



**Joint Meeting**  
**The McLean County Board of Health Behavioral Health Policy and Funding Committee**  
**and the Mental Health Advisory Board**

**June 4, 2020**

**200 West Front Street, Bloomington, IL 61701**

**MINUTES**

1. **Call to Order:** The virtual meeting was called to order at 11:05am for a few seconds then had to restart at 11:13am due to a technical glitch.

2. **Roll Call:**

**Members of the Mental Health Advisory Board:** Cory Tello, Rick Bleichner, Brian Mohr, Dan Deneen, Gaby Bontea, Mary Campbell, Laurie Wollrab, Trisha Malott, Martha Dittmer, Faye Freeman-Smith

**Absent:** Dr Diane Wolf, Dr Kristine Strauss, Sharon Fitzer

**Members of the Behavioral Health Policy and Funding Committee:** Hannah Eisner, Susan Schafer, Cory Tello, Judy Buchanan, Carla Pohl,

**McLean County Health Department Staff:** Amy Hancock, Behavioral Health Program Manager; Julie Sullivan, Office Support Specialist II

3. **Public Participation:** None

The public will be able to view this meeting live, on Facebook and YouTube. Links can be found at <https://www.mcleancountyil.gov>

4. **Items for Information:**

A. Introduction of two new Mental Health Advisory Board Members

Cory welcomed all and introduced the two new members, Faye Freeman-Smith and Martha Dittmer. Faye is the Director of Student Counseling Services at Heartland Community College and has her own counseling practice. Martha Dittmer has a corrections and parole background. Amy Hancock was thanked for helping get new members for the Mental Health Advisory Board (MHAB). As a review, the MHAB advises the Board of Health in its 553 role as the members allocate tax dollars levied from Behavioral Health Service. Behavioral Health Board Funding and Committee members examine policy and funding issues to bring those forward in a more

studied way to the full Board of Health. Cory stated her appreciation for attending especially in this critical time for behavioral health. She acknowledged that many members may feel the pressure of working on the front lines learning how to deal with new ways of working, communicating, new technology and frustrations of working with the issues from the pandemic.

The Handouts include:

- The Behavioral Health portion of the McLean County Community Health Improvement Plan (CHIP)
- Mental Health Action Plan Priorities (2015)
- McLean County funding Efforts, Board of Health, McLean County Government, John M Scott Health Commission (per CHIP), and United Way
- McLean County Health Department Behavioral Health Funding, CY18 through CY20 Funding History
- Mclean County CY20 Funded Programs Summary of programs
- McLean County Government Programs Summary of programs

The goals for the meeting include:

- Discuss the information from the handouts detailing past and current funding services.
- Receive input from each member on what each is dealing with.
- Brainstorm focus areas based on each member's knowledge and expertise.
- Determine the focus areas to bring to the full Board of Health (BOH).

The work is about meeting needs ongoing and emerging in behavioral health. Trauma has been an initiative of the county and health department and an important topic in the behavioral health efforts.

Cory shared that PATH crisis team report an increase in calls related to suicide counseling, mental illness and talking support. Cory shared McLean County Center from Human Services team reported to her that they are seeing the effects of isolation, lack of support, financial concerns and trust issues. The mobile crisis team reported to Cory identified increases in suicide attempts, more psychosis and those responding to deal with crisis are experiencing issues. Megan Moser, McLean County Center for Human Services, stressed to Cory the importance of getting the message out to get help early on so those with issues do not wait until things are so serious. Also, it is important to get resources in people's hands because there are so many good strategies and tools available. Project Oz reported to Cory it is seeing adolescents pulled in different directions of right or wrong. Community schools have grave concerns for the children vulnerable at homes without the support of the school adults keeping an eye on them. Also, the gap between the advantage and disadvantage students may widen due to economics and education.

Dr. Carla Pohl teaches Public Health at ISU and is seeing a lot of anxiety with seniors with issues of managing certified state board exams and job searches with testing sites for teachers shut down.

Chief Brian Mohr, Fire Chief for City of Bloomington, is seeing the impact of COVID 19 with employees and family members. Well-being check calls increased and so did reports of public members not taking CDC guidance seriously. The unrest experienced this last week also impacted everyone.

