



McLean County  
Mental Health Action Plan  
2022 Update



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# Executive Summary

In February 2014, the McLean County Board Executive Committee convened two interagency, public-private workgroups; one to identify community mental health needs and one to identify best practices. These workgroups were challenged to plan, create, and begin coordinating and evaluating mental health services within the community. The work resulted in a 2015 report called the McLean County Mental Health Action Plan (MHAP)<sup>1</sup>.

When distinguishing between behavioral health and mental health, it is important to remember that in terms of this plan, behavioral health is a blanket term that includes mental health. Behavioral health looks at emotional, psychological, and social facets of overall health and may be used to refer to mental health. The terms are often used interchangeably, and both will continue to provide a review of need and barriers with respect to behavioral and mental health services in McLean County in relationship of this plan.

Since the original MHAP was adopted in June 2015, there have been numerous changes to the delivery of behavioral health services within McLean County. Each section of the 2015 MHAP was written as a standalone section to target a specific area that had been identified as a priority area to explore and address. This update focuses on those same sections, while adding a justice section, to address this intersect of behavioral health needs of the community.

There have been several worldwide events that have influenced behavioral health, most notably, a global pandemic caused by the SARS-Cov-19 virus (COVID-19). COVID-19 has shined light on the need to address the social determinants of health as well as the many benefits of tele-service delivery. Stay-at-home orders, and the recommendation to socially distance, has had a negative impact on some individuals, but it has also allowed many people to engage in telehealth services which has increased access to care.

In the midst of the pandemic, the social and political awakenings, following high-profile cases that involve police and the Black and Brown communities and an increasingly polarizing political environment since the 2016 Presidential election, have also impacted behavioral health across the country. These external factors have influenced the ability to move forward on some of the original recommendations and continues to impact behavioral health efforts in our county. It is recommended that McLean County reset, refocus, and restart beginning with this update.

On a state level, Illinois' historic budget impasse between 2015 - 2017 caused many human service agencies to re-evaluate programs, staffing, and their status quo, to be sustainable. In McLean County, some agencies came perilously close to closing, while others ended programs and laid off staff. Additionally, forward movement was also impacted when the COVID-19

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<sup>1</sup> McLean County Board (2015) <http://www.mcleancountyil.gov/index.aspx?NID=939>

pandemic caused stay-at-home orders in March 2020. Agencies continued to further reduce staff, resulting in the current issue of recruiting new personnel during a time of higher behavioral health needs. The local workforce competition now mirrors that of major urban areas across the country. The impacts of COVID-19 and corresponding competition for skilled workforce will require employers, including those in behavioral health, to reevaluate and become more collaborative and effective in attracting and retaining staff at sustainable levels.

While there have been numerous streams of temporary funds to address mental health as a result of the pandemic, a re-vamp of the State of Illinois' behavioral health system is needed. Actions taken to address the behavioral health system must consider the cost of providing services and ensure that services are sustainable. Along with changes to the current mental health reimbursement system, changes to the Illinois Mental Health Code are needed. The Illinois Mental Health Code is more restrictive than HIPAA and 42 CFR Part 2. The more restrictive nature of the Illinois Code hampers timely, effective, and efficient service delivery from both client and provider perspective.

As the state is embarking on multiple efforts focusing on mental health, there will be a need to look at how to best align local efforts with state-wide efforts. Some of these include: the new nationwide 3-digit number for the National Suicide Prevention Lifeline (988), the Crisis Care System, the Future Pathways to Success Model, and the Judicial System's Illinois Mental Health Task Force.

Recommendations in the original MHAP were based upon a high-level overview of conditions. In seven years, the following were achieved:

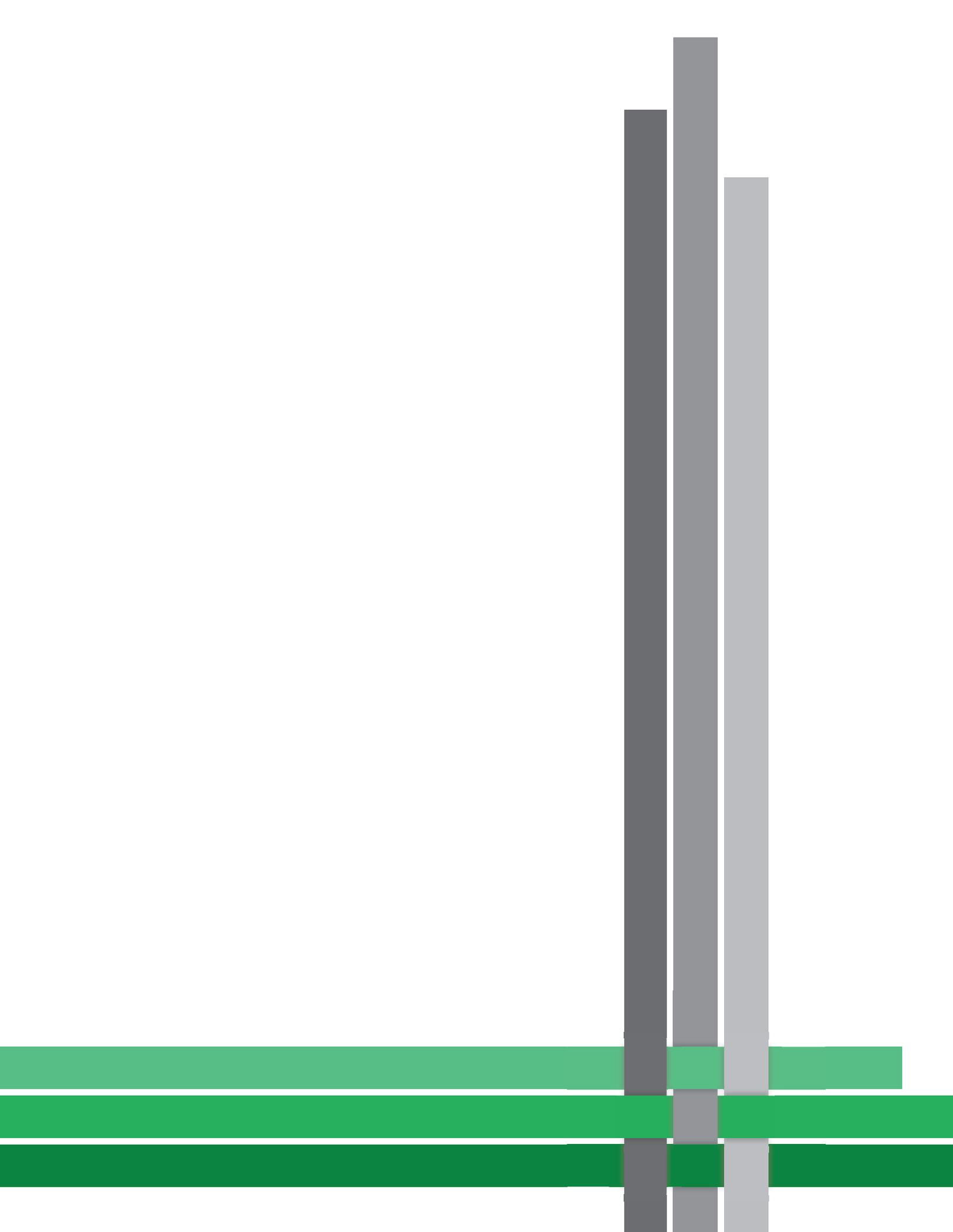
- Training of law enforcement officers in crisis intervention training (CIT)
- Establishment of a Crisis Stabilization Center (CSU)
- Planning, development, and construction for space and programming in the county's detention facility for individuals with mental health concerns
- Implementation of a Frequent User Systems Engagement (FUSE) Program
- Creation of the Triage Center to complement mobile crisis program and the CSU
- Planning for new integrated information systems for justice and behavioral health sectors

Other notable activity includes significant improvements of the mobile crisis response program, convening a Behavioral Health in Schools group which resulted in the Embedded Schools program, increased capacity at the inpatient mental health and addiction recovery unit, and the beginning of the county-wide Trauma-Informed and Resilience-Oriented Initiative.

While there have been many successes in the implementation of several projects, there are continued gaps from McLean County not leveraging other funding sources (payer of last resort) to the starting and stopping of activities to the lack of effective recruiting of needed qualified behavioral health providers.

It has often been said by individuals involved in the writing of the original MHAP that this is a living document, and “not something to collect dust on a shelf.” The same is true of this update. It strives to reflect current progress, accomplishments and recommendations; however, it is also known that it needs to remain alive and utilized to continue to make progress for all. As with the original, some actions have not been followed exactly, nor should they be with this document. It is a roadmap for moving forward toward changing a system in McLean County focusing on needs improvements. Some elements to improve how the system works are within our collective control, while others are not. Regardless, maintaining the status quo is not acceptable, and it is the responsibility of all stakeholders to continue to move towards systemic changes to the behavioral health system in McLean County.

There is still much left to do and there are no easy, quick, or perfect solutions to very complex problems. Progress is ultimately about willingness to push towards realistic change. While utilizing more evidence-based practices that are continually emerging, McLean County is and will continue to be a leader in the state and nation in addressing local behavioral health needs.



# Acknowledgements

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Re-Entry Council  
Trauma-Informed and Resilience-Oriented Initiative

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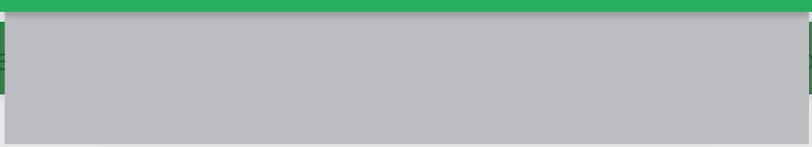
Justice Information System

