Ms. Susan Schafer provided the correction that it was an "AWARE" grant and not an "ABLE" grant regarding a previously discussed grant from SAMHSA. Ms. Schafer also

noted that the \$90 million listed for mental health is not all for mental health, only a portion of that sum is for mental health. Ms. Schafer indicated that, regarding a house bill, the notes should reflect that funding is not currently available but may become available.

Chairman John McIntyre requested that Ms. Schafer submit these corrections in order to have them listed in the meeting minutes accurately.

Chairman John McIntyre called for any additional questions and then called a motion to pass the changes presented.

Motion Carried.

Chairman John McIntyre states that there are no appearances by members of the public.

While awaiting the arrival of the presenter for item A, Chairman John McIntyre requested to begin with item B, Heartland Community College's Recovery Support Specialist Program and Mr. Curt Rendall.

Mr. Curt Rendall presented an overview of the Heartland Community College's Recovery Support Specialist Training Program. Mr. Rendall identifies that their program has been working with a number of local employers over the last year. The program includes a 7-credit hour sequence. The program has also developed a U.S Department of labor- registered apprenticeship so that any employer looking to hire someone who is not fully qualified to practice as a peer recovery peer support specialist could start working for the employer while enrolled in this coursework and when they complete the related coursework they will have all of the hours of related technical instruction plus combined experience necessary to sit for the accreditation exam. Mr. Curt Rendall stated that he is excited about the program being the first in the state of Illinois and the potential for expanding it. He also stated that they are working with a recovery court out of Minnesota who has a contract through SAMHSA in Illinois to offer peer recovery training and employment for this year and that their program is the education provider for that program. Mr. Rendall restated his excitement about the program and that he looks forward to working with more employers. He provided fliers with additional information about the program.

Judge Elizabeth Robb asked if Mr. Rendall's contact information is on the flier and if the statute or regulation that the program is operating under is also listed on the flier. Judge Robb stated that she intends to reach out to Mr. Rendall to continue this conversation.

Ms. Adams requested to know the length of the program. Mr. Rendall identified that the program, which is 7-credit hours is offered two nights a week and lasts 16-weeks over the course of 1 semester.

Mr. Sharar requested to know which specific credential is acquired at the end of the course.

Mr. Rendall stated that the credential received is Certified Peer Recovery Specialist (CPRS)/Certified Recovery Support Specialist (CRSS).

Mr. Sharar asked about reimbursement under that role and what type of advocacy for that may be possible. Mr. Rendall clarified that with the CRSS credential, services can bill as an MHP under Medicaid.

Chairman John McIntyre requested that those speaking please state their name for the sake of the meeting minutes.

Ms. Leslie Blockman provided an update on the District 87 Illinois AWARE Grant. Ms. Blockman started as a school social worker and behavior specialist with the district and is now the grant manager of the Illinois Aware grant. District 87 is one of three districts in the state of Illinois to receive this \$1.5 million dollar grant which lasts over a period of 5 years. The goal of the grant is to bring mental health into district schools which can be in the form of education for staff, students, and families. Additionally, it may be in the form of services such as counselors or other linkage to services in the community. Ms. Blockman stated that the overall goal is to build a sustainable systematic program so that after the money runs out the district would have services remaining for the students.

Ms. Blockman has been working on revamping the definition of social-emotional learning. Social-emotional learning can mean many things to many people, so the district has re-promoted what that means specifically to district 87, including a video explaining the importance of social-emotional learning, as well as highlighting all of the supports that they have coming into their building. They are working with Center for Human services and embedded counselors, Project Oz with restorative school specialists and restorative circles, as well as home visits and a variety of other supports.

There are 107 staff members trained in mental health first aid with plans to train all secretaries, hall-monitors, restorative school specialists, and newly hired professionals in September and October. She stated there are also 40 open slots for staff members in November and December. By the end of the grant the goal is to have 100% of staff members trained in Mental Health First Aid. Ms. Blockman stated the goal of the program is to give teachers the tools necessary to identify, not diagnose, in order to give students the help and support they need. Ms. Blockman stated they are utilizing an internal wrap around form to streamline and delineate services for students. The program has a focus on timeliness and "most-appropriate" supports.