Trisha Malott reports the Triage Center opened in the midst of COVID 19, so it was slow. As the shelter in place lifted, they are seeing more people and working toward expanding to be open 24/7 as intended. They continue working with Chestnut for the Peer staffing. FUSE continues daily contacts with their participants by phone and once a week in person contact throughout the past few months. Clients report they feel supported and maintained appointments with the prescriber.

Rich Bleichner, Normal Police Chief, reports his team saw increased trends of domestic violence with stressors due to the COVID 19 issues including increases in “well-being checks”, mental health calls and behavioral health issues. He reports the staff also had stress like everyone with separation from family, elderly family members and the unknown. Some tasks were Public Health related with non-essential business opening or not, masks and how many were in a gathering. He talked with his staff to reinforce their policy urging them to watch out for their fellow officers reminding them to only use force when necessary, and to get arrested clients up from the ground and secured as soon as possible. They have been getting more calls about guns and owning a gun, but not seeing more. He cautions those home and business owners and even his staff by saying “just because you can do something, you need to look at the risk and decide should you do this?”

Gaby Bontea is a case manager at Salvation Army Safe Harbor Shelter. They adjusted to not doing intensive service plans with clients and telling clients to let them know what they needed. They were having only those from McLean County stay for a few months. They are seeing existing homeless and jobless people and concerned with seeing new people who have never been homeless.

Dan Deneen is a Public Guardian of McLean County, Attorney at Law. He sees the impact of those locked down in the nursing homes and assisted living who don't want to be there but have to and they can't see anyone as experiencing more mental health issues.

Martha Dittmer works in the parole area with has a caseload of sex offenders and violators of orders of protection. Martha notes it is difficult to do the job with masks and movement restrictions.

Laurie Wollrab is with the McLean County Board serving on the Finance Committee. Her concerns are with the general economy and not knowing what that will look like in the future. She is aware of calls about a “wave” with the food banks and the possible housing crisis and childcare issues. Their survey of organizations shows the need for mental health care.

Susan Schafer is Chair of the Health Committee and the Board of Health representative for the County Board. She is also on the Behavior Health Coordinating Counsel and active in the

Mental Health Action Plan creation. A piece of the Mental Health Action Plan is the yearly Community Forum and last year the topic was Trauma. She is seeing the effects of trauma coming out now from people who maybe buried it long ago. Also, those in assisted living and nursing homes have staff who are working hard to connect with them.

Faye Freeman Smith is with the Heartland Community College Counseling Services. Summer sessions have only essential staff on campus. Fall courses like welding, CNA or radiography will open for students to attend with only essential staff helping those classes on campus. Currently offices are open for helping students with questions and financial assistance. Counseling services are fully online. Private practices are seeing the need for more psychiatric services. There are more requests from insurance companies calling. Topics include racial issues, COVID, coping, underlying mental issues and family issues.

Mary Campbell reported on a new program she is part of, the “Dreams are Possible” project which started in December 2019. They work with training women to go into the building trades or go to Heartland Community College to the be ready to work programs. Plans proceed to open in a modified ways, so the women are not left hanging.

Judy Buchanan from the Board of Health who also serves on other community boards, is seeing a common thread and the response of disbelief, fear, frustration and surreal with the pandemic and current situation of unrest. She feels the importance of the words trauma and trauma informed community might go a long way to “sensitize and provide” an umbrella to create a culture where people have the “access they need, and they feel valued and secure”.

Hannah Eisner is with the Board of Health, previously with the County Administrators Office and the City of Bloomington. She agrees with everyone and the extra stressors magnifying the issues. She asks if anyone is seeing or could a discussion be about problems outside what the BOH traditionally funds. Is the allocation of dollars needed elsewhere or somewhere new?

#### B. McLean County Behavioral Health Program Efforts Summary

The handout “The CY21 BH Funding Focus Areas Targeted Discussion Talking Points” details a list of Potential Funding Focus Areas.

