

### Minutes of the Best Practices Advisory Group

The Best Practices Advisory Group met at 10:30 AM on June 3, 2014 in the Government Center; 115 East Washington Street, Bloomington, IL.

Members Present: Ms. Sonny O'Connor (Committee Chair), Mr. Erik Rankin (Committee Vice-Chair), Ms. Stephanie Barisch (Center for Youth and Family Solutions), Mr. Tom Barr (Center for Human Services), Mr. Bill Caisley (County Board), Ms. Renee Donaldson (Advocate BroMenn Medical Center), Ms. Victoria Harris (County Board), Ms. Sally Rudolph (League of Women Voters), Ms. Corey Tello (McLean County Board of Health)

Member Absent: Mr. Jason Chambers (States Attorney), Ms. Sally Pyne (County Board), Judge Elizabeth Robb (Circuit Court), Mr. Jason Vasquez (ISU, IWU, & Private Practice), Mr. Matt Sorensen (County Board, ex-officio)

Staff Present: Ms. Amy Brooke, Recording Secretary

Other Present: Filiz Gunay (DuPage County Health Department), Will Scanlon (Court Services)

Meeting was called to order at 10:33 AM.

Ms. O'Connor asked for any additions or corrections to the May 20, 2014 minutes or to the May 28, 2014 minutes. There were no corrections. Ms. Donaldson moved to approve the minutes for both meetings as submitted. Ms. Buchanan seconded. Motioned carried.

Ms. Filiz Gunay from the DuPage County Health Department presented on the DuPage County Health Department Behavioral Health Services. (A copy of the Power Point presentation slides is attached to these minutes.)

DuPage County is only one of four counties in Illinois where the county health department runs the behavioral health systems. Having a county health department or various agencies run the behavioral health system is not the issue. Either can be positive if it is run efficiently and meets the needs of the clients.

Funding for behavioral health is changing. Overall, ACA is good for behavioral health as it potentially expands access to behavioral health services.

Any behavioral healthcare needs to be person centered and look at the person as a whole in terms of both health and services offered. Behavioral health care needs to be integrated with physical health. This is particularly important for those with severe mental illness who often

have difficulty navigating services. Services need to be geared not just from a medical necessity standpoint but also from a long term recovery standpoint.

Ms. Gunay shared that before they made changes to the system there was a 3-4 month wait time. Documentation was often a month behind.

In DuPage County, they redesigned some of the important elements/processes in delivering behavioral healthcare. These included looking at electronic medical records, open access, concurrent documentation, central scheduling, no show management, productivity and performance standards, capacity management, and outcome measures. These changes allowed them to reduce staff by 40% while increasing capacity. Managing capacity is a key but it is also a cultural shift.

Ms. Gunay elaborated on open access. There is no waiting list. When clients call for an assessment they speak with an intake coordinator. Having electronic records with a good scheduling system aids the intake coordinator and management in knowing the current service capacity. The intake coordinator then transfers a client to the Behavioral Health Services Intake Department where a brief screening is done. The client is scheduled for a mental health assessment within 24-72 hours or at the client's preference.

There are also defined levels of urgency. If someone is being released from a controlled environment (prison system, hospital, etc), they are given a higher level of urgency. The length of wait time for an appointment increases the no show rate.

Ms. Tello asked how they were able to reduce the staff by 40%. Ms. Gunay shared the following points:

- Everyone had to be in a central schedule rather than scheduling their own appointments.
- This allowed management to look at the number of services being provided in the community and those being provided in the office.
- They made a strict no show policy:
  - Two no shows resulted in being taken off the schedule
  - An engagement specialist will then do phone or in person outreach
  - No refills are given over the phone. Clients must come in for the prescription.
- Documentation is done during the session, with the client, and is monitored daily.
- Next day billing.
- Expansion of admission criteria

Ms. Barisch asked how concurrent documentation is done in the community. Ms. Gunay shared that everyone has a laptop with air cards for connection to the system. They use a web based system called Care Logic.

Crisis services are 24/7, mobile response or over the phone. They also offer mobile screening for state programs like SASS. There is a 10 bed crisis residential unit where the average stay is five days. They also have a trauma and disaster team.

Adult outpatient services include counseling (individual, family, and group), case management, psychiatric services, ACT (Assertive Community Treatment) which is currently being transitioned to CST (Community Support Team) and PSR (Psycho-Social Rehabilitation). The transition to CST is a result of some of the need for fidelity with ACT requirements. CST allows more flexibility and varying uses of personnel.

Mental health services are provided to children and adolescents from 5-18. Families are active participants in the treatment which can involve individual, family, and group counseling, case management, and psychiatric services.

Ms. Tello asked about the availability of psychiatrists. DCHD primarily uses psychiatrists but they are looking at recruiting more nurse practitioners.

Ms. Harris inquired about time spent in meetings with providers. Ms. Gunay shared that they have some meetings with outside providers. In-house providers learn and share information all of the time. There is also active training of staff. They have found it cost effective to bring speakers in and to also use internal experts.

Ms. Gunay shared that they use the Daily Living Activity Scale for measuring progress with clients. Currently, they are looking at a different scale which targets a less severe population. Ms. Tello asked if staff were evaluated based on client progress. Ms. Gunay shared that they look primarily at no show rate, productivity, and client satisfaction surveys.

The DuPage County Health Department's budget is 44 million. Fifty percent of the budget is used for behavioral health services. They are the community mental health center. Ms. Tello asked if other agencies received funding from the DCHD. Ms. Gunay stated that there is a limited number of dollars for other initiatives.

Following the presentation, the group discussed the Best Practices Statements they are considering for the County Board.

The group discussed the need to communicate the need for healthcare teams rather than focusing on single providers. Ms. Donaldson also suggested that medical and dental care

should be included. Mr. Barr concurred and noted that dental has come up as an ongoing issue across multiple community assessments.

Ms. Tello asked about an effective way of communicating the idea of open access to the County Board. She suggested adding the idea of capacity management and productivity from Ms. Gunay's presentation. Ms. Donaldson shared that at Advocate BroMenn Medical Center they use the phrase "capability, capacity, and productivity of all service lines." It reflects the capability and capacity Ms. Gunay was speaking of and allows for flexibility based on the role of each staff person.

Ms. Harris suggested that cultural affiliations be added as a community stakeholder. Ms. Tello asked if community stakeholders needed to be a broader term. Ms. Donaldson and Ms. Buchanan broadened the idea by adding corporations as a stakeholder.

Ms. O'Connor asked why United Way had been listed as part of the Public Policy and Funding section. No other funders had been listed.

Discussion also centered on the amount of explanation that had been given to various points. Mr. Rankin stated that the average County Board member won't have much or an understanding of the mental health system but when you get to things they are likely familiar with you wouldn't need to insert as much detail.

Ms. O'Connor suggested adding "including the following but not limited to" statement with each section to convey that lists were not exhaustive.

Ms. O'Connor shared that everyone is welcome to come to the Executive Committee next Tuesday, June 10 at 4:30. She stated that this was the last meeting and there would not be a meeting as scheduled at 9:00 AM on June 10.

Ms. Donaldson submitted a couple of articles for inclusion with the minutes.

Meeting adjourned at 1:10 PM.

Respectfully submitted,



Amy L. Brooke, Recording Secretary