



Best Practices in Mental Health Advisory Group to the
Executive Committee of the McLean County Board
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Report of the
Best Practices in Mental Health Advisory Group
to the Executive Committee
of the McLean County Board

February 18, 2014 – June 10, 2014

Ms. Sonny O'Connor, Committee Chair

Mr. Erik Rankin, Committee Vice-Chair

Acknowledgements

Honorable Members of the McLean County Board

The mental health Best Practices research committee began its journey on March 4, 2014, and met nearly weekly for the next fourteen weeks. We started out as a blank slate but through dedication and perseverance, the group acquired a great deal of knowledge. I personally want to thank those members of the committee who gave unselfishly of their time and their efforts in generating this report for the County Board. Kudos go to my vice chair, Erik Rankin, and other active participants in the committee - Stephanie Barisch, Tom Barr, Judy Buchanan, Bill Caisley, Jason Chambers, Renee Donaldson, Victoria Harris, Sally Pyne, Elizabeth Robb, Sally Rudolph, Cory Tello, Matt Sorenson (ex-officio), and Laura Beavers, Hannah Eisner, Will Scanlon and Bill Wasson, our county resource advisors. On behalf of the committee, I want to express our gratitude to Amy Brooke and Diana Hospelhorn for "always being there" for us no matter how frustrating we must have been at times.

Our first official act was to establish a mission statement which focused on the mental health care for all segments of our population. The statement which was approved is: Identify the components of a mental health care model based on best practices for all populations in McLean County. Next came the question, "How do we do this?" Various aspects of Best Practice modules were addressed each week in presentations given to the committee with pertinent discussions following each segment. Some of our speakers were local and others came from counties across the state. As you can see from the following list of presenters and their topics, the Best Practices committee definitely exercised due diligence in preparing the health care model submitted later in this document. Full documentation of each of the presentations can be found in the minutes of each Best Practices Advisory Group session. I encourage each County Board member to take the time to study these reports.

The presentations and presenters were as follows:

- Hannah Eisner, McLean County, "Oversight/Function of 708, 277 and 553 Boards"
- Lori McCormick, Liz Barnhart, Judge Beth Robb, Judge Rebecca Foley, McLean County, "Recovery Courts and Court Services"
- Cory Tello & Stephanie Barisch, McLean County, "Adverse Childhood Experiences, Trauma-Informed Services, and All Our Kids Network"
- Judy Buchanan & Sally Pyne, McLean County, "Assessment of Mental Health and McLean County Detention Facility, DOJ Report"
- Frank Anselmo, Community Behavioral Healthcare Association of Illinois, Springfield, "Building Solutions for Mental Health and Substance Use Services"

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- Sally Rudolph, McLean County, "League of Women Voters Report on Mental Health in McLean County"
- Tom Barr & Melinda Roth, McLean County, "Best Practices in Psychiatric Services"
- Renee Donaldson, McLean County, "Best Practices in Crisis Stabilization Services"
- Orville Mercer, Madison-St. Clair County, "Southern Region Integrated Healthcare Services"
- Laura Beavers, McLean County, "Substance Abuse and Mental Health Services Administration (SAMHSA) Report"
- Cory Tello, McLean County, "A Framework for Safe and Successful Schools"
- Carol Flessner, Livingston County, "Livingston County Behavioral Health Services with a 708 Board"
- Laura Beavers, McLean County, "Cherokee Health Systems"
- Tracy Parsons, Jonte Rollins, Ratisha Carter, Champaign County, "Access Initiative, Creating Opportunities for Youth and Families"
- Gail Koch, Peoria County, "Integration of Behavioral Health into Primary Care"
- Dennis Crowley, Macon County, "Looking for Opportunities"
- Filiz Gunay, Dupage County, "A Comprehensive Array of Services"
- Jason Vasquez, McLean County, submitted literature on "Prevention of Mental Illness"
- Renee Donaldson, McLean County, submitted literature on "Crisis Stabilization"

Respectfully submitted,

Sonny O'Connor

Executive Summary: Best Practices

Integration of healthcare is essential to improve the health of the general population and to reduce healthcare costs. Barriers to primary care, coupled with challenges navigating complex healthcare systems, have been a major obstacle. Best Practice evidence-based research points to integrated client-centered care as the response to our current fragmented delivery of health and social services. The goals of comprehensive integrated care plans are to meet the medical as well as behavioral needs of those individuals with mental disorders and to provide strategies for early intervention. Such efforts involve clients and their families, mental health boards, social agencies, medical boards, and advocacy of an engaged community.

The stigma associated with mental health remains pervasive in our society; this stigma prevents people from seeking help. Frequently, a primary care setting is the point of entry for an individual into the mental (behavioral) health system. Primary care providers need support and resources to properly screen and treat individuals with both behavioral and general health needs. People with mental and substance abuse disorders often die decades earlier than the average person, mostly from untreated and chronic co-morbid diseases such as diabetes and hypertension. Poor health habits such as smoking and alcohol abuse further complicate treatment. Subsequently, integrated healthcare with a systematic coordination of general and behavioral healthcare is the worldwide evidence-based trend in healthcare reform.