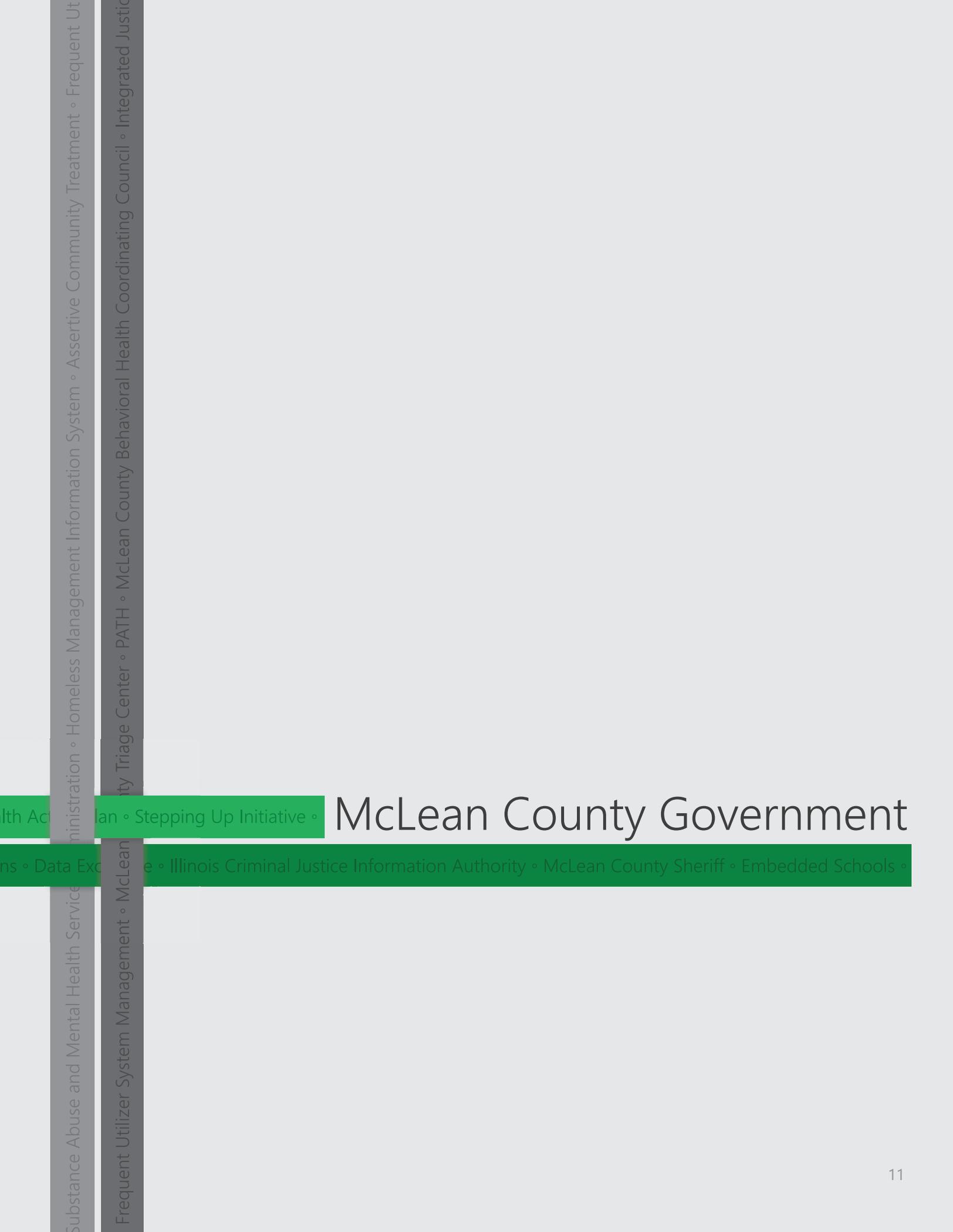
on Authority • McLean County Sheriff



◦ PATH ◦ McLean County Behavioral Health Coordinating Council ◦ Integrated Justice Information System ◦ Mental Health

◦ Data Driven Justice Initiative ◦ Diversion Strategies ◦ Diversion Options





Substance Abuse and Mental Health Services Administration • Homeless Management Information System • Assertive Community Treatment • Frequent Utilizer System Management • McLean County Behavioral Health Coordinating Council • Integrated Justice

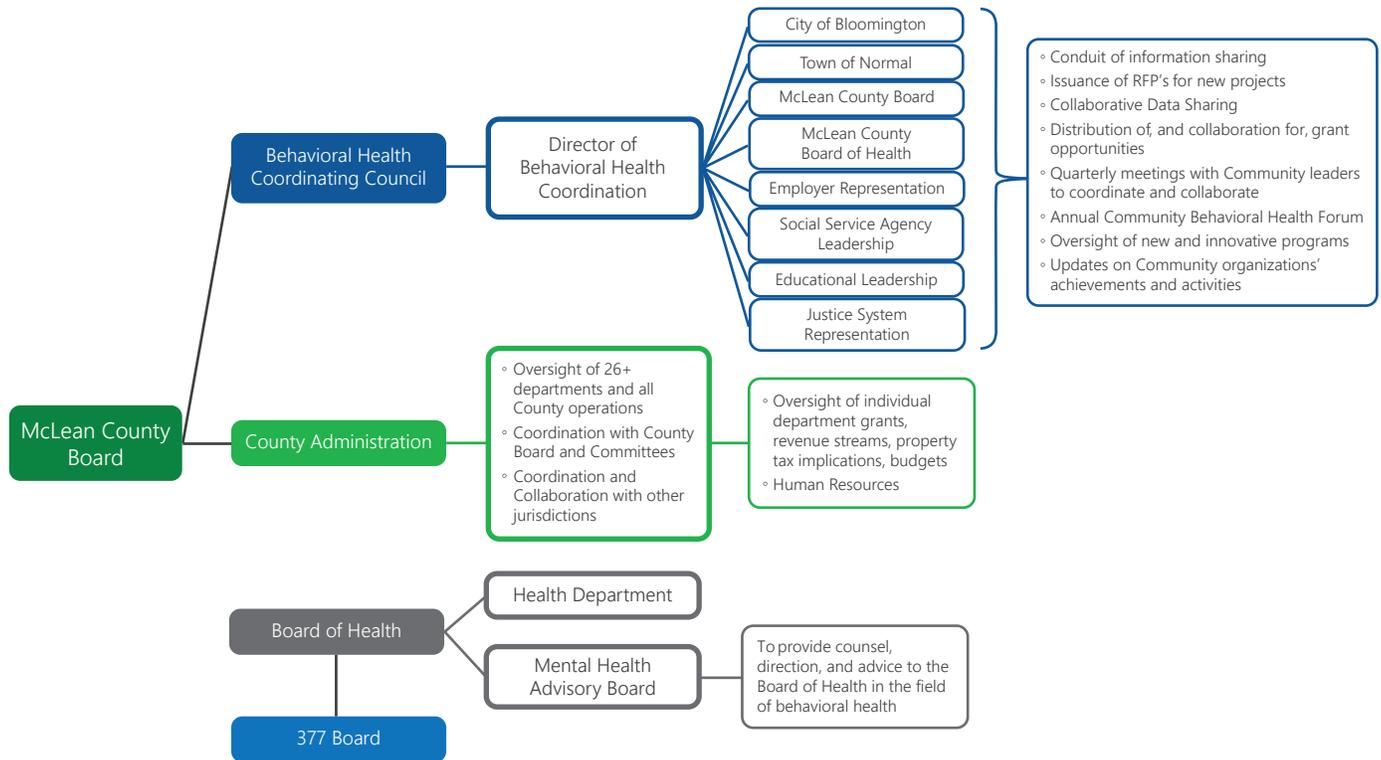
Community Triage Center • PATH • McLean County Behavioral Health Coordinating Council • Integrated Justice

Health Administration • Stepping Up Initiative •

# McLean County Government

ns • Data Exchange • Illinois Criminal Justice Information Authority • McLean County Sheriff • Embedded Schools •

# McLean County Government



In 1995, McLean County embarked on a visionary project to integrate all public safety data with the development of the Integrated Justice Information System (IJIS). While this system was initially proposed to address the workforce recruitment challenge, the resulting acquisition and centralization of case and law enforcement report data has provided McLean County the ability to be progressive in its approach to utilizing data to make decisions. This ability to access and utilize justice data facilitated work with the Illinois Criminal Justice Information Authority.

Shortly after the MHAP was created, McLean County joined the National Association of Counties (NACo), which formed the Stepping Up Initiative.<sup>2</sup> Counties, which operate 91 percent of local jails, have the ability to be leaders in bringing systemic changes to behavioral health in their communities. Jails are often referred to as “de facto mental health institutions.”

In early 2016, the McLean County Administrator’s Office was contacted by a White House representative, who inquired about McLean County’s willingness to participate as contributors to a collaborative process now known as the White House’s Data Driven Justice Initiative (DDJI).<sup>3</sup> McLean County representatives attended meetings at the White House on June 13, 2016, to share knowledge, practices and to work collaboratively on solutions. Topics addressed by DDJI were diversion strategies, data exchange, and funding opportunities.

<sup>2</sup> McLean County Government. (2022, March 2). Stepping Up Initiative. McLean County Government. [Stepping up Initiative | McLean County, IL - Official Website \(mcleancountyil.gov\)](https://www.mcleancountyil.gov/stepping-up-initiative).

<sup>3</sup> National Archives and Records Administration. (2016). Fact sheet: Launching the data-driven justice initiative: Disrupting the cycle of incarceration. National Archives and Records Administration. Retrieved 2021, from <https://obamawhitehouse.archives.gov/the-press-office/2016/06/30/fact-sheet-launching-data-driven-justice-initiative-disrupting-cycle>

As part of the DDJI initiative, the Illinois Criminal Justice Information Authority (ICJIA) and the Illinois Health and Hospital Association (IHA) held a conference for local criminal justice and health/hospital systems called the Illinois Data-Driven Health and Justice Conference. Held in December 2016 at the Forum at Carle Foundation Hospital in Champaign, McLean County, as part of the planning team, was featured as an example for the breakout session “Preparing for Collaborative Data-Driven Projects” by the University of Chicago Center for Data Science and Public Policy. The former McLean County Sheriff was also a panelist for the session “Siloes to Specialties to Data-Driven Solutions” and discussed the topic from a justice perspective.

Between 2016 – 2018, McLean County representatives were invited by the Substance Abuse and Mental Health Services Administration (SAMHSA) to three national conferences including the Best Practices Implementation Academy to Reduce the Number of People with Mental and Substance Use Disorders in Jails (BPIA) in 2018 and the NACo Legislative Conference in March 2019.

As recommended, the Chairman of the County Board has held numerous Chairman’s Roundtables on various topics, and the Mental Health Advisory Board (MHAB) to the Board of Health was created in 2016 as statutorily required to provide counsel, direction, and advisement to the Board of Health. The MHAB advises the Board of Health in funding core services with property tax dollars allocated through an increase in the levy based on a 1989 referendum.

McLean County’s Board of Health has taken an active role in funding prevention and early intervention programs such as the innovative “Embedded Schools” program, Healthy Start programs, substance use prevention programs, junior and high school suicide prevention programs as well as other core community mental health services.

Capacity grants are a funding model that once served a significant role in human service agencies maintaining fiscal stability. Capacity grants often did not focus on measurable outcomes or specific target numbers. The concept of capacity grants was that such funds could be used to for programs. Capacity grants were an element of State of Illinois funding for human service agencies for many years, but largely ceased to be granted in the same manner shortly after the writing of the 2015 MHAP. Funding institutions and public agencies want measurable goals and outcomes; where those who need services receive those services and the impact to those individuals can be demonstrated. Examples of this kind of reporting and accountability is in the housing section ([Appendix F](#)) on the Project Oz housing programs; none of which receive any local tax funding.

Just as for-profit entities, McLean County and its providers should exhaust all other funding sources including insurance reimbursement and federal/state/private grant opportunities before local taxpayer dollars are utilized. There have been lost opportunities for grant funds due to the siloed approach by agencies. The collaborative utilization of a grant writer/grant coordinator, recommended in the MHAP, should continue to be pursued through and on behalf of BHCC. This position would be able to evaluate potential grants and engage the agencies that would most likely be able to successfully address needs of the community and preventing duplication of efforts already in progress by others.

## Current Accomplishments and Progress

### Behavioral Health Coordinating Council (BHCC)

- BHCC was created in 2016 with the mission statement: “To improve the behavioral health of McLean County residents and create systemic change through innovative programming and strategies.”
  - “The BHCC would serve as a forum to discuss differences, facilitate communication, align strategic plans, and assist with the pursuit of external funding and technical assistance. The BHCC will be a conduit for information sharing between the Council, other counties, and regional mental health organizations.”<sup>4</sup>
- Members of BHCC are leaders and decision-makers for the organizations they represent
- BHCC members are expected to advise and lead initiatives addressed as priority areas in the BHAP
- The BHCC Supervisor, re-titled to Director of Behavioral Health Coordination, is the overarching coordinator for all behavioral health activities in the county.
  - This is not to mean that the county will lead each activity, but instead provide a framework through the BHCC to bring together all the pieces of the system to one point for coordination.

### Town and City’s Home Rule Sales Tax for the County

- In April 2016, the City of Bloomington (COB) and the Town of Normal (TON) memorialized their commitment providing McLean County with revenues collected from an increase in the Town and City’s Home Rule Sales Tax for the County to use solely for the purposes of mental health and public safety, known as the County Special Mental Health and Public Safety Fund.
- The terms of the agreement began on April 1, 2016 and ends May 31, 2036. The County may use the committed Revenues for:
  - a) Debt service related to the expansion and renovation of the McLean County Law & Justice Center Detention facilities.
  - b) County government behavioral health services related to expanded and renovated detention facility operations and other justice related programs.
  - c) Community behavioral health initiatives, services, and programs consistent with the McLean County Mental Health Action Plan, including provisions for electronic integrated case management system to be utilized by justice partners including the Town and City public safety agencies.

