



The McLean County Board of Health Behavioral Health Policy and Funding Committee
Monday, May 4, 2020, 11:00 AM
200 W. Front Street, Room 322, Bloomington, Illinois.

MINUTES

1. The virtual meeting was called to order at 11:03am
2. Roll Call: Judy Buchanan, Susan Schafer, Cory Tello, Carla Pohl, Hannah Eisner

Staff Participation: Amy Hancock, Behavioral Health Program Manager; Julie Sullivan Office Support Specialist II

Members of the Mental Health Advisory Board: Laurie Wollrab, Trisha Malott

3. Public Participation: None

The public will be able to view the McLean County Board Meeting, live, on Facebook and YouTube. Links can be found at <https://www.mcleancountyil.gov/>

4. Items for Discussion

A. Review of Embedded School August 2020 Funding Results

Two applications for funding, one from the McLean County Center for Human Services and one from Chestnut Health Systems have been received. A motion to accept the proposal from the McLean County Center for Human Services (CHS) for August 2020 was made by Susan. Cory seconded the motion. It was noted that both agencies put together commendable proposals. This is a new funding that may be impacted by COVID 19 issues. Further discussion included:

- The impact of COVID. With less travel time, less face to face contact and more over the phone use, could more clients be seen? The approach and billing may look different now.
- Specific questions could be structured and posed to the agencies to receive more definitive data with reports, like cost factors, how many clients dropped off with less face to face, and is there enough PPE available, which can be costly.
- Maybe the pilot is the place to work out specific expectations and kinds of reports wanted.
- Social distancing and staying at home orders may increase mental health issues due to the lack of social support found when in school.
- Amy has been in contact with the agencies and reports they are losing money. The programs are costing more money. Their output has decreased along with the number of people seen, so they are not getting the revenue from that. Both agencies showed a slight deficit last year despite maximizing on their fee for services. This year, costs have adjusted due to no travel, but the use of technology, equipment and costs to deliver methods has increased. The pandemic has caused financial challenges. Amy clarified, the state and federal guidelines have taken off a lot of the restrictions as far as TeleHealth being able to be

reimbursed, so they are getting reimbursed when able to utilize TeleHealth. Since they are not seeing as many clients or as often, that is where they are losing the money. For the ones they are seeing, they are able to bill through Telehealth. Per client costs will increase from the pandemic, it is suggested.

As a review, the motion to approve was made by Susan. Cory second the motion of approving the Embedded School Project for \$20,000 August 2020 to Center for Human Services. Motion approved.

Collaborating with the schools, coming up with small plans and taking an advocacy role to help kids take advantage of getting services will be a challenge for everyone. It was noted that due to COVID, seeing fewer people could be from clients not finding privacy in the home, trying to share technology with parents, and referrals not coming from school staff now. Amy's site visit with one agency with the Embedded School Project went well. The school is aware social emotional learning will need to be addressed to help get them ready to mentally and physically do their schoolwork. It was suggested that at next month's meeting Amy could provide feedback about the agencies input with recent issues and changes.

B. Review of County Mental Health Initiatives

The McLean County FUSE program update and discussion:

- Regarding participant capacity and program capacity, Trisha said the FUSE program can increase numbers, but the intent is to admit 10 per year and fill up slowly to prove outcomes. This is not so much a referral-based program, it is more of a data driven program where the program takes data and does outreach. Finding people can be a challenge.
- There are other participants to reach out to, but staff are working as remotely as possible, due to COVID 19, so outreach is currently on hold.
- Without any staffing changes, FUSE can accept about 50 participants before exploring adding more for the staff to participant ratios.
- Staff includes the FUSE program manager, nurse, recovery support specialist, substance abuse specialist, office support specialist and a psychiatric mental health nurse prescriber.
- Clients staying with FUSE should help free up capacity at other organizations and providers to take on others with a lower level of need. It can also free up emergency department space.

The Adolescent Intensive Outpatient Services Program (IOP) update was also provided with input from Trisha:

- The potential to involve adolescents with the Embedded School programs is possible.
- Difficult to predict or determine without a model to follow. The intent would be to transition adolescents back to school, connecting them with community and school resources.
- The Regional Office of Education was part of the planning for the IOP.
- The RFP application deadline passed without any agency applicants as many agency operations were changing plans and procedures due to COVID. If an agency asked questions about the RFP, but did not apply, Trisha is following up with them. Maybe revisions need made for the original intent of the program.
- With more homebound students now, maybe look at guidance on this to see if something can be borrowed from the Embedded School project.

The McLean County Triage Center update by Trisha and discussion included:

- Staff includes a Triage Center Specialist, a peer and a security individual, at minimum. As well as a thirty-minute shift change overlap. Security has a different shift change than the rest of the staff. Staff total is 13.
- Hours have been expanded since the opening and helped increase those seen. When the hours expand to 24/7, hopefully in June, advertising and marketing will increase to reach the general public.
- For those individuals seen, feedback has been positive, and they appreciated the team's interaction with them.
- For several it seems to have been the appropriate place for them to come.

Telepsychiatry/Outpatient psychiatric clinic

- This program is not running, yet. The intent is for it to be its own outpatient clinic.
- Continuing to recruit for a collaborating physician and DEA license to get the program running.

It was noted that protective equipment has been provided for those working these programs at this time.