In a system focusing on Integrated Behavioral Health (IBH), primary medical care and mental and/or substance use disorders coexist within the same health care services unit. Primary care and mental health practitioners work together as teams to provide and coordinate care from other medical specialists and social services. Most patients with serious mental health (SMI) or addictions are treated by behavioral health specialists in a psychiatric setting so adding primary care services to this setting makes sense. Most patients with less serious mental illness or substance disorders are treated in a primary care setting so adding behavioral health services for these patients also makes sense. In both settings it

is important to understand that the client is an active participant in his/her healthcare and is given choices and a voice in decision making. Ultimately, the client engages as a partner with the medical/behavioral health providers. As a result, by creating engaged, motivated clients who follow through on the recommendations made to reduce their medical/behavioral health issues, the health care system succeeds.

Optimally, an Integrated Behavioral Health System (IBH) collaborates with primary health care services so that care moves away from silo'd providers who are only vested in the care they provide. Services move to a centralized system where the sharing of funds, staff, training, etc. are all an integral part of the system. In order for such reform to take place, there is always the need for additional funding. SAMSHA (Substance Abuse and Mental Health Service) alone has now awarded over one hundred grants across the country for organizations working to integrate primary and behavioral health care services. Several of these grants are in place throughout various counties in Illinois. In addition, Medicaid, the Affordable Care Act, Veteran's Assistance Programs, tax levies, private partnerships and fundraising are all promising means to bring about reform in healthcare delivery systems.

An Integrated Health System Based on Evidence-based

Best Practices Includes:

1. A Behavioral/ Primary Health Care Services Infrastructure including:

- A health care plan which promotes blended funding and shared facilities, shared data systems and shared training and shared use of key personnel
- A convener/lead entity to oversee coordinated and integrated care in all collaborating agencies, affiliated government agencies and other stakeholders to promote authentic cross system collaboration and communication
- A governing board to oversee, provide accountability, quality assurance and ensure timely access for an integrated mental health system of care
- An individual trained to investigate, prepare and secure grants and other funding and reimbursement options
- An approach to maximize access and efficiency via capability, capacity, productivity and quality measures

2. A System of Behavioral/Primary Health Care Services which include:

- Health Care Teams at shared locations which provide comprehensive community-based medical, dental and mental health screenings, assessments, evaluation, treatment and rehabilitation services to all clients regardless of their ability to pay for such services, and to be cultural and linguistically competent
- Primary Care Homes at locations throughout the community where client services are based on an integrated care management system and follow-up ranging from wellness to adequate handling of complex patients¹
- Services as shown on Attachment (diagram) and including the following:
 - Crisis Stabilization Unit (CSU) – to provide stabilization and treatment services to persons who are in psychiatric crisis. CSU can serve as a step down from a higher level of care (i.e. inpatient hospitalization for state operated hospitalization). In many cases, mental illness can be treated in the unit and returned to the community without an inpatient admission to a hospital. The purpose is to treat a crisis immediately; avoiding the wait or services that typically see the presenting condition worsen. The CSU should be connected to the integrated system in the event hospitalization is required.
 - Children's mental health system of care that offers community based services and supports for children and youth at risk for mental health or other challenges and for their families, that is organized into a coordinated network,

¹ Evaluation at all locations of services to include: trauma, depression, anxiety, substance abuse and primary health screening as well as psychological and developmental assessments

builds meaningful partnerships with families and youth, and addresses their needs, in order to help them function better at home, in school, in the community, and throughout life. Children presenting with behavioral and mental health challenges and/or developmental disabilities need a full range of support and treatment services. Such services should be provided in locations/settings that are convenient and comfortable for families such as schools, primary care settings and community clinics.

- Family care givers – the impact on families that provide care to loved ones with a mental illness is substantial. Establishing guidelines for family care givers with access to resources for support is critical. These guidelines attempt to support family care givers' needs and provide evidence based best practices.
- Geriatric Psychiatric Services
- Mobile Crisis Stabilization
- Intensive Case Management Teams
- Inpatient care and treatment
- Housing – a continuum of options
- Veterans assistance programs
- Information Referral Services

3. Prevention and promotion through community-wide initiatives including focus on the following:

- Sexual and domestic abuse prevention
- Integrated Disease Prevention
- Childhood neglect and abuse prevention
- Substance use prevention
- Non-substance addictions
- Adverse Childhood Experiences (ACES) prevention
- Veterans issues
- Wellness programs
- Housing
- Employment
- Public information and education
 - Mental Health First Aid
 - Community-wide stigma reduction

4. Integrated Healthcare Training which focuses on professional development and enrichment for all participants in the system, including but not limited to the following:

- First responders
- Medical systems staff
- Treatment and recovery staff

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- Child welfare staff
- School staff and administration
- Juvenile justice staff
- Law enforcement
- Jail staff
- Senior services staff

5. Government Entities; including but not limited to the following:

- State Agencies
- Townships
- Criminal Justice system
 - Drug court
 - Recovery court
 - Juvenile court
 - County detention facility
- School systems
- Tax supported health care clinics
- McLean County Public Health Department/Board