Ms. Blockman is in the process of rewriting systems around attendance so they can meet the exit goal of a 95% attendance rate. The district has purchased a universal social and emotional learning curriculum called "Second Step" which is for pre-k through

8th grade; the elementary and jr. high level it is all digital and is purchased for 1 year as a trial. She stated that they will also be working with teachers to pick and evaluate additional social and emotional curriculum that best fits the district's needs.

Ms. Blockman stated the district also has family facilitators available, one at the Jr. High and two at the High schools. Ms. Blockman will be working with facilitators on a weekly basis to set goals and monitor progress.

Mr. Jontry asked if Mental Health First Aid is youth specific.

Ms. Blockman clarified that it is in fact Youth Mental Health First Aid.

Ms. Donnelle Pressburger provided an update on the CAT Team. Ms. Pressburger is the CAT Team coordinator. The initial start date of the grant was October of 2019 and the end date of the grant is October 2022. Due to Covid it is likely that the program will receive an extension. Ms. Pressburger hopes to serve approximately 50 youth through this grant. At the CAT team meetings which occur monthly they state their mission, goals, and purpose. The three main parts of their mission are; to develop a better coordinated system of care, to reduce future involvement with the justice system, and to improve mental health. The CAT team meets every third Thursday of the month for approximately 3 hours. Ms. Pressburger's main role is to advocate and mentor as well as build trusting relationships with youth and family served. Ms. Pressburger provides intensive case management to youth and families through a system that she states is often difficult to navigate. Agency sharing is a major part of the program which occurs in a variety of capacities.

She stated that soon the CAT team will be having a meeting with community school resource officers for the first time since the return to in-school learning and she anticipates more referrals are on their way. Ms. Pressburger highlighted several resources and accomplishments.

Ms. Pressburger stated the program is open to using other resources and to connect with other agencies as the need arises. The examples provided highlight only a few of the services the program connects clients with. The implementation guide was approved in January 2020 and to date the program has had 13 referrals with 11 active cases.

The youth and families being served often have suffered from past traumatic experiences, substance abuse issues, psychiatric or medical issues, housing issues, employment issues, ect. Through the CAT team these families and youth are connected to appropriate services based on need.

Ms. Foley inquired as to the meaning of the CAT Team acronym. Ms. Pressburger informed Ms. Foley that CAT stands for: Comprehensive Assessment Team.

Ms. Barisch inquired about the desired outcomes of the CAT program. Ms. Pressburger stated that they are working with the National Center State Courts to assist in assessment of the data and that they are also assisting to develop a sustainable plan. The CAT team is still in the process of getting that evaluation guide completed. Sustainability is the overall goal.

Ms. Schafer inquired if that once services were given, if the youth are “graduated,” or if they remain in the program throughout the length of the grant.

Ms. Pressburger stated that the youth can stay in the program throughout the duration of the grant but if the situation has improved in a way that they are no longer needing services they can discontinue work with the team.

Ms. O’Connor inquired about the exact age groups being served under the grant.

Ms. Pressburger stated that the grant serves youth ages 10-18 and that they are currently seeing a lot of younger children closer to age 10.

Mr. Brian Hanson provided an overview of a new CYFS youth program with additional assistance from Ms. Barisch.

Mr. Hanson is a child and family peer professional at CYFS. The Youth and Family Stabilization Program is a more intensive approach for Medicaid eligible young adults, youth and families. Services are provided out in the community in the home and other public places. Mr. Hanson stated that a coffee shop was a common example. Services are a step down from a more intensive level of care and are also meant to deflect from progress toward a higher level of care. The program assesses the level of need using IM+CANS for both youth and family. The program provides individual and family therapy, psychoeducation and skill building, and a full array of Medicaid services. The youth will work with a clinician twice per week; one is a classic therapy session and the other is a psychoeducation and skill building piece. Mr. Hanson stated that services are designed to promote the individual’s involvement in their care and build upon resiliency and natural strengths, or skills they may not recognize they have. Services will also identify triggers and risk factors and will be designed to minimize their impact on the individual.