C. Review of Adult Psychiatric Programming Community Needs

Handouts provided "Notice of Funding Opportunity (NOFO) for Adult Psychiatry"; "CHS Annual Report for McLean County Health Department CY 2019 Psychiatric Program"; "CHS Quarterly Report for MCHD Cy 2020-First Quarter Psychiatric Program"; "MCHD 553 Behavioral Health Funding Programs" 2019 list and description.

Members discussed programming and community needs as a way to get a handle on the programs reported on today might have an impact on the needs and where that focus should be put in place.

- Regarding the TelePsychiatric services, once it is going, the intent is to add capacity to the community. It is not anticipated for the prescriber to take away from anyone. It should help with the wait times of people being seen sooner.
- Current practices amid COVID, has everyone trying to meet each individual need. General COVID information is being passed on to the psychiatric clients to help them identify if they are feeling ill. The state has approved TeleHealth through Zoom meetings and over the phone. Precautions are followed for those who need direct services. Medication management, monitoring, and labs are occurring.
- Historical data from agencies receiving these funds would be helpful to identify trends and the impact in a historical sense. Seeing the number served historically may better identify the overall impact year to year. This could be a requirement in future contracts, it was suggested. Unduplicated, duplicated numbers and other confusing terms came from the electronic health system that ended January 1, 2020. Agencies use to report data from all their funders. Amy has worked with them to show true numbers from the BOH if they can.
- Explaining duplicated and unduplicated numbers, Amy said the 1st quarter of the CHS Report is all the people seen in that quarter and this is "Unduplicated Client" total, the actual number. Then in Quarter 2 if they have any new people that they did not see in Quarter 1, those people are the "unduplicated" number. When move to Quarter 4, the unduplicated number is seen as new clients seen each quarter. The annual report shows the unduplicated number is the number of people seen in that program throughout the year. Duplicated totals are clients seen in the current quarter and served in the previous quarter. Also,

confusing is that other funders may be included in an agency report, not just BOH funds and numbers served.

- CHS has a screening process and use tools to determine those with higher need and has a process in place to who they would take on or refer out. This year the contract caseload is 600. Members are interested in the specific services and tracking them. Future RFPs could be fashioned to help identify what is needed service wise for the community. When setting the RFP, fine tune definitions and set expectations to focus on how much is getting done. For example, defining what the services specifically are when listing a total number of clients served.
- Is the expectation improvement for the clients or maintenance so they do not slide backwards or need more expensive services? As a capacity grant helping to keep agencies going regardless of how many clients are seen, would moving to a fee for service provide a better handle on what is being paid for? In the RFP, should there be a question on how the agency will address increasing capacity in their organization or community.
- Reports use to show what the sources of payments were and facilitated a better understanding of what the payment reimbursement looked like.
- It was noted that models exist where there is a blend of fee for service and capacity.
- Also, ask current agencies if staff are in the right place doing billable services. If the average number of clients served is listed, is it case management, clerical, non-medical, administrative or nursing hours? A breakdown would give a better understanding of what the reports indicate.
- Members suggest specific objectives and outcomes are needed and to try quantitative questions to put a number to. Also, data in table or chart form can be easier to look at rather than narrative form. Use the narrative to explain in the chart.
- Other data the members are interested include how many were referred to other medical specialist, other community programs, what insurance program did the client have and if none did they get linked to one? How many moved from the service area or refused treatment for all their clients, not just those discharged. What do we want to see changed in the individuals' lives or what change do we want to see as a result of these services? Maintain or increase? When listing a percentage of how many got better, the question is how and through what service? It may be the interaction of a several services but listing out the services used may help with understanding what the data is saying.

D. Identify next steps for Behavioral Health Committee

Members suggested future discussions include; the crisis program; psychiatric program; and the IOP project working with ROE and the Embedded school project. The excel document Amy created detailing the impact on agencies due to COVID will be updated based on the quarter one reports. This may provide good information on the impact on agencies currently funded. Adding community data to that on what is going on, even with other agencies outside of the ones funded, will tell more. Amy will be checking with CHS and PATH for more data including calls from the CAREs hotline for the impact from COVID. It was suggested that a brief overview of the Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS) tool used by CHS could help members understand what it measures, what categories it assesses and how it shows improvement. Learning about it could help understand when transferring that data to RFPs and what is asked for. Trisha offered to help with this, if needed, as she has been through the training. A joint meeting will be explored combining this meeting and the MHAB for June 4, 2020, using one agenda to discuss priority funding. If needed, discuss the crisis programs in July.

5. Action Items

A. Approve 2-19-2020 minutes

B. Approve 3-2-2020 minutes

The 2-19-2020 and 3-2-2020 minutes were motioned to be approved by Susan, with corrections needed, and seconded by Cory. The 2-19-2020 minutes have Susan's name spelled incorrectly. The 3-2-2020 set of minutes say she is not there, but later she is talking, proving she was present. Also, those minutes referenced a discussion with cannabis tax money for mental health. It was not settled how that will be utilized. The amended motion to approve the minutes with corrections was approved.

C. Approve Board of Health recommendation for Embedded School August 2020 Funding:

As a review, the motion to approve was made by Susan. Cory second by the motion. Motion approved. This was completed in the Items for Discussion, above.

New Business

The Behavioral Health program has two openings to fill. Application acceptance for the OSSII position has closed and virtual interviews will be conducted. The Behavioral Health Specialist position continues to move forward. Start dates will be soon. The health department will not be filling the Finance Director position, so using that money gives enough to the Behavioral Health program to hire the specialist and sustain the position.

Motion to adjourn by Carla, seconded by Cory. Motion carried. The meeting ended at 1:25 pm.