6. Community Stakeholders; including but not limited to the following:

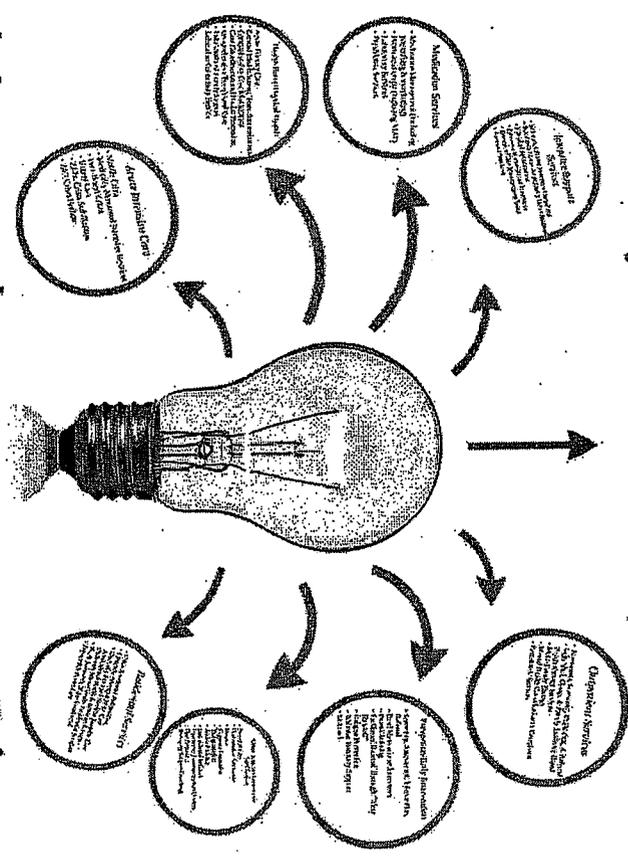
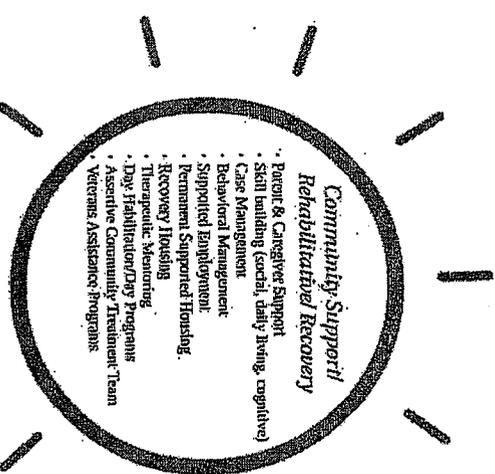
- Faith community
- Cultural affiliations
- Business community
- Employers (support, training, placement)
- Community and civic groups
- Peer support groups
- Community shelters
- Parents/family/caregivers
- Youth-Schools
- Healthcare providers
- First responders & emergency personnel
- Higher education
- Early education and daycare

7. Public Policy and Funding; including but not limited to the following:

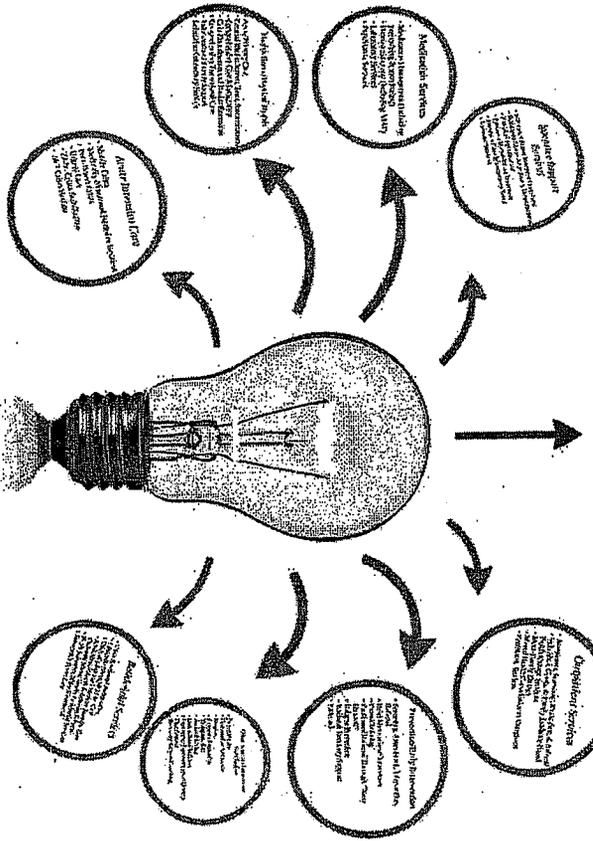
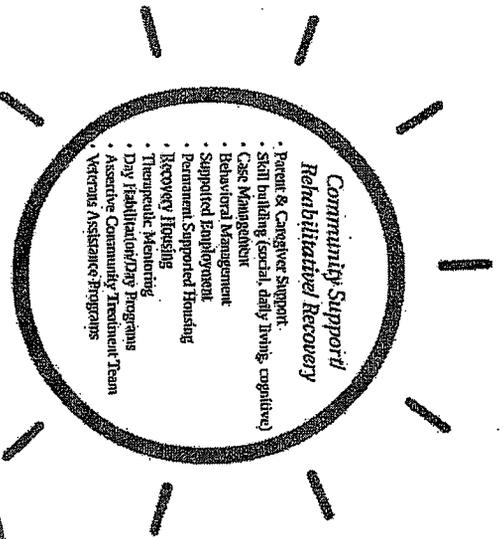
- ACA (Affordable Care Act)
- SAMHSA (Substance Abuse and Mental Health Services Administration)
- McLean County, 553 and 377 levy funding
- Townships
- Veteran's Assistance Program