### Frequent User Data Integration Tool

- In 2017, McLean County was one of four jurisdictions in the country to participate in a project to develop an integrated data tool for homeless and justice data.
- This project integration partnership with the Corporation for Supportive Housing was established to plan for implementation of a “Pay for Success” model (described within the Housing section) within

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<sup>4</sup> McLean County Board. (2015). Mental Health Action Plan. Retrieved 2021, from <https://www.mcleancountyil.gov/DocumentCenter/View/6167/FINAL-Mental-Health-Action-Plan-full-document>

McLean County and to assess the intersection of individuals in the justice system and experiencing homelessness.

- The development of the data metric tool included a partnership with the University of Chicago and continued through 2018. This tool is utilized for participant identification for the McLean County FUSE Program.
- The data compiled for the matching tool includes data from the County’s IJIS system and data from the Homeless Management Information System (HMIS), which is managed by PATH.
- PATH not only manages the data for shelters serving individuals experiencing homelessness, but also employs a rapid re-housing coordinator and serves a coordinated point of entry for housing assistance.

### **“Pay for Success” Readiness Academy**

- In late 2017, McLean County was invited to participate with the Nonprofit Finance Fund and the Corporation for Supportive Housing (CSH) in a unique 2-day Supportive Housing “Pay for Success” Readiness Academy.
- Part of the academy included the invitation for members of BHCC to learn about “Pay for Success” fundamentals and outcome driven funding.
  - Attendees of the academy included: McLean County Center for Human Services, Chestnut Health Systems, The Baby Fold, Marcfirst, Project Oz, Center for Youth and Family Solutions, and PATH.
- The County initially sought to implement a “Pay for Success” model in contractual agreements for the initial development of the McLean County FUSE Program but was unsuccessful in agreement of terms with local service providers.
- The “Pay for Success” Model continues to be favored as a basis for funding innovative practices by philanthropic grant sources and has potential for utilization in a mix of ways to grant local funding to providers for innovative projects.

### **Frequent Users System Engagement Program (FUSE)**

- In 2018, a grant for Assertive Community Treatment (ACT) was applied for through SAMHSA to begin the Frequent Users System Engagement (FUSE) program.
- This grant application also included research and evaluation costs, which could have further proven effectiveness and/or recommendations for future success of the program.
- McLean County was not an awardee; however, the County remained committed to the potential for positive impact from the establishment and implementation of a FUSE program, and the FUSE Program began serving clients on 2019.

### **Diversion to Treatment Law Enforcement Screening Tool (NYU Tool)**

- In May 2019, McLean County was selected to participate in a “Diversion to Treatment Law Enforcement Screening Tool” pilot by the New York University Law School Criminal Justice Lab.<sup>5</sup>

<sup>5</sup> <https://www.criminaljusticelab.org/diversion-to-treatment>

- In combination with universal CIT training, the provision of an easily accessible tool to assist all First Responders in screening was identified as both the most cost effective and highest priority need by law enforcement agency representatives.
- The successful validity testing of the tool was completed in Indianapolis, IN and McLean County Jails during 2019 with anticipated implementation of the tool in 2020.
- Due to the impacts of COVID-19 and external project funding postponements, the project was delayed.
- NYU remains a willing participant and reengagement from the county is expected in 2022.

### **McLean County Triage Center**

- The McLean County Triage Center is dedicated to assisting those individuals aged 18 and older experiencing a behavioral health crisis.
- The Triage Center first opened in March 2020, though it had been in planning stages since 2018 when the concept was awarded a State of Illinois DHS/DMH grant as a collaborative effort between McLean County government, McLean County Center for Human Services (MCCHS), and Chestnut Health Systems.
- Ultimately, agencies had difficulty hiring the required staff in the period necessary to implement the award and had to decline, thereby allowing the funds to be awarded to another grant applicant.
- While State of Illinois' DHS/DMH funding was not used for implementation, the county government chose to move forward with the concept of the Triage Center and was able to open publicly.
- The Triage Center and the FUSE program were the subject of a National Association of Counties (NACo) Data Driven Justice Initiative Case Study Brief which is included in [Appendix I](#).

These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP.

### Recommendations for McLean County Government

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Leadership	1. Advocate for changes to the Illinois Mental Health code to align with HIPAA and 42 CFR Part 2 through local legislators, statewide county organizations, and other avenues.	County Board (Legislative Committee), BHCC, Lobbyist	Year 1 – Year 3	- BHCC meeting reports of advocacy efforts/outreach/initiatives each quarter with a reporting template
Leadership	2. Actively participate in the refresh of Integrated Justice Information System with integration of mental health components.	County Board, CJCC, EJIS Workgroups	Year 1 – Year 3	- Select vendors for each of the 5 integrated components that demonstrate mental health data integration as requested by the EJS/IJIS workgroup(s)
Leadership	3. Create a data governance group for information and data sharing.	BHCC, State’s Attorney’s Office - Civil Division	Year 1 – Year 3	- Establish standard metrics to measure trends/gaps/needs - BHCC meeting reports of each annually with a reporting template
Leadership	4. Create and execute Business Associate Agreements for information and data sharing.	McLean County Board, BHCC, Community Partners, Providers, Hospitals, Schools, State’s Attorney’s Office- Civil Division	Year 1 – Year 3	- Execute Business Associate Agreements

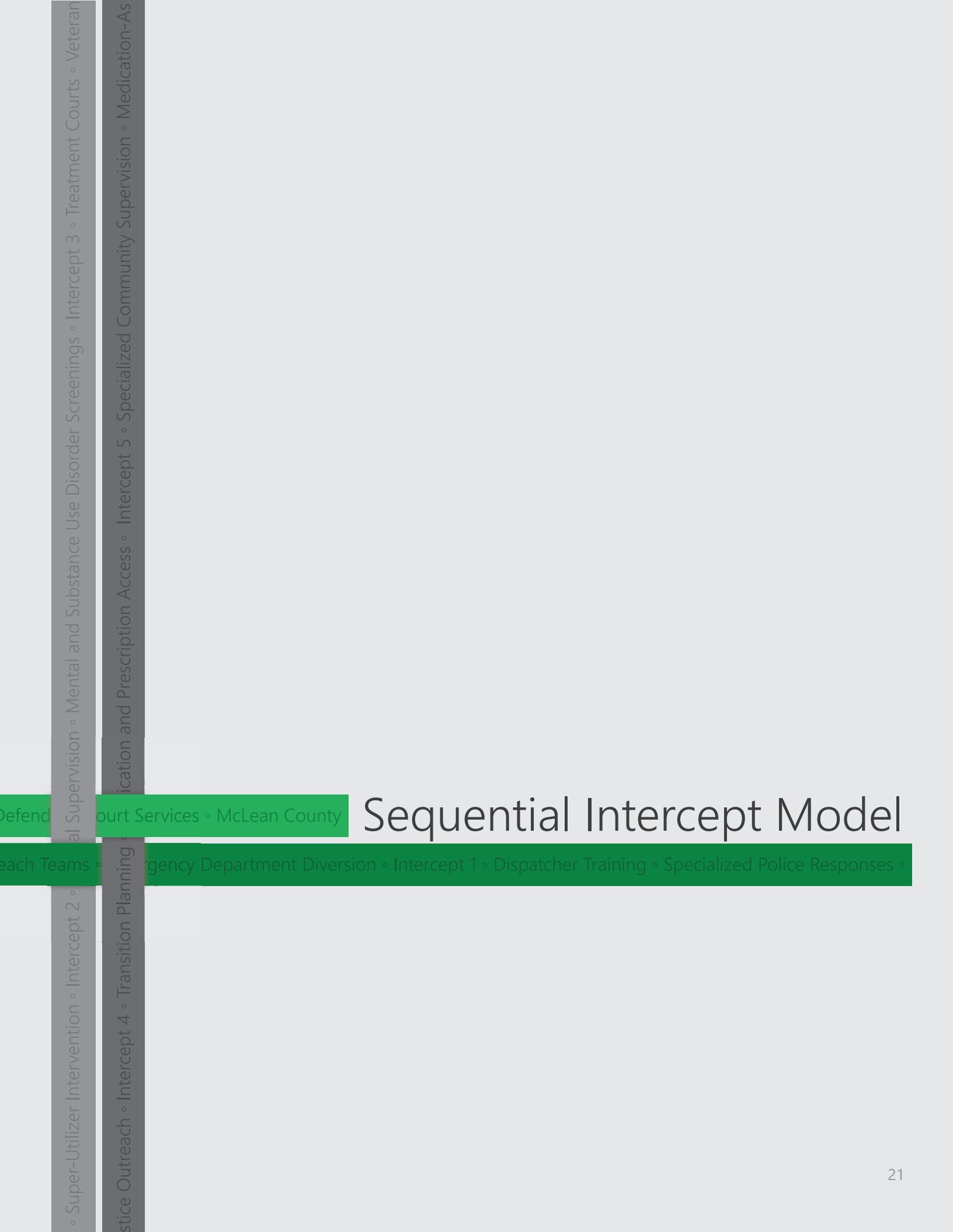
## Recommendations for McLean County Government

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Leadership	5. Continue engagement with the Data Driven Justice Initiative community to share ideas and solutions.	County Leadership	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Representation at DDJI forums, workshops, or conferences</li> <li>- BHCC meeting reports from attendees with updates and information sharing on trends</li> </ul>
Leadership	6. Evaluate dispatch and law enforcement data to identify gaps and needs.	McLean County Administration and Leadership, Director of Behavioral Health Coordination Council, and CJCC	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Identify high volume calls/ high response areas, needs with respect to efficiencies</li> <li>- Present findings to CJCC and BHCC</li> <li>- Provide better communication between BHCC and CJCC to facilitate need identification</li> </ul>
Funding	7. Acquire grant writer/ coordinator for the County.	County Board	Year 1	<ul style="list-style-type: none"> <li>- Propose a new position request</li> <li>- Hire for position</li> </ul>





Criminal Justice and Behavioral Health Collaborative • McLean County Government • Sheriff • State's Attorney • Public D  
for Human Services • Center for Youth and Family Services • 2020 • Mobile Crisis Outr



Super-Utilizer Intervention • Intercept 2 • Justice Outreach • Intercept 4 • Transition Planning • Medication and Prescription Access • Intercept 5 • Specialized Community Supervision • Medication-Assisted Treatment • Intercept 3 • Treatment Courts • Veteran

Defendant Services • Court Services • McLean County

# Sequential Intercept Model

Research Teams • Emergency Department Diversion • Intercept 1 • Dispatcher Training • Specialized Police Responses •

## Sequential Intercept Model

The Sequential Intercept Model (SIM)<sup>6</sup> was developed as a conceptual model to inform community-based responses to the involvement of people with mental and substance use disorders in the criminal justice system.

McLean County was selected as part of a national solicitation of the National Council for Mental Wellbeing (NCMW) to participate in a Criminal Justice and Behavioral Health Collaborative (CJBHC). The CJBHC is a 12-month training and technical assistance (TTA) initiative that supports participating Community Behavioral Health Organizations (CBHOs) and jails to improve mental health and addiction outcomes for individuals leaving incarceration and reentering the community. As a part of CJBHC, NCMW contracted Policy Research Associates (PRA) to provide technical assistance to the selected sites. The Sequential Intercept Workshop was conducted in Bloomington, IL on July 12, 2018 to July 13, 2018 by Policy Research Associates and assisted the County to:

- Integrate behavioral health services within the criminal justice system and support efforts to reduce recidivism, improve health outcomes, and increase public safety;
- Identify evidence-based interventions and best practices for improving the jail to treatment pipeline;
- Develop tools and skills to ascertain potential risk, behaviors of clinical significance, and social functioning with justice involved population across all intercepts.<sup>7</sup>

Attendees included McLean County Government, Sheriff, States Attorney, Public Defender, Court Services, McLean County Center for Human Services, Chestnut Health Systems, and Center for Youth and Family Solutions. From the participants, the top priority for change was psychiatric recruitment with 11 votes. Receiving 0 (zero) votes was establishing a “one stop” location for providing services.