Mr. Hanson stated services will be provided by multiple team members who work with both family, natural supports, and the individual client, providing multiple services each week as agreed upon in the client’s treatment plan. Individuals involved with the Youth & Family Stabilization Program will be eligible for 24/7 supports, as well as Mobile Crisis response if necessary.

Ms. Barisch added that frequency of services may be enhanced beyond the standard two times per week as the need is determined. The team consists of a Qualified Mental Health Professional, a Child & Family Peer Professional (Mr. Hanson’s role), and additional RSA and MHP level staff. Mr. Hanson states that he believes current staff all

have obtained their bachelor's degree or are interns in the process of obtaining a degree. Each client is staffed weekly. Each client is staffed weekly for eligibility determination and staffing is reviewed by LPHA (Licensed Practitioner of the Healing Arts – LCPC, LCSW, or LMFT). Only youth ages 4-20 who are Medicaid eligible are eligible for the program.

Three of the following criteria must also be met in order to gain entry to the program:

1. At risk of institutionalization;
2. Repeated utilization of crisis services or emergency services for an underlying behavioral health condition;
3. Current, or history within the last three months of (including threats of):
4. Suicidal ideation or gestures; or
5. Harm to self or others;
6. History of failed treatment compliance with elements of the individual's Treatment Plan, Crisis Safety Plan or prescribed medications impacting his/her behavioral health condition;
7. Frequent utilization of detoxification services;
8. Behavioral health issues that have not shown improvement through participation in traditional outpatient behavioral health services; or
9. Compounding treatment factors, such as:
 - i. Medical complexity, including cognitive impairment, additional medical conditions, and/or medication resistance;
 - ii. Issues with social determinants, including chronic homelessness, repeat arrest, and/or incarceration; or
 - iii. Behavioral complexity, including inappropriate public behavior (e.g., public intoxication, indecency, disturbing the peace) or other behavioral problems; or
10. Residential instability marked by multiple placement changes over the last 6 months.

Mr. Hanson stated that there are several proposed outcomes which they are confident they can meet, including:

1. Reduction to elimination of psychiatric hospitalization of YFSP-enrolled youth (high-utilizers)
2. Reduction in utilization of crisis services (screenings, EDs, first responders)
3. Reduction in number of youth referred for residential treatment
4. Increased functioning in home, school, and community settings
5. Increased connection with supportive systems, both professional and natural

Mr. Hanson stated that in order to receive a referral you must send a consent for release of information to CYFS after discussion with the youth and family members. Mr. Hanson stated that you will then fill out a referral form (which was sent out at the time of this presentation by Ms. Trisha Malott). That form is faxed to Brian Hanson or Mychele Kenney at 309-820-7657.

Ms. Sonja Reece inquired as to the typical active case load of this program.

Mr. Hanson stated that the active case load is currently 1, as it is a brand-new program but that he is hoping to have 10-15 youth and families.

Ms. Barisch also stated that the SASS team is the crisis responder for Medicaid eligible youth and because of this through their work they have already identified several youth who may benefit from the program. Ms. Barisch states that there are already a number of youth that they are engaging in that process and are starting to have those conversations with. Ms. Barisch also stated that the program is parallel with the types of youth and services that the CAT team would work with so it could be a potential service utilized by the CAT team.

Ms. Schafer asked if this program was based off of the RFP for an Adolescent Outpatient Treatment Program that was proposed by the Behavioral Health Coordinating Council and additionally if the program is similar to a CAT team for non-justice-involved individuals.

Ms. Barisch stated that there are differences and that the CAT team is purely case management and coordination of treatment that occurs outside of the CAT team. This program is a treatment program not a case management program. She stated that the Medicaid code that is being used to provide this service is the code for a Community Support Team (CST), a specialty Medicaid service that requires a special certification through the state. Ms. Barisch stated that this is an area that her organization saw as lacking. Ms. Barisch stated that the difference between this program and the RFP is that the RFP is a site based program where as this program goes into schools, homes, and other settings.