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- Grants
- IL DCFS (Department of Children & Family Services); IL DHS (Department of Human Services); IL DHFS (Department of Healthcare and Family Services)
- HUD
- Illinois Housing Affordability Trust
- Private Partnerships
- Fundraising



Mental Health & Substance Use Disorder Services



Mental Health & Substance Use Disorder Services

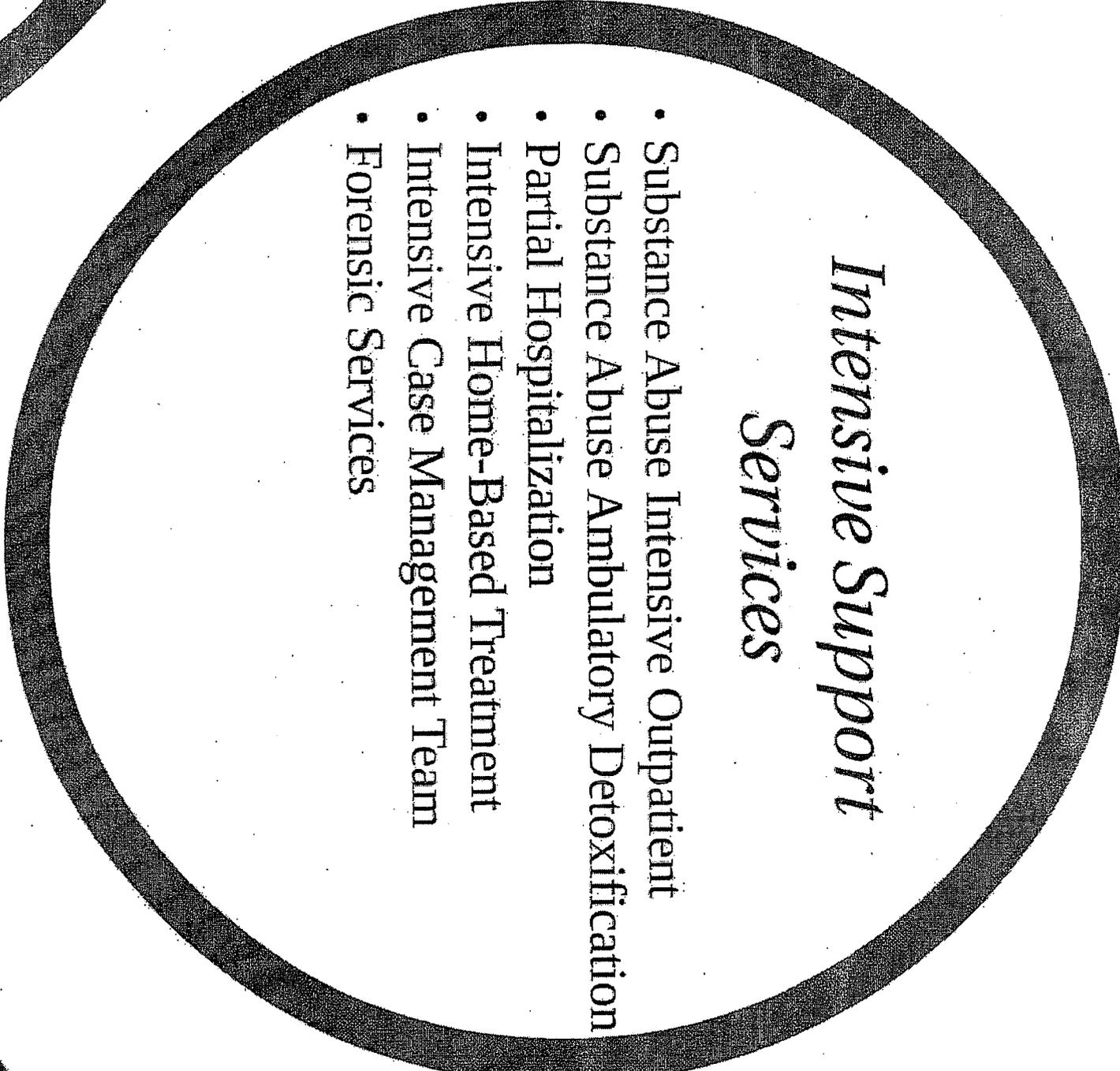
Acute Intensive Care

- Mobile Crisis
- Medically-Monitored Intensive Inpatient
- Peer-Based Crisis
- Urgent Care
- 23-hr. Crisis Stabilization
- 24/7 Crisis Hotline