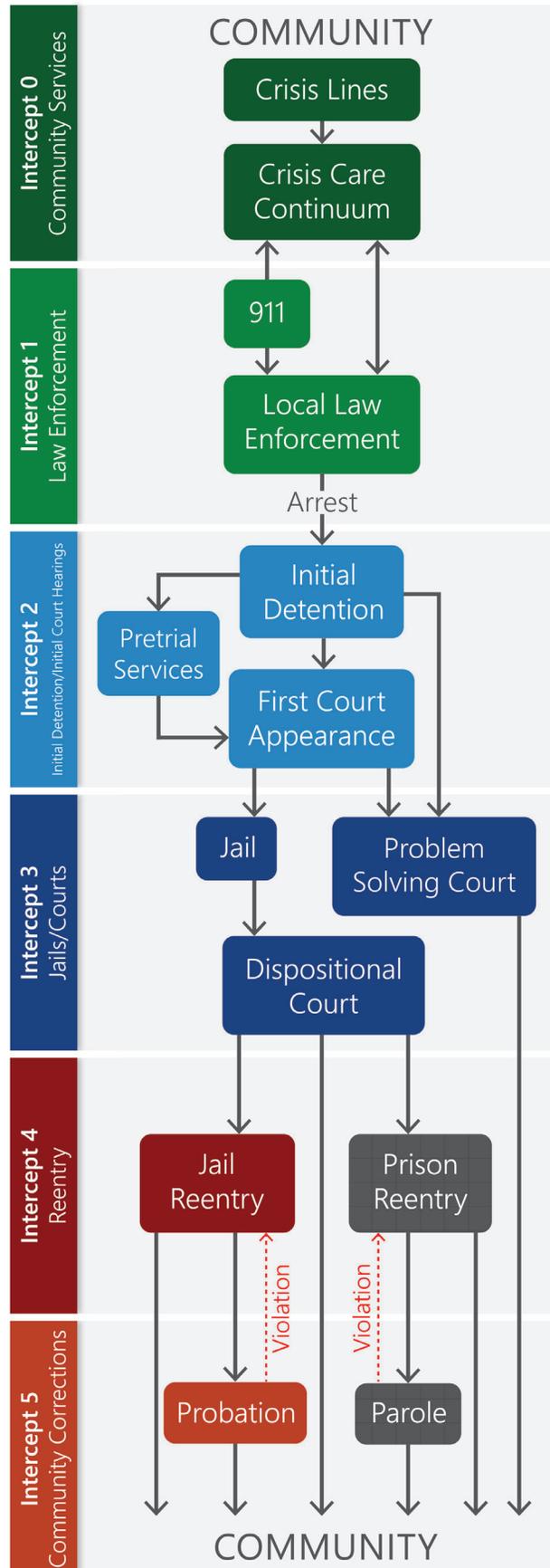
Across all intercepts, McLean County has many resources that address not only justice-involved individuals, but also anyone in the community. Resources were identified and recommendations from the workshop, and any subsequent actions to date, are noted in the appropriate intercept. Descriptions of practices at each intercept are also included with the response based on how those practices have been adapted for McLean County.

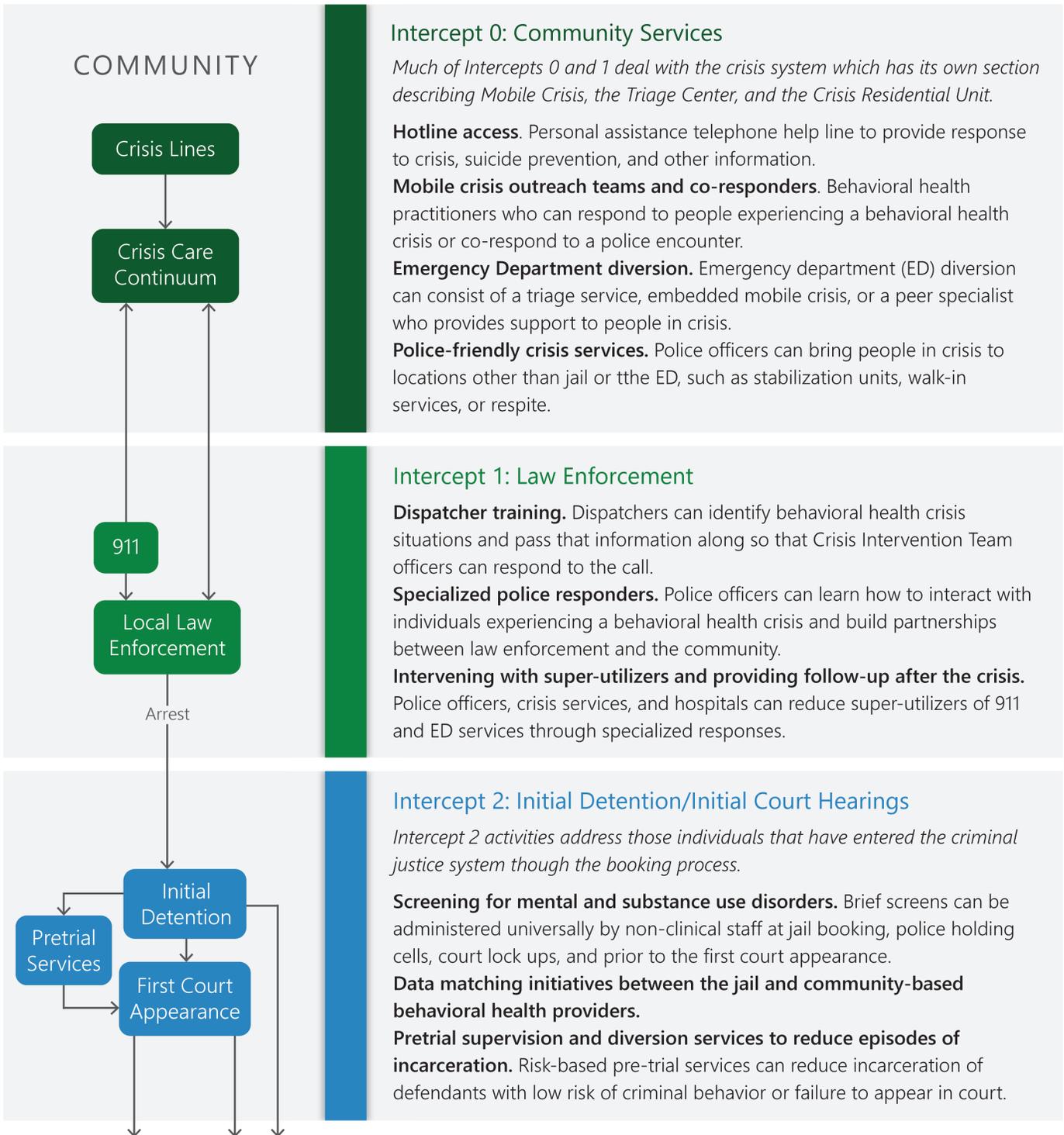
While each intercept is described with actions, the intercepts are also linked longitudinally. The FUSE program was implemented in 2019, which is discussed in multiple sections, is an example that crosses multiple intercepts.

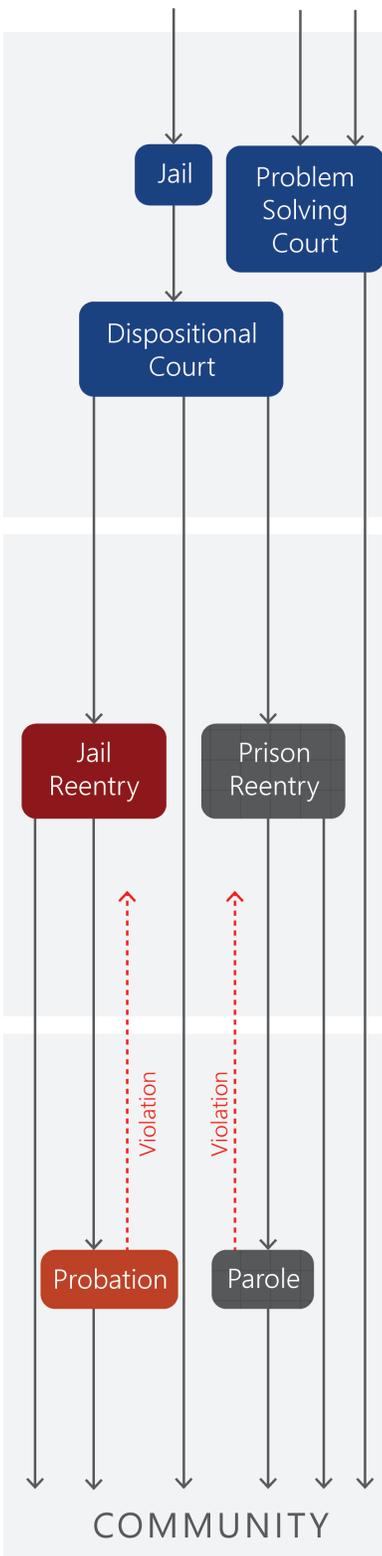
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<sup>6</sup> Munetz, M., & Griffin, P. (2006). A systemic approach to the de-criminalization of people with serious mental illness: The Sequential Intercept Model. *Psychiatric Services*, 57, 544-549.

<sup>7</sup> Policy Research Associates. (2018). Sequential intercept model mapping report for McLean County







### Intercept 3: Jails/Courts

*Intercept 3 involves trial and sentencing of individuals.*

**Treatment courts for high-risk/high-need individuals.** Treatment courts (known locally as Problem Solving courts) can be developed, examples of which include adult drug courts, mental health courts, and veterans treatment courts.

**Jail-based programming and healthcare services.** Jail healthcare providers are constitutionally required to provide behavioral health and medical services to detainees needing treatment. Many services and treatment groups are offered in the jail.

**Collaboration with the Veterans Justice Outreach specialist from the Veterans Health Administration.**

### Intercept 4: Reentry

*Intercept 4 are individuals who are incarcerated either in the McLean County Detention Facility or Illinois Department of Corrections.*

**Transition planning by the jail or in-reach providers.** Transition planning improves reentry outcomes by organizing services around an individual's needs in advance of release.

**Medication and prescription access upon release from jail or prison.**

Inmates should be provided with a minimum of 30 days medication at release and have prescriptions in hand upon release.

**Warm hand-offs from corrections to providers increases engagement in services.** Case managers that pick an individual up and transport them directly to services will increase positive outcomes.

### Intercept 5: Community Corrections

*Intercept 5 is linked with Intercept 4 in many ways when individuals return to the community.*

**Specialized community supervision caseloads of people with mental disorders.**

**Medication-assisted treatment for substance use disorders.**

Medication-assisted treatment approaches can reduce relapse episodes and overdoses among individuals returning from detention.