1. Crisis Services
2. Youth Services: ones being done by Project Oz, suicide prevention, teaching kids coping skills, conflict resolution and resisting substance abuse.
3. Mental Health Counseling (MHC) for Child and Adolescent
4. Promoting Positive Child Relationships
5. Psychiatry
6. Problem Solving Courts
7. Domestic Abuse
8. Embedded School and Community based focus - added as the eighth option after it was explained to be separate from Youth Services

It is suggested that Trauma Informed Care (TIC) and response is “part of” the topics in the list. For CY 20 it was part of the RFP process, an expectation that the programs being funded would provide at least one training of TIC to the staff members of the program. For CY21 it was suggested to have higher or different expectations. Amy reports most agencies funded by the BOH are already utilizing trauma informed practices. Part of the Behavioral Health Priority Action Team, the CHNA and other Community Health plans is prioritizing the county on becoming more trauma-informed. Creating a starting point for measurement falls under BHCC and a goal for future work.

Psychiatry services for outpatient treatment was discussed as a potential funding focus. Incarcerated individuals lack access to support post release. This includes psychiatric care, substance use, medication continuity and support for job searches. All leading to “increased recidivism rates” and increased need for outpatient care per input from Dr. Kristine Strauss. A suggestion for future agendas is to share with the MABH what TIC is and isn’t, to learn with the future proposals about who is using TIC and who is not. Not everyone needs full psychiatric services or medication and with the lack of psychiatrists, perhaps look at counseling opportunities that require less funding dollars. Use education and marketing to reach more people, especially in the current times of unrest and COVID. Would this help fix the gap between psychiatry and nothing when access to care is still an issue with psychiatry? At times a few sessions of counseling are all that is needed, it was suggested.

Possibly, there are three situations regarding financial resources with them being the “same”; “better offer” where the agencies find other funding sources like state and federal grants; and “worse off”. Setting up priorities based on all of those and in that mix the availability of psychiatrists was suggested. It is suggested a needs matrix and a funding matrix be put together to help guide the members. If there is a big decrease in funding next year, the group may need to make hard decisions with letting something go. Perhaps try a leveled system for funding to help with problems that are not as severe like helping those with anxiety, fear, and stress. This could include access to resources of tools to do self-support with guidance. Then still help with psychiatric and TelePsychiatric and ongoing supports. United Way has been making good use of partnering with groups like food distribution. It is suggested the members follow that idea by partnering with other organizations to strengthen resources and not duplicate.

With the current issues, there may be people emerge who are not getting services causing a need to look at funding differently. Are there non-traditional programs to look at? Traditionally the group has funded Psychiatry and Crisis with the largest dollars of property tax dollars with other programs that fit in. If there had to be choices, are there some seen as essential and some that need to find other funding services? It is suggested, like others have said, to identify the areas, look at who else is doing it and collaborate with them.

**5. Items for Discussion**      A. Board of Health Funding Focus Areas for CY21

Using the Potential Funding list on page 17, as detailed in the list of eight above, the MHAB individually provided their top four potential funding areas.

Dan choose; Crisis Services, those services are the gateway for so many people; Psychiatric services or there could be an increase of more violence and other crime; mental health counseling through Triage to have a counselor help right away; and Youth Services, Embedded schools have been successful so can't cut back. Also, suggested, was a larger allocation to psychiatry to make sure the high-risk population who have been in the jail or prison receive services upon release.

Rick's top four include: Crisis Services, Psychiatry, mental health counseling and Embedded Schools.

Brian's top four are: Crisis Services, Psychiatry, mental health counseling then Youth Services.

Laurie added that if it is needed to prioritize in each category providers should be asked for input on what is priority to them. She suggests the need to dig deeper than the broad category for now.

Faye's top four: Crisis Intervention, Psychiatry, mental health counseling, and Youth Services. Under mental health counseling, include private practices as a resource, not a funding. Perhaps they have been overlooked for the possibility of some assistances like increasing coordination of services. This could help move money from an area to another one on the list.

Martha shares that thousands of inmates have been released on parole or without any services or specific medication. They are not going back on parole violations hardly at all which may change in the future as things return to normal. When they are released, there is a long time "between services that she feels it is dangerous for citizens." These groups are her choice.

More discussion suggested that maybe a follow-up is needed regarding the connection from IDOC to services to find out how those people receive services? It was added that most go back to the areas they were arrested in. In the jail or prison, they attend programs like substance abuse and may get a referral to something like that in the community they go to. Then, there is a wait to get into a program. Medication may run out before they see a mental health provider. Agency processes make it difficult for seeing a provider. They are navigating it on their own without much support. The system is not helpful. It is suggested that this population needs more advocacy.