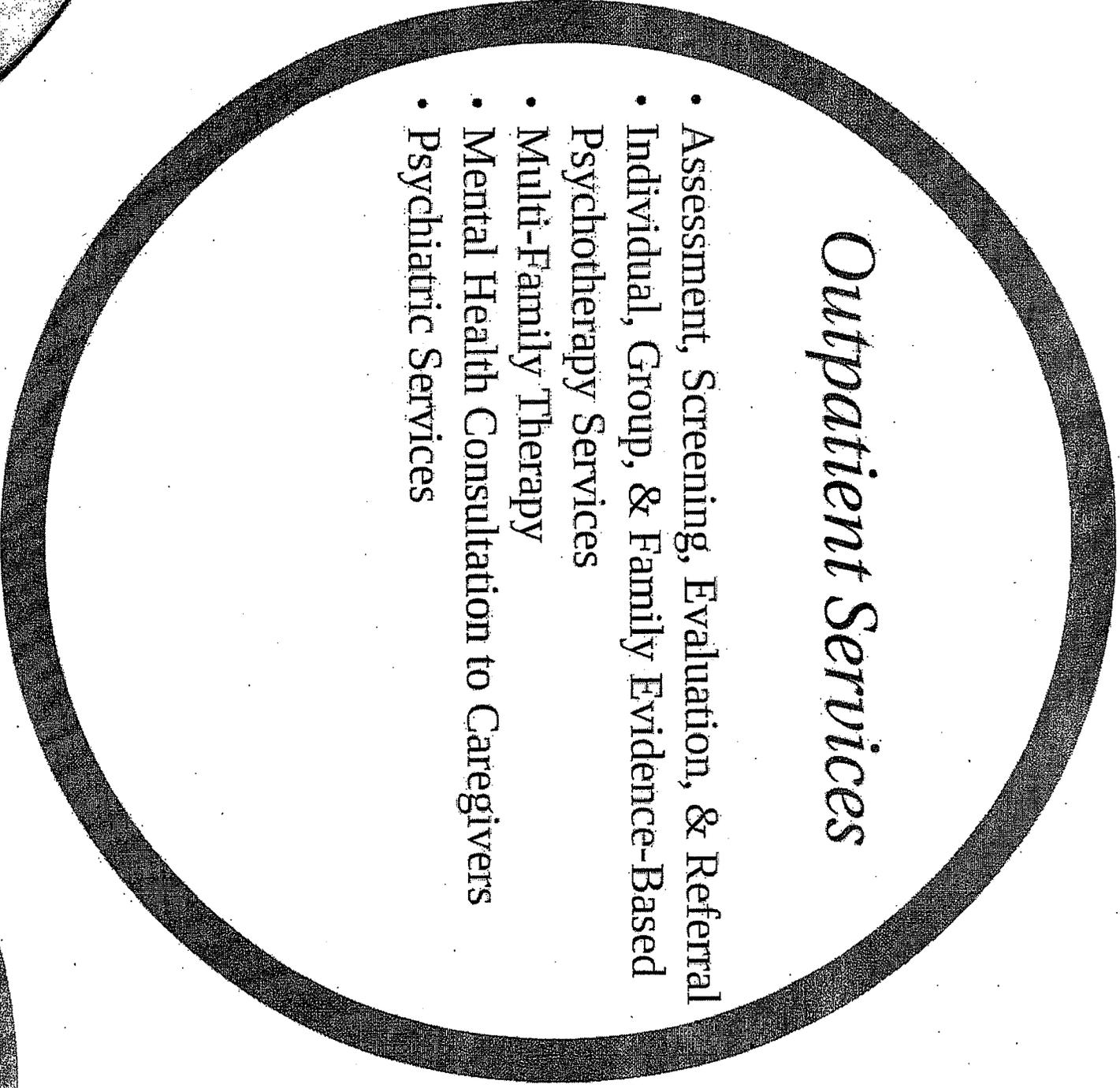
Residential Services

- Crisis Residential Stabilization
- Clinically-Managed 24-hr. Care
- Clinically-Managed Medium Intensity Care
- Adult Mental Health Residential Services
- Children's Mental Health Residential Services
- Youth Substance Abuse Residential
- Therapeutic Foster Care



Intensive Support Services

- Substance Abuse Intensive Outpatient
- Substance Abuse Ambulatory Detoxification
- Partial Hospitalization
- Intensive Home-Based Treatment
- Intensive Case Management Team
- Forensic Services