Ms. Schafer inquired if Ms. Barisch may be able to assist with the Mental Health Action Plan update. Ms. Barisch affirmed she would be happy to assist

Ms. Schafer inquired as to if the statistics provided by Ms. Barisch, which included some of the higher risk youth with multiple screenings and assessments, are the ones being helped by this program

Ms. Barisch confirmed that this is the hope; that high utilizing youth in the community can be helped through this type of program.

Ms. Foley inquired as to how the Stabilization Program is different than the CAT Team program. Ms. Barisch stated that the difference is that one is a case management

program (CAT team) and the other, a treatment program (Stabilization Program). She stated that the CAT program and Ms. Pressburger bring service providers to the table to help coordinate services for an individual youth. Ms. Barisch stated that the primary role of the CAT team is to make connections. Ms. Barisch asserted that the Youth Stabilization program is about providing direct treatment and services via therapy, community support, and skill building for both the youth and the family. Ms. Barisch stated that they teach youth how to function as prosocial human beings and that care could include psychiatric care, utilizing the psychiatrist contract that they have for SASS and mobile crisis youth. She explained that this program is treatment based and that it is designed to be intensive and meet youth and families where they are. She stated that there can be a bit of a case management aspect to it if there is a need to make connections to something such as a medical provider or a school. She explained that the goal of the program is to meet the needs of those youth not stabilizing in more traditional outpatient therapy.

Chairman John McIntyre asked if there was a possibility for a site-based version to be combined with this program.

Ms. Barisch stated that in her experience there are multiple reasons why they have decided to not pursue a site based program. She stated that youth respond better to treatment that includes their natural settings and their natural support systems and that if you treat youth in an artificial state they don't always generalize the skills, new ways of thinking, and new ways of interacting with their families and their communities. Ms. Barisch states that doing work in those natural settings and with their natural supports means that you are taking a systemic approach and have a systemic ability to make that family function differently. She stated that staffing site-based programs is challenging and that there is not a benefit to do that at she sees it.

Chairman John McIntyre inquired if families are able to be incorporated in this program.

Ms. Barisch replied that families absolutely are incorporated. She explained that this is Mr. Hanson's primary role; to help families through the program and start from an initial stage of understanding and recognizing that their child has an issue and also help families interact differently. She stated that they will also provide support to the parents with the clinician who is providing family therapy

Kristen Adams asked if Ms. Barisch offers any sort of small group educations sessions. She stated she is asking because Country Financial has a resource group and that she is seeing that parents have access to resources for family members such as children but that they don't know how to interact in that dynamic once a family member receives the support. She asked to know if there are programs that support parents in the process of supporting.

Ms. Barisch states that this is not something they offer but that Chestnut health Systems may offer some of these types of programs. Mr. Sharar stated that they (Chestnut

Health Systems) do in fact offer this type of service through Chestnut's Prevention program.

Ms. O'Connor stated that she can also share some support groups, that aren't necessarily education based but that bring individuals together to provide support in how to support youth or other family members. She stated these are also being offered online.

Ms. Schafer asked if this is a program that can be scaled to include non-Medicaid clients

Ms. Barisch states that the program has the potential and that there is a statute that will allow this service to be billed to insurance and is something that they wanted to initially start with the Medicaid eligible population in order to determine what level of traction the program was getting and how much their program could currently staff. She stated that they could look to expanding if the need is there and it can be staffed. She stated that the biggest challenge facing behavioral healthcare is staffing.

Chairman John McIntyre asks if there are any other questions

Chairman John McIntyre moved to item E, the McLean County Area EMS data collection pilot and introduced Mr. Travis Wilson.

Mr. Wilson stated he is the EMS System Manager for McLean County Area EMS System. He stated that EMS Systems coordinate services for Mclean County, Hewitt County, Putnam County, parts of Woodford County, Tazwell County, Livingston County, LaSalle County and parts of Logan County.