The four themes of Crises, Psychiatry, MHC and school services have always been seen as broad categories; wouldn't better defining them help select priorities? The experience learned from when United Way talked to multiple agencies for input on top issues could be utilized now to maybe help identify the "new normal". Emerging trends and current issues seem more urgent than in the past. New to the systems are those who have never used services before and may need short term care like counseling or self-guided tools to get them through their issue. Added to the four themes are the increase in domestic violence and the recent community

conflict. Conflict resolution, healing, empathy and cultural competence which are “broad brushes” the members may play a role in but not necessarily fund. Also suggested, was to market and message with all the funders, like was done with the 211, target those hurting and give resources where to go.

By looking at funding for CY21, there is an advantage of time to look at the current situations and collaborations for newer concerns like COVID. The timeline provides a cushion to identify where the gaps are and to possibly work with other collaborators as well as time to look at capacity.

The need for psychiatric care will not be resolved soon. There is a suggestion by Mary to look at what has already been done beyond this community for a city who has done this, did it well and what was accomplished. Look “outside the box” for how a problem has already been solved and take that solution from somewhere else and apply it to McLean County. This would be similar to what was done when forming the Mental Health Action Plan. Amy points out that psychiatry care for those with Medicaid, Medicare and no insurance are the ones experiencing difficulty finding a provider. She says it could be exciting to listen to professionals in the community with suggestions for a great program under a broader funding focus category. New agencies may step up. She adds that if a theme is pinned down too much “we may miss out on experts sharing what they could do in that area.”

Gaby’s top four choices include Psychiatry, Crisis, Problem Solving Courts and Promoting Positive Child Relationships.

Dr. Kristine Strauss made the following funding focus area recommendation by email: “The purpose of this correspondence is to provide a request for consideration regarding funding opportunities for psychiatric services for outpatient treatment; with special attention to deficits in the forensic population. Currently, there appears to be a gap in services for incarcerated individuals upon release from IDOC as well as county jail inmates. Lacking continuity of psychiatric care has demonstrated detrimental effects on functioning, which perpetuates increased recidivism rates. This deficit in services has led to substance use relapses and engagement in high risk behaviors which violates conditions of release, thus potentially resulting in re-incarceration”.

Some members would like more of an overview of the specifics. The issues are so large and systemic with unemployment, no health care, anger with discrimination, how do we look into those? Could specialized people, thesis or master level students gather resources to identify decisions for CY21? COVID is health and trauma related, are there things to gather from the nursing fields for resources it was asked.

It is suggested to embed the police or social worker into a neighborhood community. This may not cost too much so maybe change the direction of where the funds go. It may be good to look at this (Co-Responder Program) again and the impact it had. This may not be a public health issue related to behavioral health focus, but good to think about. There is not enough

money but if some community has found a way to build a “matrix of services that cuts across all the different needs, then we should try to find that”.

Trisha shared about a pilot project the Triage Center is part of because her site and Marion County have diversion locations for officers to take somebody to. It is not a full Co-Responder model but uses a tool for law enforcement in the field to better know what to do and where to take individuals with substance abuse, mental illness or homelessness concerns. More details will be shared soon. While it is not the same as having a social worker riding in the car, it is a good resource.

## **6. Action Items**

A. Mental Health Advisory Board: Approve 2-7-2020 minutes

There was not a quorum to vote on approving the minutes.

B. Behavioral Health Policy and Funding Committee: Approve 5-4-2020 minutes

Motion to approve was made by Hannah and seconded by Cory. Motion carries.

C. Behavioral Health Policy and Funding Committee: Approve Board of Health Funding Focus Areas for CY21

The funding focus areas need further study, information and discussion. Susan made a motion to table choosing the top funding areas at this time. Some additional study is needed like the trauma overlay. Hannah seconded the motion. Motion carried. Some category topics were unanimous by the group, but some felt more overview is needed. The pertinent points will be shared with the BOH, explaining why the action item was tabled.

One suggestion for the BOH Policy and Funding Committee is for a speaker from United Way and consider someone from a minority representative group like the NAACP.

## **7. Adjournment**

Cory made a motion to adjourn. Laurie seconded. Motion carried.

The meeting ended at 1:54pm.