Outpatient Services

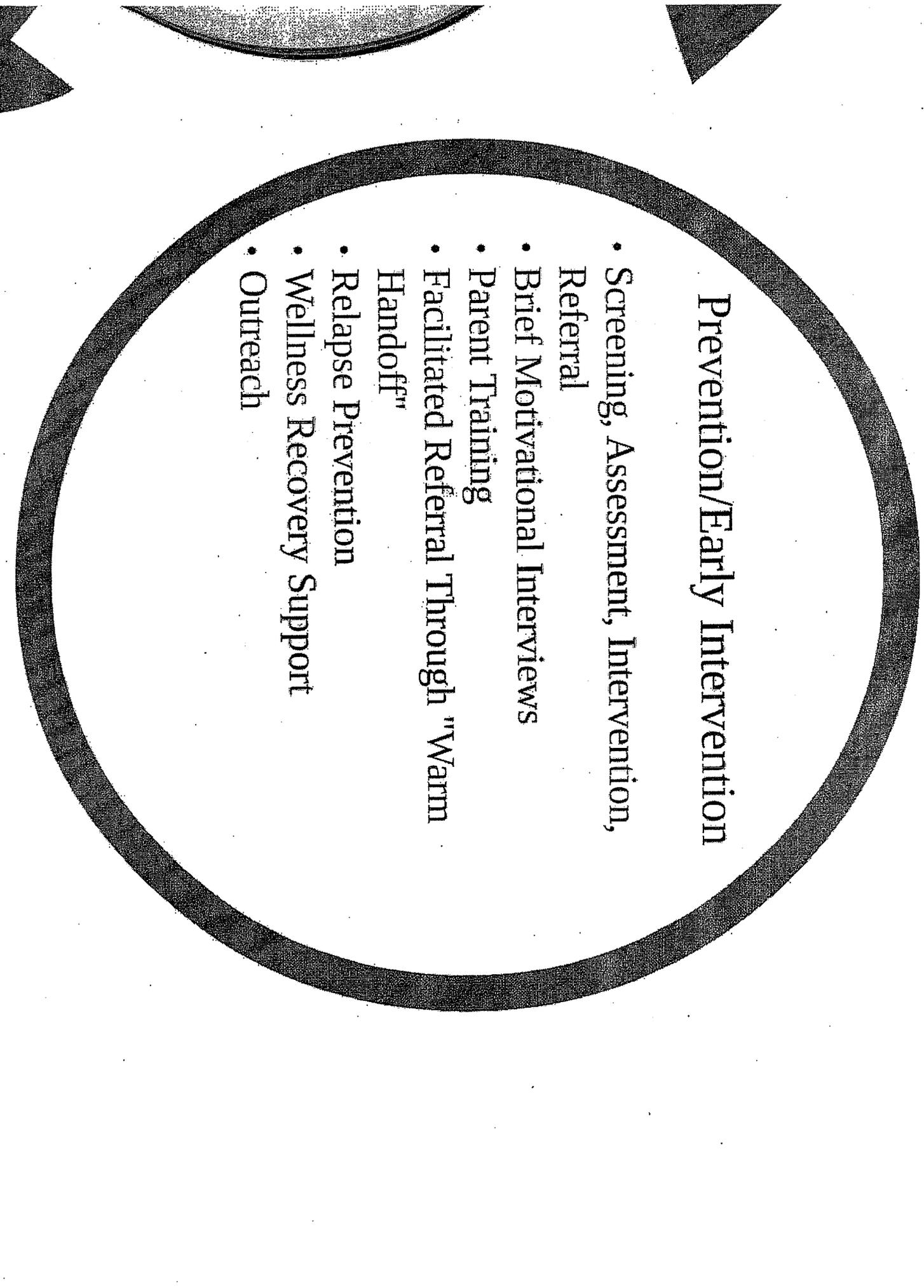
- Assessment, Screening, Evaluation, & Referral
- Individual, Group, & Family Evidence-Based Psychotherapy Services
- Multi-Family Therapy
- Mental Health Consultation to Caregivers
- Psychiatric Services

Health Home/Physical Health

- Acute Primary Care
- General Health Screen, Tests, Immunizations
- Comprehensive Case Management
- Care Coordination and Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community Service