Mr. Wilson stated that over the past few years they have been working with various partners attempting to determine alternative destinations for mental health patients in the field relating to emergency services. He stated that often the only destination based on CMS rules for transports of patients under current models is the emergency department. He stated that with recent changes in the law it was determined that more needed to be done to look at alternative options and that he has been working with Ms. Trisha Malott and Ms. Meghan Moser to determine what kind of options the community may have for providers. He stated that they determined that they want to do a community data collection project to figure out what kind of issues the community is dealing with. Mr. Wilson stated that he knows they deal with approximately 3,000 patients a year who are mental health patients and that those numbers continue to rise each year except last year when compared to 2019. He stated this is because of a lower college population that year. Mr. Wilson stated that the numbers have continued to grow through 2021.

Mr. Wilson stated that EMS aggregated data through individual agencies unique charting systems made aggregating data very challenging. He states that approximately two years ago the state implemented a program to aggregate all the systems data into

one which provided them with a macro view but did not demonstrate the spectrum on which patients fell in terms of severity of crisis. He stated that the severity was not easily identifiable unless every individual chart is read. Mr. Wilson stated that he met with four agencies: Bloomington Fire Department, Normal Fire Department, Lexington Fire Department, and LeRoy Ambulance, who agreed to start a data collection project. He stated the data collection program will have two agencies test one criteria while two agencies test another criteria to determine what type of patients are being seen, the severity of crisis, and all other information connected to severity of client needs and viability of deferment. One of the criteria is the same one that the NYU Criminal Justice Lab is already implementing in the community with police departments through another project and the second criteria is one that was developed by the McLean County EMS using specific medical criteria and previously collected data. Mr. Wilson stated that his project will hopefully begin next week (September 13th) and run through December 31st, approximately a quarter of the year. This program won't change any current policies or procedures while ongoing. Mr. Wilson stated he is hopeful this will help them to determine the best alternative sites for deferment including places such as the McLean County Triage Center or the use of alternative strategies such as the use of telemedicine. He stated that one of the problems EMS often runs into is that when the only option is the hospital and patients become anxious and fearful. He stated that patients become worried about the cost and billing as well as the fact that they might be put into a psychiatric hold and it can have a negative impact on the patient's status. Mr. Wilson stated that they will be collecting data on patients of all ages for the time being since that information could be useful for better serving the community going forward and serving patients under 18 years of age. Mr. Wilson stated that ages 20-29 constitute a quarter of the mental health patients that they see.

Mr. Sharar stated that one of the goals of this group (BHCC) is deflection from jail and the emergency department and asks if Mr. Wilson sees any alternative rather than taking a patient to the emergency department such as mobile crisis, the McLean County Triage Center, or the Chestnut Residential Crisis Unit.

Mr. Wilson stated that if they are able to better determine the severity of patients mental health crisis they believe that certain patients are better suited for the ED while other patients are not and they do not yet know what the proportion of those individuals are. Mr. Wilson stated he believes the best course of action is to have multiple options for patients.

Mr. Sharar asked if Mr. Wilson is also seeing a lot of substance use or detox related problems presented in addition to mental health

Mr. Wilson stated that this is another challenge. Mr. Wilson stated that many of the patients come with co-complaints and that it is difficult to determine what the primary issue is. He provided an example that an individual may report having shortness of breath from an anxiety attack that is induced by drinking all day. He stated that it is often

dependent on how a provider write the encounter in their narrative. He stated that Mclean County EMS average about 900-1000 alcohol related calls a year however that does not mean those are in addition to mental health calls, they could be overlapping with mental health calls which they have approximately 3,000 a year. He stated those 3,000 mental health calls could include alcohol. He stated that in regard to opioid calls they have approximately 75 opioid overdose calls a year. He stated that so far this year there have been around 40 opioid related calls.

Mr. Sharar thanked Mr. Wilson for highlighting how cases may worsen when patients are arriving at the emergency department.

Mr. Sharar asked Mr. Wilson how he sees the federal 9-8-8 initiative overlapping with 9-1-1 and if it will reduce the burden on EMS.

