



The McLean County Board of Health Behavioral Health Funding and Policy Committee
Monday, July 6, 2020
200 W. Front Street, Bloomington, Illinois.

MINUTES

1. The virtual meeting was called to order at 11:02 AM
2. Roll Call: Hannah Eisner, Cory Tello, Judy Buchanan, Carla Pohl, Susan Schafer

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

Members of the Mental Health Advisory Board Present: Laurie Wollrab, Faye Freeman-Smith, Trisha Malott, Brian Mohr, Dr Kristine Strauss, Martha Ditmer

3. Public Participation: None
4. Action Items

- A. Identify specific needs to be addressed within each of the four identified funding focus areas: Crisis Response, Youth Behavioral Health, Adult Behavioral Health and Criminal Justice.

Hannah welcomes the members from both committees and requests any members from the Mental Health Advisory Board (MHAB) comment or ask questions at this time. Cory is thanked by Hannah and Laurie for the document she shared detailing her own research from discussions, needs assessments, programs, and things that need to be considered for the future. No further comments.

The four primary funding areas reflected a consolidation of things from prior years making them more general and broader categories. With many new challenges this year, maybe broader categories would give people an opportunity to be creative or come up with ideas by the community that is out there dealing with new challenges. The four were broken down into Crisis Response, Youth, Adult Mental Health, and Criminal Justice. Hannah sent to the committee a proposed, preliminary draft, listing the four with brief descriptions. Amy presented it on the screen. As a draft, Hannah had renamed Criminal Justice with some recommendations to “Diversion from and Transition out of Criminal Justice System.” These descriptions could provide the basis of a single Request for Proposal (RFP) it is suggested. Programs could indicate which of these four categories they might be responding to. At the end of the descriptions under Youth Services and Adult Services is “Mental Health First Aid (MHFA) training” as something that could be under one piece of the service planning. It is suggested to add “Professional Development and Education” or something that covers education for social services agencies staff, 1st responder training, or any professionals that are offering services that could also be education and training for parents and families. It could also include families of adult clients as well as children.

Hannah asks if there are any thoughts about the Criminal Justice title “Diversion from and Transition out of Criminal Justice System?” Regarding Problem Solving Courts as a title, it was discussed trying not to tie it to courts so “Courts” was dropped and created the new name. It is suggested “Court” in the title could exclude those being released from IDOC or jail and being reintegrated into communities, so they are no longer part of “court” systems. Also, the term “diversion” is used in the Problem Solving Court where that term is used a lot and may need dropped from this. Susan adds the funding for Drug Court was agreed upon years ago coming out of the levy and the county budget does not have room to take over that which is why it is in the health department budget. She supports calling it Specialty Courts because that is what the agreement has been. Many discussions would be needed as to other ways to fund it. There was discussion that the money budgeted out of the fund from the county does go through the RFP process and comes from the court itself to the supporting providers. Funding Recovery courts as the past practice and agreement between the courts and the county probably means there is not much else to fund in this category.

Further discussions revolve around the two titles “Specialty Courts” and “Diversion from and Transition out of Criminal Justice System.” It is suggested to try “bridging”, or “reintegration” in the title keeping it away from the court system in general. It is acknowledged that with the ongoing agreement to fund Specialty Courts there is also the MHAB members suggestions to have this be a broader category than just court involved individuals. Hannah says the longer category name implies there may be other programs out there to help. With the large amount of money going to recovery courts it is cautioned that other people going for this might assume there are opportunities to cover other justice involved systems or needs. It is recommended calling it Recovery Courts is more honest in terms of how the funding could be available and allocated. It is agreed that given the budgeting restrictions the committee recommends calling it Specialty Courts. In the description the language suggests broader programming.

Martha Ditmer suggests “Specialty Court and Reintegration.” It is recommended to keep it as Specialty Courts and within the description of SC include programs geared toward successful reintegration. Dr. Strauss asks where do participants needing continuity of care for psychiatric or mental health services fall under Specialty Courts? Could the name “eliminate all the individuals who are up for release to going back in the community or those in IDOC who need to have some kind of bridge or psychiatric services to stop the recidivism rates to help stop them going back into the criminal justice system.” Having this be a separate proposal for separate bridging of psychiatric care was thought to be the direction. It is suggested that maybe within the Adult Services description include more programs with respect to those individuals needing the bridging and help as they leave prison or jail.

Judy adds there has been some degree of success with Specialty Courts. Be mindful of the dollars available to not set up an expectation of funding a much larger population unless the group wants to look at other funding areas and somehow fund them far less than expected. Hannah asks Dr. Strauss and others to come up with additional language under Adult Services. The examples were not meant to be exclusive but to help make people think what could be done. Dr. Strauss replies she could and has sent to Amy information regarding some bridge programs she has worked with in the past for county jails and IDOC. There may not be any programs like those in this area. The categories identify focus areas within that certain need area so in the Adult Services category where it says “examples in this category include” could be some descriptions of those types of bridging programs. This could be specific for others to get an idea on what funds are available to be considered under that kind of proposal. There is a reminder the committee agrees to call this area Specialty Court.