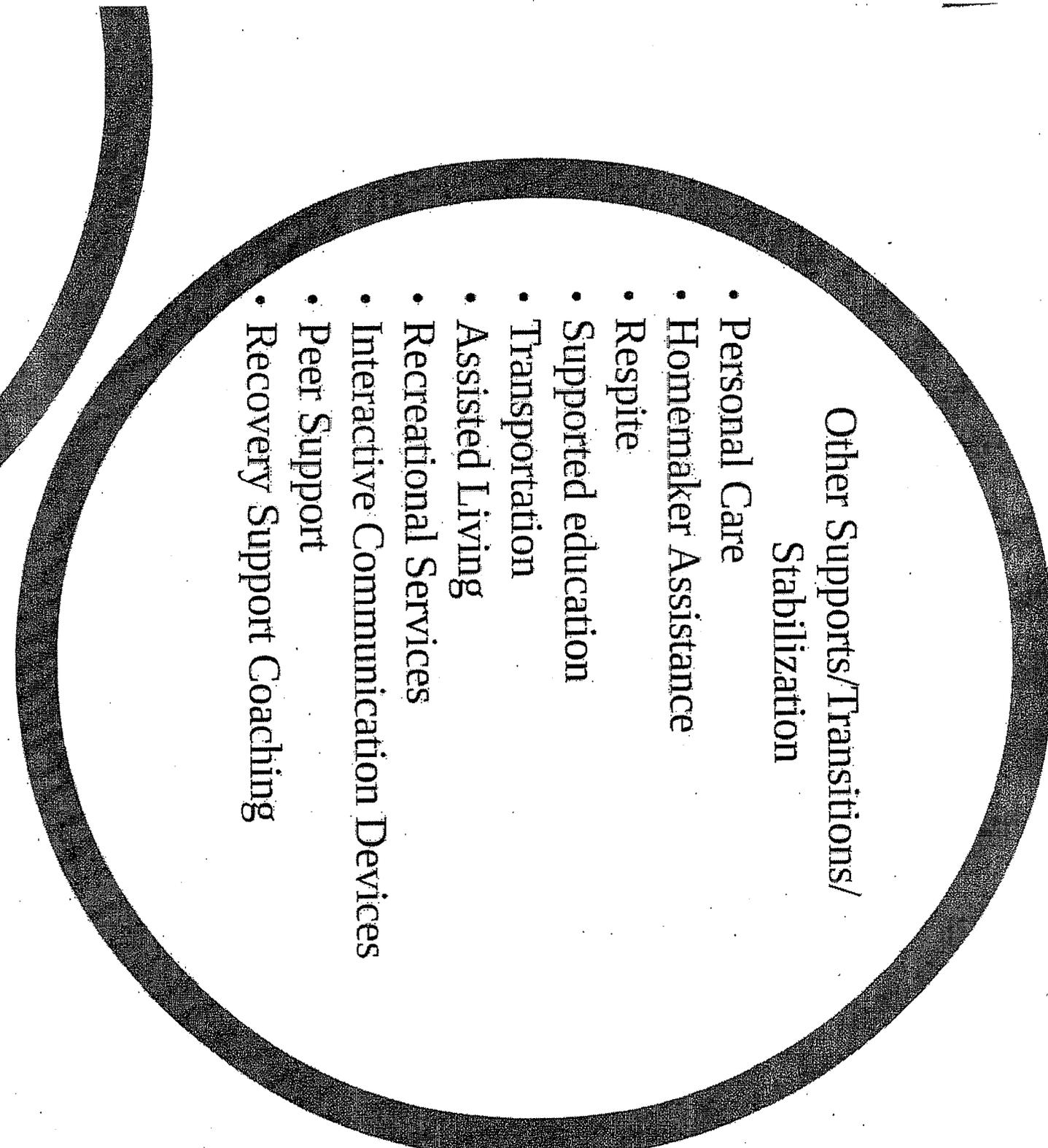
Medication Services

- Medication Management (including prescribing & monitoring)
- Pharmacotherapy (including MAT)
- Laboratory Services
- Psychiatric Services