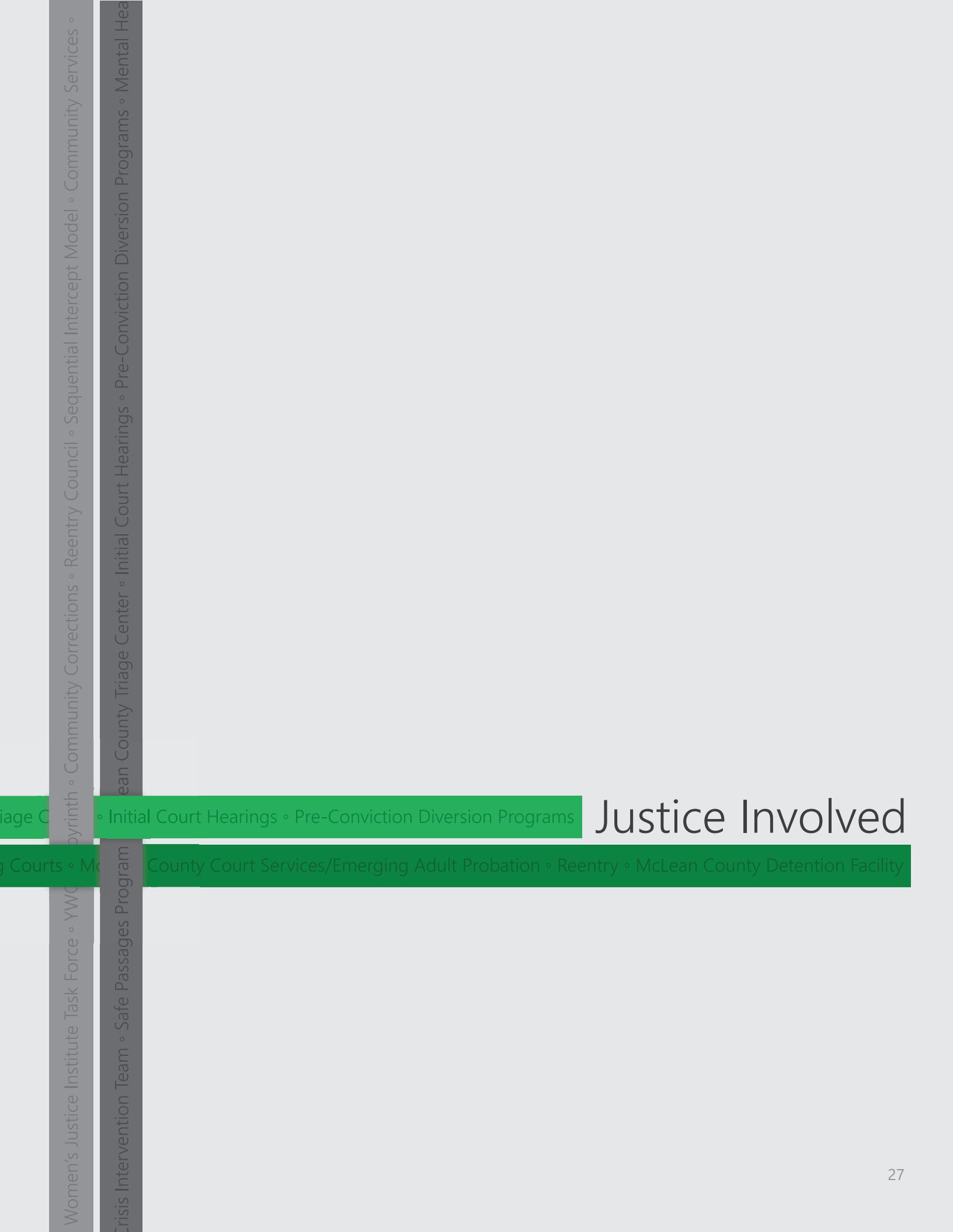
**Access to recovery supports, benefits, housing, and competitive employment.** Housing and employment are as important to justice-involved individuals as access to behavioral health services.

Removing criminal justice-specific barriers to access is critical. McLean County has many connections to services in the community.



Sequential Intercept Model • Community Services • Crisis Intervention Team • Safe Passages Program • McLean County Tr

Mental Health Commitments and Assisted Outpatient Treatment • Pre-Trial Supervision • Jails/Courts • Problem Solving



# Justice Involved

## Justice Involved

The McLean County Criminal Justice Coordinating Council (CJCC) was established July 1, 2009 and fosters collaboration and communication between criminal justice agencies and partners who educate, inform, and explore best practices together to continually improve the administration of justice. Their charge is to provide fair and just outcomes, improve public safety, reduce recidivism, and responsibly use resources for the benefit of McLean County residents. CJCC has long contracted with ISU's Stevenson Center for analysis of McLean County justice data along with partnering with the Illinois Criminal Justice Information Authority (ICJIA) and Loyola University for data analysis.

In the 2015 MHAP, many findings, challenges, barriers, etc., related to justice and mental health concerns were identified. This update and the initiatives implemented in McLean County since 2015 strive to address these disparities. Additionally, the Administrative Office of Illinois Courts (AOIC) recently named a statewide Behavioral Health Administrator to provide guidance to the courts on dealing with behavioral health issues as they intersect with the justice system. One of the goals of the Illinois Supreme Court Taskforce is to develop and implement a statewide strategic plan. Illinois challenge areas are documented in [Appendix J](#).

While McLean County has made efforts to address the mental health problem through problem solving courts and better identification/treatment of mental illness within the justice system, these initiatives remain reactive in nature, and the challenge to address the systemic community gap for mental health services still persist. Additional obstacles include the need to better coordinate services between multiple entities/organizations and to appropriately deal with the large numbers of people with mental illnesses who will continue to cycle through the justice system.

## Current Accomplishments

### Public Safety Assessment (PSA) Tool

- In January 2016, McLean County was one of 3 counties selected in Illinois to pilot a Public Safety Assessment (PSA) tool developed by the John and Laura Arnold Foundation (Arnold Ventures). The recognition within the State as a leader in pretrial practices and reform created opportunities to utilize innovative tools for a quicker response to identification of behavioral health concerns as well as a system for the timely release of pretrial defendants from the jail.
- The Illinois Supreme Court Commission on Pretrial Practices Final Report, published in April 2020, outlines four models regarding pretrial services; the PSA is one model.
- On August 20, 2021, the Supreme Court of Illinois (ILSC) determined that a statewide model would be the solution.

### **Crisis Intervention Training (CIT)**

- In March 2017, McLean County received a grant from the Bureau of Justice Assistance (BJA) and Justice Mental Health Collaboration Project (JMHCP) to provide funding to aid in the cost of the CIT.
- Partnering with NAMI Livingston/McLean County (now NAMI Mid Central Illinois), NAMI representatives provided officers a first-hand opportunity to hear stories of recovery, ask questions, and learn what helps and harms a person when they are in a crisis. All of the McLean County Sheriff's office, the City of Bloomington Police Department, the Town of Normal Police Department, and Illinois State University Police Department went through CIT trainings.

### **Assisted Outpatient Treatment Program Training**

- In 2017, representatives from the McLean County Court, State's Attorney's Office, Chestnut Health Systems, Carle BroMenn, and MCCHS attended an Assisted Outpatient Treatment Program training in Detroit, Michigan that was sponsored by SAMHSA.
  - The training was designed to provide a framework for the diversion of patients from the State psychiatric hospitals to outpatient treatment in the community.

### **Formalized Jail Referral System**

- A formalized system of referrals in the jail was put in place in 2017. Individuals are flagged as clientele with mental health concerns. The identified individuals are linked with MCCHS for immediate psychiatric appointments upon release.

### **Veteran's Treatment Court (VTC)**

- Beginning in January 2018, with assistance from a SAMHSA award for the Eleventh Judicial Circuit, the Veteran's Treatment Court began providing services to veterans in McLean, Ford, Livingston, Logan, and Woodford Counties. Veteran's Treatment Court amplifies the previous success of the first two problem solving courts – Drug Court and Recovery Court.

### **Safe Passages**

- In 2018, the McLean County Sheriff's Department announced the implementation of a Safe Passage Initiative, which would allow individuals to seek additional connections to resources without criminal consequences. Other jurisdictions in Illinois served as a guide for the model implemented within the county. The original implementation was in partnership with Chestnut Health Systems and followed the McLean County Opioid Initiative to reduce opioid abuse, addiction, and related deaths.
- In 2018, McLean County Sheriff's Department was granted funding through the Illinois Criminal Justice Information Authority (ICJIA) to continue the Safe Passages Initiative. This allowed for targeted marketing campaigns and the initial implementation of a Post-Overdose Response model, which resulted in a Heroin Abuse Response Team (HART).

### **YWCA Labyrinth**

- In 2018, YWCA Labyrinth received a Second Chance Act Grant through the Bureau of Justice Assistance. The primary function of the three-year grant was to expand both outreach services and emergency needs for YWCA Labyrinth clients. Through grant funding, the YWCA Labyrinth

organization expanded their staff to include three additional case managers and a program coordinator.

- Other ancillary goals of the grant included: supporting 150 clients; reducing recidivism and creating a coordinated community response for prisoner reentry in McLean County.

### **Emerging Adult Probation**

- In 2019, the Emerging Adult Probation started as a new program designed to provide services to young adults in McLean County between the ages of 18 - 25 who are at moderate to high risk with the possibility of being committed to the Illinois Department of Corrections (IDOC).
- CJCC has requested data analysis from the Stevenson Center with regards to the numbers of the emerging adults who have the mental health flag and if the flag was present if those individuals were also incarcerated when juveniles

### **Women's Justice Institute Task Force**

- On July 18, 2018, the Women's Justice Institute based in Chicago launched a statewide task force titled "Redefining the Narrative" with three goals:
  - Reduce the women's prison population by fifty percent (50%)
  - Reduce the harm being caused by current policies and practices;
  - Improve health, well-being and outcomes among women, their children, families, and communities.
- Members included Circuit Judge Rebecca Foley; Kara Alt (YWCA Labyrinth Outreach Services); Dr. Dawn Beichner (Illinois State University); and Liz Barnhart (McLean County the National Center for State Courts Innovation).
- In June 2019, the Women's Justice Institute Task Force, YWCA, and McLean County League of Women Voters hosted a "Listening and Recommendations Session" for the community that explored solutions to help justice-involved women.
- In January 2020, one of three Women's Justice Pathways (WJP) Mapping Sessions was held at the Chestnut Health Systems Lighthouse Institute. The session was designed to bring together women with lived experiences and community stakeholders to understand women's involvement in the justice system and the impact on their children, families, and communities. Health and well-being, including behavioral health, were identified as one of five fundamental rights and needs for women in the WJP Model.
- The final report of the Task Force, delayed by the pandemic, was released in late April 2021<sup>8</sup> and includes information on the McLean County Labyrinth House (described in the housing section), Dreams are Possible, and McLean County FUSE Program.

### **2020 Mental Health Summit**

- The Illinois Supreme Court Chief Justice and Illinois Mental Health Task Force released their 2020

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<sup>8</sup> The Women's Justice Institute – Redefining the Narrative. [redefine.womensjusticeinstitute.org](https://redefine.womensjusticeinstitute.org/wp-content/uploads/2021/04/WJI-Redefining-the-Narrative-Bro-L01.pdf). (2021). Retrieved 2021, from <https://redefine.womensjusticeinstitute.org/wp-content/uploads/2021/04/WJI-Redefining-the-Narrative-Bro-L01.pdf>

Mental Health Summit Report.<sup>9</sup> McLean County representatives participated at the Summit including representatives from these departments: Courts, Public Defender, Behavioral Health, FUSE, and Triage.

### McLean County Reentry Council

- In 2021, YWCA Labyrinth House, ROSC, TASC, and Dr. Dawn Beichner from ISU's Department of Criminal Justice helped create the McLean County Reentry Council, which provides a coordinated response to prisoner reentry focusing on reducing recidivism in the county.

### ISU Stevenson Center Collaboration

- McLean County via CJCC utilizes the ISU Stevenson Center for ongoing data collection and analysis with respect to behavioral health response and challenges within the criminal justice system. For example, the ISU Stevenson Center collected feedback from the CIT trainings in the form of three evaluations (one pre-test and two post-tests). The first post-test data showed the trainings had significant impacts on decreasing stigma and knowing how to interact with individuals with mental health concerns. The second post-test showed a need of refresher courses by law enforcement over time as noted in the crisis section.