Mr. Wilson stated that he is hopeful that it will but they are currently monitoring the change. Mr. Wilson stated that he does not yet know what that will look like. Mr. Wilson stated that for rural agencies adapting to the change the transition will be more difficult. Mr. Wilson provided the example of needing assistance out in Cooksville at 2AM as a difficult challenge comparatively. Mr. Wilson hopes that it will reduce the burden and get patients to the appropriate place for the appropriate treatment at the appropriate time.

Ms. Schafer stated that in the crisis meeting that was held recently, all of the issues related to the crisis system response including: working with mobile crisis, EMS and law enforcement, as well as other organizations related to diversion away from the emergency department into Triage, CRU, home, and other locations is being discussed. She stated that moving forward it will also be a part of the Mental Health Action Plan update. She stated that with the implementation of 9-8-8 there are still a lot of unknowns and identified that Kevin Richardson through PATH will be heavily involved in that upcoming change and implementation in coordination with the state. Mrs. Schafer stated that there are currently many things that are yet to be determined.

Ms. Glancy inquired as to how long the project will collect and assess the data for the pilot project

Mr. Wilson stated that they have planned for three months but that it is dependent on how much data is actually collected. Mr. Wilson stated they don't want to cut the project too short if it doesn't provide the necessary data.

Mr. Sharar asked if Mr. Wilson anticipates that the medical directors of the two emergency departments will be open to newer diversionary tactics, or if they will they be insistent on medical clearance.

Mr. Wilson states that recent changes in medical directors has shown that they are open to assessing various criteria in determining viability of alternative treatment.

Chairman John McIntyre introduced Behavioral Health Coordinating Council Supervisor Ms. Trisha Malott.

Ms. Malott provided information on this year's Behavioral Health Forum. She stated that details are available on the newsletter and that the forum will start October 5th and will be virtual again this year. She stated that one of the things determined this year was a shorter time frame for the forum. She stated that last year the forum was held over a period of 6 months and this year the forum will be held over 3-6 weeks where there will be a kick-off day with 3 different sessions to coincide with mental health awareness week. She stated that the aim is to have the forum end before the holidays. Ms. Malott stated that some of the highest registration was seen when sessions were pushed out closer to the actual date of the event. Ms. Malott stated that from an in-person perspective the timing seems very tight but from a virtual perspective pushing out the information looks very different. She stated that there are session topics provided in the newsletter. Ms. Malott stated that information will be put out onto the website as soon as speakers are determined and the website will be where all registration links are located. Ms. Malott stated that information will be pushed out to BHCC and the County Board. Ms. Malott explained that she has the email addresses of over 400 past unique participants that information can be sent to in addition to the almost 300 who attended the year before and 200 the year before that. Ms. Malott states that even though that may not represent 900 unique individuals, there is a robust pool of contact information to send out invitations to for this year's forum. She stated that one of the intentions of this year's forum is to highlight "the good that comes with the bad" and how the community has overcome certain challenges such as Covid-19. Ms. Malott stated that virtual planning and pushing out webinars to the community in a short time frame is one of the things that we have become good at as a collective group and more details can be found in the newsletter regarding the forum.

Chairman John McIntyre asked for any questions on this topic.

Ms. Malott stated that rather than providing a verbal update on programs as she has done in the past, she has presented information in the form of a written report the way it is presented to oversight committees and the County Board. Ms. Malott stated she has provided the written report that will go to Executive Committee the following Monday and is happy to answer any questions.

Judge Robb asked a question about page 21 of the packet. Judge Robb inquired if from January to June of this year there were 46 persons who were treated by the Triage Center.

Ms. Malott stated that yes, in those 6 months there were 46 individuals who only came one time and 46 encounters who came to Triage a second or subsequent time, totaling 92 encounters over that period.

Mr. Barr asked about the number of direct service hours during the month of July. Ms. Malott stated that she believes that direct service hours are approximately 140 total hours.