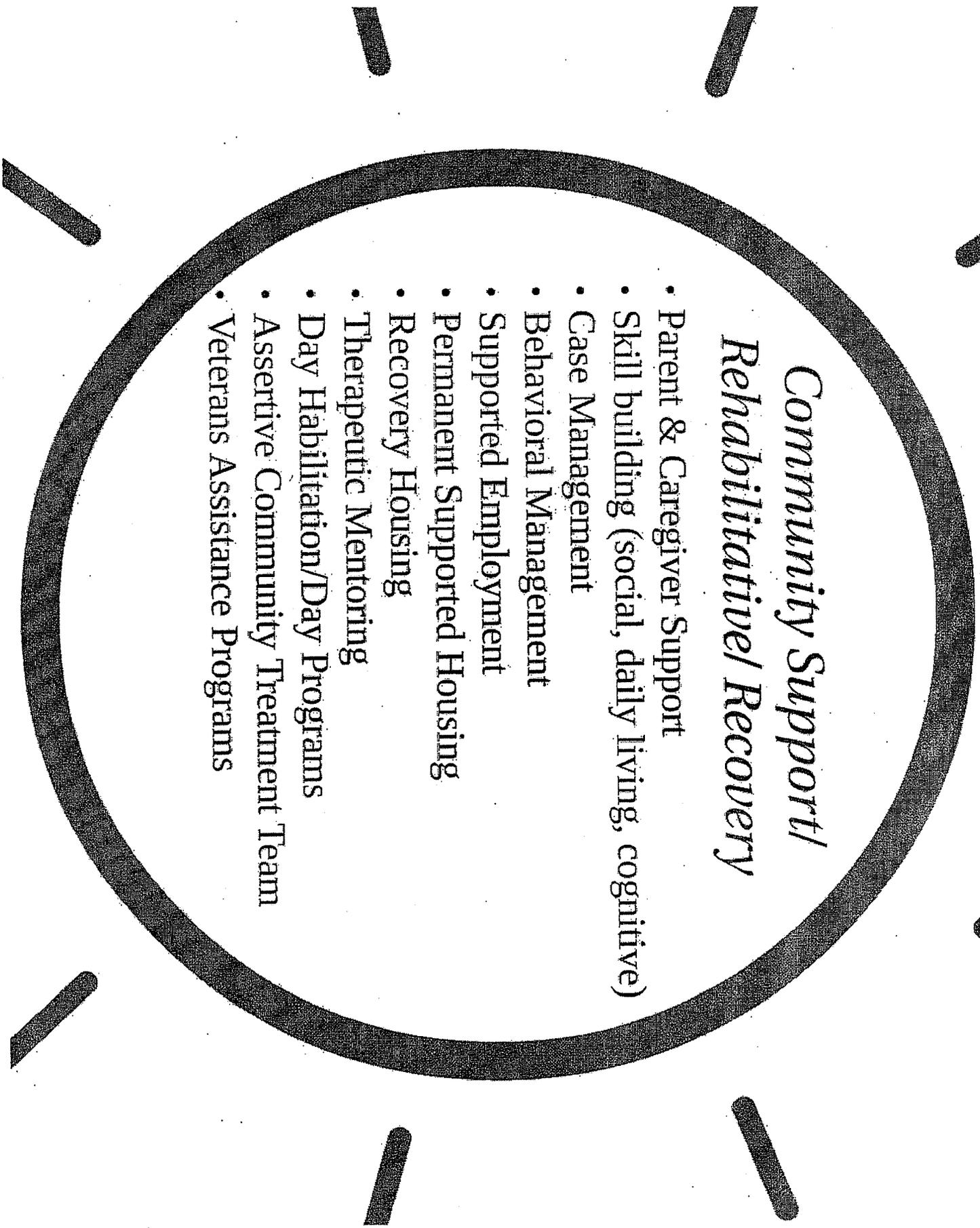
Prevention/Early Intervention

- Screening, Assessment, Intervention, Referral
- Brief Motivational Interviews
- Parent Training
- Facilitated Referral Through "Warm Handoff"
- Relapse Prevention
- Wellness Recovery Support
- Outreach



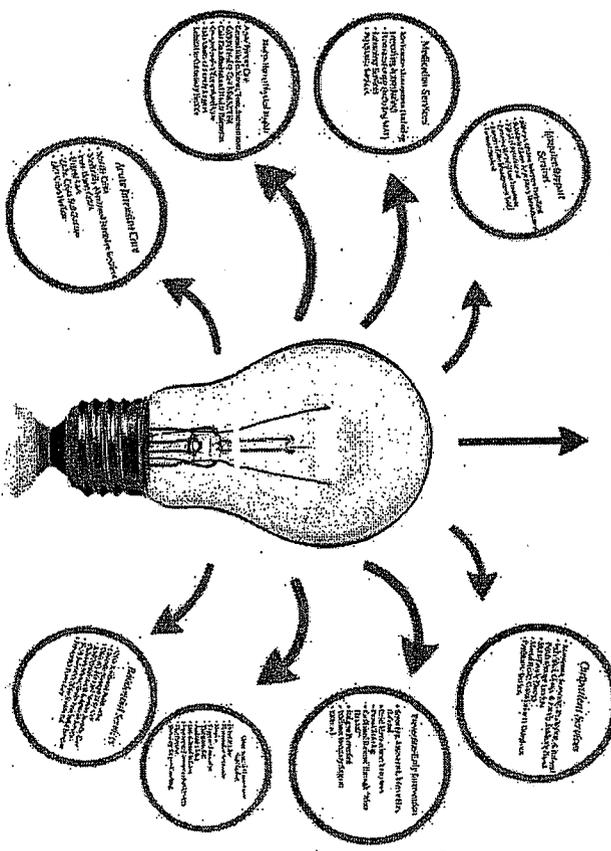
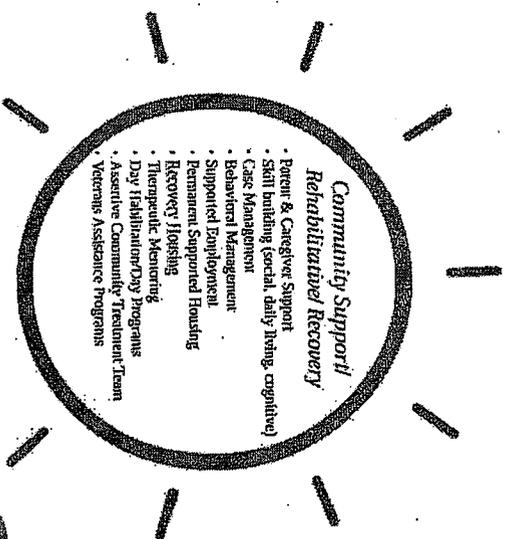
Other Supports/Transitions/
Stabilization

- Personal Care
- Homemaker Assistance
- Respite
- Supported education
- Transportation
- Assisted Living
- Recreational Services
- Interactive Communication Devices
- Peer Support
- Recovery Support Coaching



*Community Support/
Rehabilitative/ Recovery*

- Parent & Caregiver Support
- Skill building (social, daily living, cognitive)
- Case Management
- Behavioral Management
- Supported Employment
- Permanent Supported Housing
- Recovery Housing
- Therapeutic Mentoring
- Day Habilitation/Day Programs
- Assertive Community Treatment Team
- Veterans Assistance Programs



Mental Health & Substance Use Disorder Services