<sup>9</sup> Illinois Supreme Court, Call to Action and Report Presentation (2021) <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/re-sources/1efbf1e5-00d7-4cda-a7a2-18432f3527a0/Mental%20Health%20Task%20Force%202020%20Mental%20Health%20Summit.pdf>

These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix C](#) for more information related to these identified gaps.

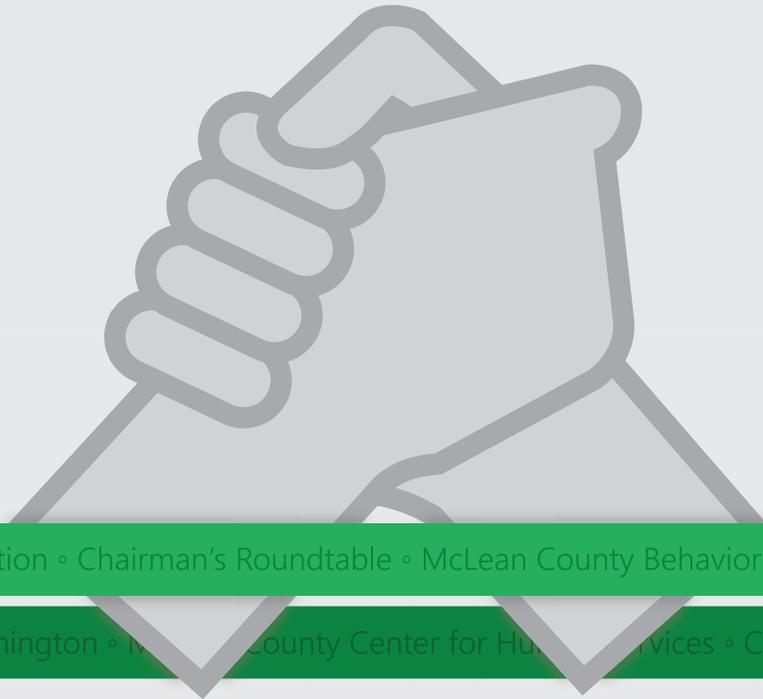
## Recommendations for Justice Involved

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Advocacy	1. Advocate for changes to the Illinois Mental Health code to align with HIPAA and 42 CFR part 2.	BHCC, County Board, Lobbyists	Year 1 - Year 3	- BHCC meeting reports of advocacy efforts/outreach/initiatives each quarter with a reporting template
Advocacy	2. Advocate to retain local control and decision making when addressing mental health issues.	BHCC, Community Partners, County Board	Year 1 - Year 3	- BHCC meeting reports of advocacy efforts/outreach/initiatives each quarter with a reporting template

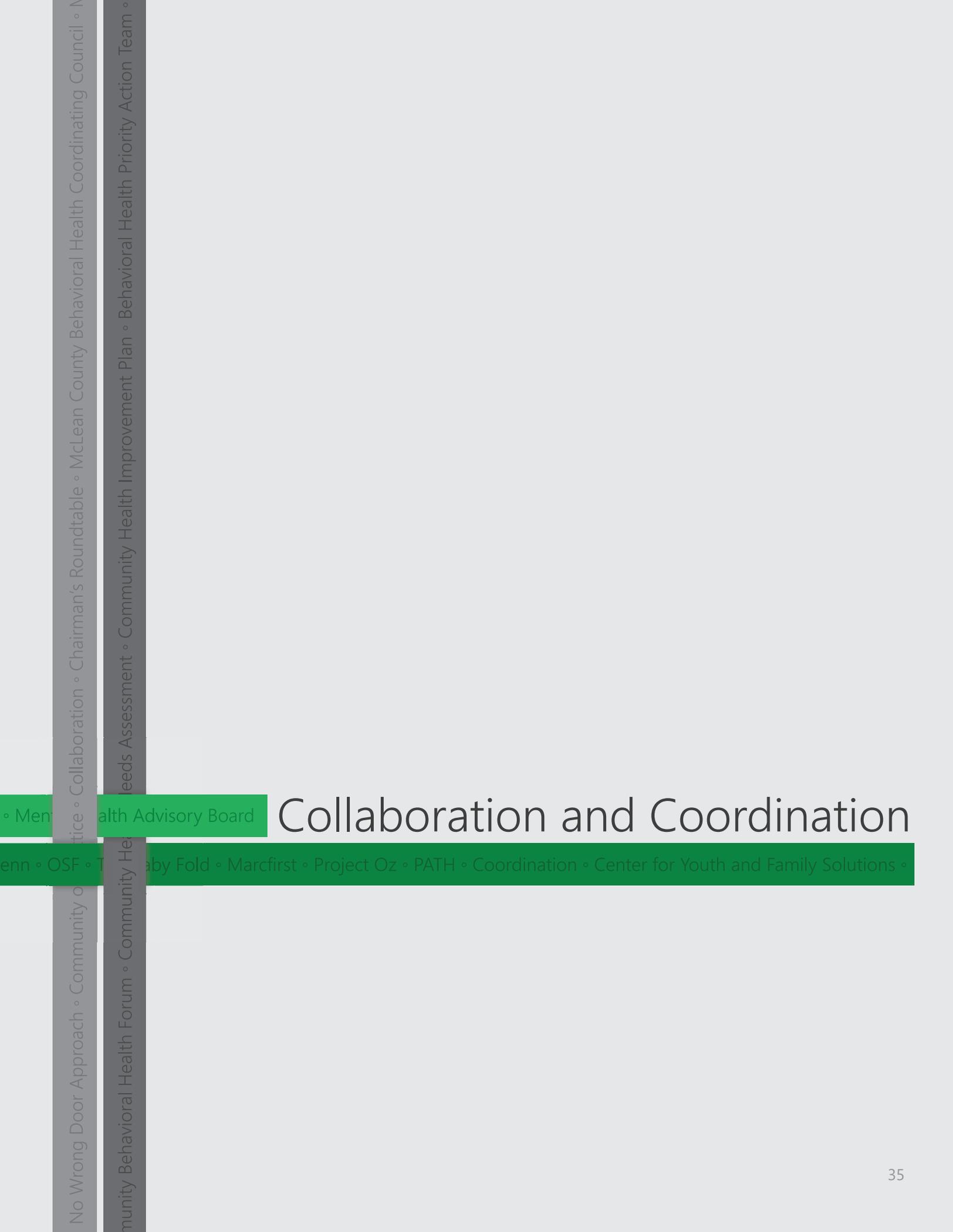
Recommendations for Justice Involved				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Education and Outreach	3. Create a public awareness/marketing campaign for the Safe Passages program.	BHCC, McLean County Sheriff's Department, ISU Stevenson Center	Year 2	<ul style="list-style-type: none"> <li>- Marketing materials are created and printed</li> <li>- Measure effectiveness of the campaign through data collecting and quarterly reports with improvement plans developed</li> <li>- Develop a partnership with ISU Stevenson Center to do the data collecting/improvements plans</li> <li>- Educate McLean County Sheriff Staff and Community Providers on appropriate referrals for Recovery Court</li> </ul>
Diversion from Justice System	4. Formalize diversion strategies at Intercepts 2 and 3.	State's Attorney's Office, Court Services, Courts	Year 1 - Year 3	<ul style="list-style-type: none"> <li>- Identify # of diversion strategies currently in operation and identify gaps. Identify gaps in both criminal and civil justice systems.</li> <li>- Create metrics to indicate success for diversion utilizing State Court data elements when possible</li> </ul>
Education and Outreach	5. Promote awareness / utilization of Recovery Court.	BHCC and CJCC	Year 2	<ul style="list-style-type: none"> <li>- Marketing materials are created and printed</li> <li>- Measure effectiveness of the campaign through data collecting and quarterly reports with improvement plans developed</li> <li>- Educate Law and Justice Staff and Community Providers on appropriate referrals for Recovery Court</li> </ul>

## Recommendations for Justice Involved

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Assessment and Evaluation	6. Request data sharing relationship between CJCC, Stevenson Center, and BHCC.	County Administration, Courts, CJCC, BHCC, Stevenson Center	Year 1 - Year 3	<ul style="list-style-type: none"> <li>- Request biannual presentation from Stevenson Center to BHCC on current CJCC data and analysis reports</li> <li>- Request annual presentation from Statewide Behavioral Health Administrator with the Administrative Office of the Illinois Courts</li> </ul>
Reduction in Justice System Reentry	7. Coordinate efforts between the Criminal Justice Coordinating Council and Reentry Council.	CJCC and Reentry Council	Year 1 - Year 3	<ul style="list-style-type: none"> <li>- Provide opportunities for presentations, dialogue, and joint projects for the reduction of recidivism and successful prisoner reentry to the community</li> </ul>
Medical	8. Recruitment of psychiatric services / psychiatrists.	BHCC	Year 1 - Year 3	<ul style="list-style-type: none"> <li>- Establish a recruitment plan that involves cost sharing to obtain and maintain prescribers</li> <li>- Start recruitment of prescribers and document progress with annual reports to BHCC</li> <li>- Have increased number of prescribers</li> </ul>
Assessment and Evaluation	9. Participate in Illinois Supreme Court Sequential Intercept Mapping and Regional Council workgroups.	BHCC and CJCC	Year 1	<ul style="list-style-type: none"> <li>- Report of identified strategies to improve court and community responses to individuals with behavioral health concerns to BHCC</li> </ul>



Community of Practice • Collaboration • Chairman's Roundtable • McLean County Behavioral Health Coordinating Council  
Town of Normal • City of Bloomington • McLean County Center for Human Services • Chestnut Health Systems • BroM

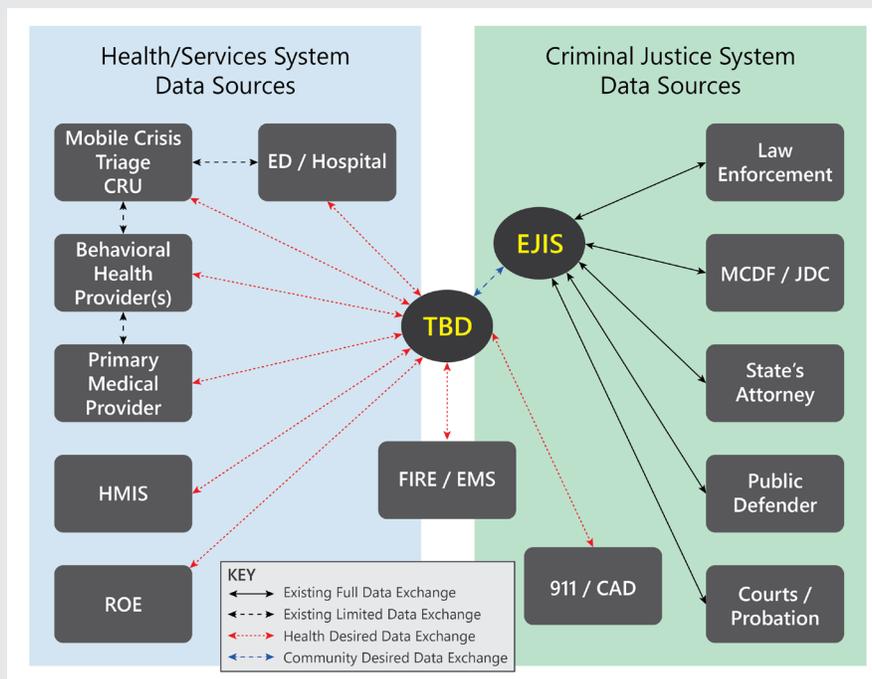


# Collaboration and Coordination

## Collaboration and Coordination

The 2015 MHAP found that a lack of collaboration and coordination of services by community providers resulted in a siloed approach to providing behavioral health services in McLean County. To address these concerns, stakeholders and community leaders, under the formation of the BHCC, gathered to improve collaboration and coordination of behavioral health services for McLean County residents.