Mr. Barr asked what the number of client hours were for Triage. Ms. Malott stated that the average amount of time spent by clients is being tracked but is not being reported in terms of total "client hours."

Mr. Barr asked if some of the challenges in the credentialing process were alleviated with the ICOY resources that were shared by CHS.

Ms. Malott stated that a new individual was hired to assist with credentialing and that 4 MCO applications have been submitted and that that the individual is making progress.

Mr. Barr asks if there is an expected timeline for credentialing.

Ms. Malott stated that different timelines were provided for each but that a spreadsheet of timelines for each provider is being kept, monitored, and followed up on periodically. Ms. Malott stated that Meridian already has made contact back after application submission.

Chairman John McIntyre identified the BHCC newsletter located in the meeting packet.

Chairman John McIntyre moves to other business.

Ms. Malott stated that she has submitted her resignation as the Behavioral Health Coordinating Council Supervisor after 3½ years in the role. Ms. Malott stated that she will be leaving the County but will not be separating herself from many of the initiatives that have started here. Ms. Malott stated that while there have been moments of stress, many things have been accomplished and her time with the County has been fascinating and exciting. Ms. Malott stated that she is pleased to see 3 ½ years later that conversations that began when she first started with the County are moving along and that changes are happening. Ms. Malott stated that she is still in her role full time through the end of September and will be on with the County in a part time capacity through the end of the year knowing whomever the successor may be there will be a lot to learn and a lot to take on. Ms. Malott stated that she will be attending the meeting in December but in a more supportive capacity. Ms. Malott stated it was a pleasure to work with all in attendance today and thanks those for collaborating and working on initiatives with BHCC. Ms. Malott stated that all initiatives connected to BHCC will continue to move forward. Ms. Malott stated that even though changes can bring a slowing, she hopes that momentum is not lost and that she is excited to see where the County goes next.

Chairman John McIntyre congratulated Ms. Malott on her work coming in at the ground floor to develop programs and initiatives to move the county forward with mental health.

He stated that he appreciates all of the help and the offer to continue to help as the county moves forward.

Chairman John McIntyre asks those in attendance to give Ms. Malott a hand for her efforts and commitment to the county.

Chairman John McIntyre stated that he is thankful to all of those who have helped to move the county's mental health initiatives forward.

Chairman John McIntyre stated that the next meeting is Friday, December 10, 2021. He asked Ms. Schafer how the revision of the Mental Health Action Plan is coming along

Ms. Schafer stated that she is still waiting on some information from community members. Ms. Schafer had been hopeful to finish the Mental Health Action Plan by September, but the new goal is now the end of October. She stated that there are a lot of good things going in and the plan is moving forward.

Chairman John McIntyre thanked Ms. Schafer for her work so far on the Mental Health Action Plan and urged individuals to collaborate with her as needed.

Mr. Sharar asked Ms. Schafer if she could summarize the findings of the crisis meeting where law enforcement and crisis system stakeholders were pulled together.

Ms. Schafer stated that she pulled crisis stakeholders and providers together in order to reconcile the data she received from multiple different sources. She stated that the crisis continuum was assessed in relation to the continuum provided by SAMHSA. She stated that they discussed existing gaps in the current crisis system and what has been added since the last Mental Health Action Plan. She stated they discussed co-responder models and interest in law enforcement, fire, and EMS. She stated they had the meeting to share ideas and now there are discussions happening in different topic areas before the next meeting. She stated there was a lot of conversation about 9-8-8. She stated there will be another meeting in a few weeks.

Ms. Schafer stated that the University of Illinois is doing a pilot of a co-responder model on their campus that was discussed and is being observed by our county organizations, with the consideration of potentially doing something similar. Ms. Schafer stated that she is attempting to move these discussions forward and will begin discussing policies and procedures regarding a variety of diversionary techniques. She stated that they want to keep people out of the emergency department and jail if that is not the appropriate place for an individual to be.

Chairman John McIntyre thanks everyone in attendance for coming and the meeting is adjourned.

Respectfully Submitted,

Kevin McCall

Recording Secretary