For the category, “Crisis Response”, discussion began with asking if the title was too broad? It is not limited to the services suggested on the document which are large programs on their own. If the intent is to make sure the professionals respond prepared to do it when they get the call, the language should emphasize that kind of response and what they will do. It is agreed the members want the category names to be large enough so people can design based on their expertise and multiple responses could be received. Rewording and adding other descriptive types of services was discussed. “Stabilization and de-escalation centers” will replace “cooling off centers”. Also, “suicide response” will replace “suicide awareness prevention program” in the document.

In both categories Youth and Adult Services, “professional development and education/training” was added to the last sentences with “MHFA” given as an example program. Embedded school and college programs are detail specific so instead use “school programs” to address higher education it is suggested. Dually enrolled students at Heartland Community College and high school may not receive services which will be checked out. MHFA training at the college level is important to keep as an example along with other professional and education topics that would fall under “professional development and education/training.” For example, Restorative Justice is a broad-based education program approach like the Moral Recognition Therapy that helps students with their thinking and making better decisions. Using “professional development and education training” helps not having to give every example available.

“Improving preventive services” will be added to fulfill the goals of helping youth with prevention identification. Further discussion involved using the “prevention” term and how important it was to have it as part of the description. “Prevention education” could include development of family environments that create healthy skills for youth and family. Amy adds to be mindful of using the term early intervention in the sentence; which the state looks at as three years and under. It looks like it is early prevention versus early intervention. Hannah is updating the document as suggestions are made and agreed upon. She will send this out for everyone’s review after this meeting.

In the Adult Services category, age and age limit is discussed. As stated now on the draft document, the Youth Services category has “who are under 21 years of age” and “who are over 21 years of age” is in the Adult Services category. Defining the age to list is difficult with the various ways providers, schools, agencies, and others define age limit and what is the legal age for specific services. The process of applying for a single RFP could be complicated with not knowing if one is needed for Youth and one for Adult. Combined RFPs may be difficult for the committee, too. It is recommended to leave the ages listed in each category as they are intended to help define the categories. It is suggested having “under 21” on the Youth, but the Adult Services would be better with no age listed. Wording in an RFP could be “may be over 21 years of age.” The members need to distinguish between Youths and Adults and age is one way to do it. Another suggestion is to leave in the ages as read on the document to take to the Board of Health. It is recommended everyone explore and think more on how to better define the age references.

Adult Services is a broad name for this category. This description should mirror Youth Services and the examples of programs would be the same so Hannah will update the document. She will also send it to the MHAB members. Additional suggestions should be sent to Hannah. Should language be added to address families, caretakers and support systems not just “individuals” as the document states now in the first sentence? It is noted that by not adding families it will keep the category broader. Also added is the “importance of integrated services” for individuals suffering especially from chronic illness. The treatment plan is important to recovery with education and possibly necessary family sessions. In the proposals, the members will look at how people describe the type of counseling they provide and how they provide it.

A reminder is announced that the last two paragraphs say how this is not an “exclusive or exhaustive list.” It is recommended these two paragraphs should be a part of the RFP as they hold important details. Also, family counseling is not going to be added as it falls under the general category of counseling.

Under Specialty Court Services, Drug and Recovery Court would be included, but not Veterans Court, it is separate. For CY20 under this funding, the money goes to Court Services and they subcontract the money out to Chestnut Health Systems, Children Youth and Family Solution, and McLean County Center for Human Services. The RFP was completed by Court Services and the three agencies collaborated to complete it to work together as “services that are supporting Specialty Court Services,” per Amy. The history of this funding is such that it is this group’s recommendation to the BH that one of the four priority funds is to fund Specialty Court Services”. The funding is for behavioral health services offered to the people who find themselves in Specialty Court. It is specific to those programs that the funds get distributed for mental health care and treatment.

Hannah will revise the language discussed and share changes sent back to her. It is added the document’s last two paragraphs should be included. The document will be updated and shared with any corrections, suggestions and changes. Hannah and Amy will work together with the changes.

Cory asks the MHAB members if anything is being missed? Addressing the continuity of care statement and gaps in services for the unfunded population is brought up as a concern. This will be part of the discussion at the next meeting for funding of Youth services.

A motion to approve the four focus areas described in this document was made by Judy, seconded by Carla and approved by all. Motion carried.

B. Approve Minutes from June 4, 2020

A motion is made to approve the minutes by Carla and seconded by Susan with a correction. The second time Susan’s last name is presented, the spelling needs fixed. Motion approved.

5. Adjournment

Motion made by Susan to adjourn, seconded by Judy. Motion approved.
The meeting ended at 1:00 pm.