There has been resistance by some entities to end the siloed approach to services in our community. The pandemic appears to have re-enforced those silos due to fiscal uncertainty. While each agency needs to adhere to their mission and values, collaboration and coordination would enhance the focus on outcome-driven, person-centered services. The current system incentivizes the short-term actions as “outputs.” For example, a shelter typically counts the number of beds filled each night (output), rather than the number of people who transition to permanent housing (outcome).



On an aggregate level, the Mental Health Action Plan includes goals of “develop(ing) standardized data collection guidelines from all providers to measure outcomes, reveal possible gaps in the system, and move to a purchase of services system for funding”. Additionally, the plan identified that on an individual level, “McLean County needs integrated, inclusive collaboration for case managers from local agencies working with behavioral health clients, including homeless, developmental disabilities, adolescents, substance abuse, family, school, etc. in a proactive manner... HIPAA and other privacy issues must be kept in mind when determining data to collect.”

Coordination goes along with collaboration; One cannot coordinate in order to achieve common goals if one does not collaborate. Short-term and long-term coordination objectives tie directly into collaboration, such as utilizing technology to enhance services between agencies, case management cooperation, and training opportunities. There have been several coordinated efforts since the 2015 MHAP that have demonstrated the work to achieve these objectives.

## Current Accomplishments

### McLean County Behavioral Health Coordinating Council (BHCC)

- The Behavioral Health Coordinating Council was created in 2016 with the mission statement “To improve the behavioral health of McLean County residents and create systemic change through innovative programming and strategies.”
- The members are leaders and decision makers for the organizations they represent. The intent was for those leaders to step up, advise and lead to address the various areas that the MHAP indicated change was needed. This is similar to the members of Criminal Justice Coordinating Council, as leaders of the McLean County criminal justice system who had to address systemic changes within the system that were negatively impacting incarcerated individuals along with causing excessive spending of taxpayer dollars by an inefficient system.

### Joint Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

- Beginning in 2016, as the first in the State, a Joint Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP) was created. The Community Health Improvement Plan (CHIP) is a three-year plan to address the top three priority areas that are addressed in three separate action teams (subcommittees).
  - The McLean County Health Department, Carle BroMenn Hospital, OSF hospital, and United Way of McLean County created the 2017-2019 plan.
  - The 2020-2022 plan involved McLean County Health Department, Carle BroMenn Hospital, OSF Hospital, and Chestnut Health Systems.
  - Behavioral Health Priority Action Team (BHPAT) Behavioral Health (including Mental Health and Substance Abuse) has been a top priority both for 2017-2019<sup>10</sup> and the 2020-2022<sup>11</sup> CHIP while the other priorities concern Social Determinants of Health.

<sup>10</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and the United Way of McLean County, (2016). McLean County Community Health Improvement Plan 2017-2019. Retrieved 2021, from <https://health.mcleancountyil.gov/ArchiveCenter/ViewFile/Item/395>

<sup>11</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and Chestnut Health Systems, (2019). McLean County Community Health Improvement Plan 2020-2022. Retrieved 2021, from [https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT\\_2020-2022-McLean-County-CHIP\\_Released-Feb-2020](https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT_2020-2022-McLean-County-CHIP_Released-Feb-2020)

- The BHPAT determined the overarching goal for 2020-2022 is to “advance a systemic community approach to enhance behavioral health and well-being by 2023.”<sup>12</sup>
- The 2021 survey, which will be used to create the 2023-2025 plan, was recently completed by McLean County Health Department, Carle BroMenn Hospital, OSF Hospital, and Chestnut Health Systems.

### **Mental Health Advisory Board (MHAB)**

- In 2016, the Mental Health Advisory Board (MHAB) to the Board of Health was created as statutorily required to provide counsel, direction, and advisement to the Board of Health. The MHAB has advised the Board of Health in funding core services with property tax dollars allocated through an increase in the levy based on a 1989 referendum.

### **McLean County Health Department (MCHD) Behavioral Health / Development Disabilities Coordinator**

- In 2016, MCHD created an entry-level management position, along with a clerical support position. The designated individual administers, monitors, and reports, and coordinates property tax supported behavioral health and intellectual and developmental disability services through capacity grants. The coordinator reports to the MCHD administrator and works closely with the MHAB and 377 Boards.
- In 2020, a MCHD behavioral health specialist position was created to support the MCHD BHDD Coordinator.

### **Interagency Training**

- The short-term goal of creating interagency training was accomplished in many sectors between 2016-2019. Over 140 law enforcement officers, dispatchers, probation officers and jail staff in McLean County were certified as CIT officers.
- Interagency crisis provider coordination meetings allowed for collaboration between MCCHS, Chestnut Health Systems, Carle BroMenn, SASS, PATH, OSF ED, Marcfirst, and McLean County staff.

### **Frequent User Data Integration Tool**

- Resulting from relationships created by the Data Driven Justice Initiative, the short-term goal of exploring technology/examining, data requirements, and creating reports were highlighted in the frequent user data integration matching tool developed with the Corporation for Supportive Housing, University of Chicago Data Science, and Public Policy Center in 2016-2017. This tool is currently used to identify potential FUSE Program participants.
  - Data is matched/pulled into the tool monthly from IJIS and Homeless Management Information System (HMIS). A report is run for the most recent 18 months and the intersection of the two data sets is created. Data is sorted from the justice system; total contacts; and most recent HMIS contact. Following that, the top 25 intersects are sent to the FUSE Program Manager for outreach. Most existing FUSE Program clients have come from outreach done via the tool.

<sup>12</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and Chestnut Family Health Center (2019). McLean County Community Health Improvement Plan 2020-2022. Retrieved 2021, from [https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT\\_2020-2022-McLean-County-CHIP\\_Released-Feb-2020](https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT_2020-2022-McLean-County-CHIP_Released-Feb-2020)

- The data matching tool is also utilized when a referral is made from another entity. Eligibility is based on a high utilization of more than one of the high-cost/high-need systems of care (emergency department/crisis, justice, homelessness).
- The utilization of Justice information about the Frequent User matching tool is dependent upon the access and utilization of McLean County's Integrated Justice Information System (IJIS) which assigns a unique identifier which gives the County the capability of tracking "super utilizers". IJIS is hosted on County servers and the County has complete access and utilization to the data stored in the system. Alternative uses for the Data Integration Tool should be explored.

### **Behavioral Health Forum**

- Since 2017, McLean County, along with its partners, the City of Bloomington and the Town of Normal have hosted an annual Community Behavioral Health Forum. The goal of the forum is to raise community awareness surrounding behavioral health with the overarching theme of "We are all in this together." Presenters and panelists have represented agencies, providers, those with lived experience, youth, marginalized populations, and others with topics ranging from self-care to trauma.
  - The 2017-2019 forums were in person. The 2020 and 2021 forums were held virtually, with the recordings of the virtual sessions posted on the McLean County Behavioral Health YouTube channel.<sup>13</sup> Attendance has grown from about 100 in 2017 to over 900 registered viewers in 2021.

### **Adverse Childhood Experiences (ACEs) Master Training**

- An Adverse Childhood Experiences (ACEs) Master Training was held in October 2017 with 13 individuals from McLean County completing the training. The McLean County Master Trainers presented to over 2,000 community members on ACEs between 2017 and 2019.
- There was not a lead agency for coordination and tracking of ACEs presentations at the time. However, this objective has been rolled into the Trauma-Informed and Resilience- Oriented Initiative that is in the 2020-2022 CHIP.

### **Social Media Campaign**

- Identified as a gap in the 2016 Community Health Needs Assessment, and therefore a goal in the 2017-2019 Community Health Improvement Plan, more information regarding behavioral health was needed so the Behavioral Health Campaign Subcommittee planned to distribute messaging to the community and providers to increase understanding and education surrounding behavioral health.
- In February 2018, a social media campaign was launched, focusing on reducing stigma, increasing coping skills, and identifying community supports, by several community providers. The messaging was based on information from the Mental Health First Aid Curriculum.
  - Carle BroMenn (Formerly known as Advocate BroMenn) Medical Center, Chestnut Health Systems, OSF HealthCare St. Joseph Medical Center, Illinois State University, McLean County Health Department, The Baby Fold, Center for Youth and Family Solutions, Children's Home & Aid, McLean County Center for Human Services, Regional Office of Education #17, MarcFirst,

<sup>13</sup> McLean County Behavioral Health. Videos [YouTube channel] Retrieved 2021 from [www.youtube.com/channel/UC0tyVSSSLDo-lm8A1f2M1PZw/videos](https://www.youtube.com/channel/UC0tyVSSSLDo-lm8A1f2M1PZw/videos)

Mid Central Community Action, West Bloomington Revitalization Project, Town of Normal Police Department, and Project Oz were those that participated in the campaign.<sup>14</sup>

### **SAMHSA Technical Assistance on Trauma-Informed Care**

- In 2018, the CHIP's Behavioral Health Priority Action Team was awarded a technical assistance session with the National Center on Trauma-Informed Care through the Substance Abuse and Mental Health Services Administration (SAMHSA).
  - On April 12, 2018, the SAMHSA team led a workshop to aid McLean County to understand what other communities have done and what being a trauma-informed community can look like.
  - An initial push to engage started a trauma-informed initiative in 2019 but lost momentum and faded away with staff changes.

### **Trauma-Informed and Resilience-Oriented Initiative**

- Since 2019, there was no significant forward movement on the Trauma-Informed Collaborative.
- With the 2020-2022 BHPAT, the County's BHCC department took the lead to begin to measure a baseline for McLean County being a trauma-informed county regarding individuals and organizations. With this, a formal initiative began with core leadership across multiple organizations and populations.
  - Subcommittees began work relative to smaller components though the initiative has had to pause at multiple points due to a variety of reasons.
  - As it was determined more personnel time is needed to allow for more forward movement and progress. The County posted a position in late fall 2021 to hire an individual who could lead this initiative. There was a behavioral health project coordinator hired in January 2022 to lead this initiative.
  - Discussion has also occurred regarding the benefit of a consultant to outline a strategic plan to aid this project.

### **McLean County Mental Health First Aid Collaborative (MHFA)**

- The McLean County Health Department (MCHD), with support from the Board of Health, hosts the McLean County Mental Health First Aid Collaborative and coordinates instructors and courses. The collaborative consists of the MCHD, both hospitals, the Area Health Education Center (AHEC) network, and McLean County Center for Human Services (MCCHS).
- The pandemic impacted the number of courses in 2020 that were held. Two instructor trainings occurred in 2021 with 12 new instructors.
- McLean County's MHFA Collaborative has been successful in training more than 2,500 people in five years.

### **Jail Data Link System**

- McLean County was one of 10 Illinois counties that entered into an agreement with Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) for the Jail Data Link System.

<sup>14</sup> McLean County Health Department, (30 January, 2018). News: *Behavioral Health Social Media Campaign*. Launching in February. Retrieved in 2022 from, [434 \(mcleancountyil.gov\)](https://www.mcleancountyil.gov).

- Effective January 1, 2000, the Illinois General Assembly adopted Public Act 91-0536 which modified the Mental Health and Developmental Disabilities Administrative Act. This act allows the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient’s record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge.
- The Data Link system gave the County direct access to the Division of Mental Health data base via a secure internet connection. This allowed County jail staff to identify detainees who have mental illness, target services to those individuals and ensure a continuum of care upon discharge.
  - Unfortunately, a change in state systems in 2018 and lack of interoperability with the State designated County community mental health contractor, has left this system all but ineffectual for the jail staff.
  - While this system has been replaced by increasingly frequent and ongoing conversations between MCCCHS and County jail staff, it lacks the universal data regarding individuals from outside of McLean County. The ability to gain real-time access to information concerning detainees is also not present.

**Chairman’s Roundtable**

- The Chairman’s Roundtable was instituted providing an opportunity for specialized, candid discussion on specific topics relating to mental health, an informal process of periodic provider/partner meetings, and allowed participants to exchange ideas and explore solutions in an atmosphere which promotes open and honest dialogue.

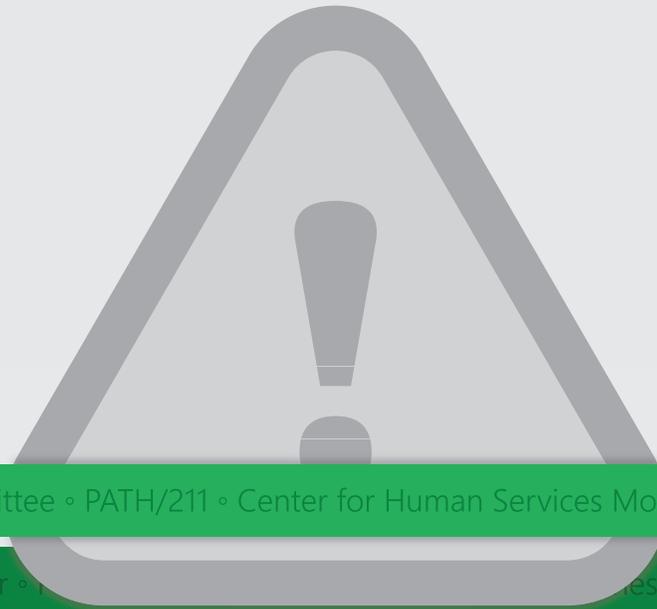
These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix B](#) for more information related to these identified gaps.

**Recommendations for Collaboration and Coordination**

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Reporting	1. Utilize the logic model to achieve goals and problem solving.	BHCC	Year 1	- Quarterly progress reports and annual progress report to BHCC

Recommendations for Collaboration and Coordination				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Integrated Leadership	2. Create focused workgroups to research a topic and provide a report at the next Behavioral Health Coordinating Council meeting.	BHCC	Year 1	<ul style="list-style-type: none"> <li>- Identify highest priority topics; present identified priority areas at BHCC</li> <li>- Structure a process to create the workgroups around priority areas</li> <li>- Set action steps/goals for each priority area (1 per year)</li> </ul>
Education and Data	3. Explore data requirements towards standard data collection for aggregate reporting and outcomes.	BHCC	Year 3	<ul style="list-style-type: none"> <li>- Notes from analysis and then recommendations on a reporting template</li> </ul>
Education and Data	4. Develop a contractual relationship between Behavioral Health Coordinating Council and the Stevenson Center for data analysis.	BHCC, ISU Stevenson Center (SC)	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Identify the need(s) for the contractual relationship</li> <li>- Create business associate agreements for data sharing and program evaluation</li> <li>- Set structured time for reports to BHCC from SC quarterly</li> </ul>
Leadership	5. Annually review BHAP update recommendations.	BHCC	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- BHAP workgroup reviews and updates recommendations plan year</li> </ul>
Funding & Advocacy	6. Advocate for capital funding for infrastructure.	BHCC	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- BHCC meeting reports of advocacy efforts/outreach/initiatives each quarter with a reporting template</li> </ul>

Recommendations for Collaboration and Coordination				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Data	7. Survey behavioral health providers to determine the diversity of the local workforce.	BHCC & Community DEI Partners	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Partnership with all DEI staff within area</li> <li>- Create workgroup to address DEI efforts and define scope of work</li> <li>- Contract consultant group to establish best DEI practices</li> <li>- Development of implementation plans</li> </ul>
Education	8. Promote MHFA for Older Adults to increase awareness.	MHFA Collaborative	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Fund Older Adult module training for trainers to have 6 total instructors trained in module</li> <li>- Increase to biannual offering of course focusing on Older Adults</li> </ul>
Education and Service Delivery	9. Incorporate an Older Adult Peer Specialist with behavioral health partners and investigate certification.	BHCC, CCSI, ECAAAA	Year 2	<ul style="list-style-type: none"> <li>- Establish collaboration and coordination with BHCC, CCSI, and East Central Illinois Area Agency on Aging to determine best next steps</li> </ul>
Education	10. Implement DEI efforts within BHCC.	BHCC, Community Providers	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Schedule local community providers/members to provide presentations on key social/population factors</li> </ul>



Community Crisis Planning Committee • PATH/211 • Center for Human Services Mobile Crisis Team • National Guidelines  
/988 • McLean County Triage Center • [unclear] for Crisis Care • Crisis Counselors •

Center for Human Services Mobile Crisis

Additional Guidelines for Crisis Care • Crisis Counselor

Someone to Call • Someone to Respond • Somewhere to Go • Community Crisis Planning Committee

Screening Assessment and Support Services • Crisis Residential Units • 911/988 • McLean County Triage

es for Crisis Care • 911/988 • Screening Assessment and Support Services • Crisis Residential Units •

Someone to Call • Someone to Respond • Somewhere to Go • Community Crisis Planning Committee • PATH/211

# Crisis

## Crisis

The 2015 MHAP included the need for best practices of an integrated crisis system. This best practice system is documented in the December 2020 SAMHSA publication *Crisis Services Meeting Needs, Saving Lives*. The recommendations and best practices of many publications are applicable to large counties and municipalities where there are vastly different needs and resources than a county the size of McLean County. To be successful, McLean County must adapt those recommendations and practices as appropriate based on our needs and resources.

One way to envision the crisis system is along a continuum from least restrictive to most restrictive. When conceptualizing this, it is important to note that McLean County has a robust range of crisis services, that are all pieces of a successful continuum.

It begins with PATH/211 as a crisis call center then moves to a mobile crisis response through the Center for Human Services Mobile Crisis Team. Subsequently, the continuum continues through a 23-hour walk-in option utilizing a "Living Room" model through the McLean County Triage Center, to a Crisis Residential Unit for up to 14 days through Chestnut Health Systems for detox or mental health needs, and then to an inpatient (adults only) at a local hospital. The final most intensive placement would be a long-term mental health facility which is not located in McLean County.

An image of this continuum can be seen below:



Another way to simplify the crisis system continuum is:

- Someone to call
- Someone to respond
- Somewhere to go

For a detailed overview of this simplified continuum applied to McLean County, refer to [Appendix G](#).

It should be noted, that in late December 2021, PATH, Inc. was awarded the statewide Call Center contract for 988. PATH is currently transitioning from a county footprint to a State footprint. As an agent of the State of Illinois, this will be an added component to consider when moving forward in the Crisis area. Other functions in McLean County that PATH had provided will be available through 211.

The essential elements from the National Guidelines for Crisis Care are:

1. **Regional Crisis Call Center:** Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Hotline (NPSL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) – quality coordination of crisis care in real time;
2. **Crisis Mobile Response:** Mobile crisis teams available to reach any person in the service area in their home, workplace, or any other community-based location of the individual in crisis in a timely manner; and
3. **Crisis Receiving and Stabilization Facilities:** Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like non-hospital environment.<sup>15</sup>

McLean County has all three of the core elements for a best practice integrated system, which also strives to utilize a no wrong door approach. PATH/211 is the Regional Call Center, McLean County Center for Human Services and Center for Youth and Family Solutions provide 24/7 mobile response, and the McLean County Triage Center and the Crisis Residential Unit at Chestnut Health Systems are stabilization facilities.

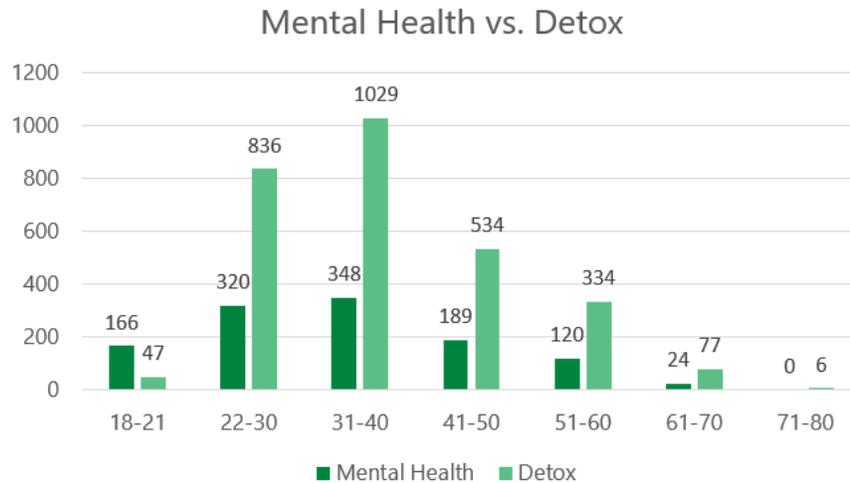
## Current Accomplishments:

### Crisis Residential Unit (CRU)

- In 2016, in partnership with Carle BroMenn, OSF, McLean County Government, and BHCC, and with funding from McLean County and McLean County Board of Health, Chestnut Health Systems opened the 24/7 crisis stabilization (now call residential) unit (CSU, now CRU). The unit provided inpatient placement for adults with an immediate mental health crisis and/or substance use disorder.
  - The designation of the CSU was changed to a Crisis Residential Unit (CRU).

<sup>15</sup> Substance Abuse and Mental Health Services Administration. (2020, February 24). National Guidelines for Behavioral Health Crisis Care - SAMHSA. [www.samhsa.gov](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf). Retrieved 2021, from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

- On Monday-Friday during daytime hours, there is immediate access to mental health and substance use disorder counseling for people in outpatient services. Telehealth services are also available for these needs.
- Chestnut provides 24-hour access to substance use disorder inpatient detoxification.



- The CSU/CRU has admitted 1,059 individuals for mental health from January 1, 2017 through May 31, 2021. Of those individuals, 45% were McLean County resident admissions. On the Detox side there were 2,863 admissions, with 23% from McLean County. A little over half of CRU referral sources are self-referrals, and approximately 3 out of 4 referrals for Detox are self-referred.

**Crisis Intervention Training (CIT)**

- Almost all law enforcement officers for the City of Bloomington, Town of Normal, ISU Police Department, McLean County correctional officers, dispatch, and the McLean County Sheriff’s Department have been trained in CIT as a result of a three-year grant from Bureau of Justice Assistance in 2017-2020.

**McLean County Triage Center**

- In 2018, a grant was written by McLean County Government and McLean County Center for Human Services to establish a triage center. Due to staffing challenges, the grant was not awarded.
- The McLean County Triage Center did move forward, opening in March 2020 to serve as an in-person option for individuals experiencing a non-life-threatening behavioral health crisis. The Triage Center serves as an alternative to entry into the justice system or emergency departments.
- Despite the challenge of opening on the same day as the stay-at-home order due to COVID-19 was issued, steady increases in usage continues.
- Utilizing Peer Support Specialists in a living room model is not only discussed in best practices for crisis care systems, but it is also a nationally known concept for walk-in options for behavioral health care.

### Mental Health and Addiction Recovery Unit Expansion

- Carle BroMenn has an inpatient mental health and addiction recovery unit. In October 2020, capacity in the mental health area increased from 13 to 19 beds and from 5 to 9 beds in medical detoxification.
- The unit provides short-term inpatient hospitalization for adults 18 years of age (out of high school) and older by means of voluntary or emergency admissions. This unit provides a safe environment for acute recovery.

### Call4Calm

- The Illinois Department of Human Services established a Call4Calm text line to support Illinois residents, or someone the resident knows struggling with stress and who needs emotional support related to COVID-19. This service is free of charge and available 24 hours a day, 7 days a week.

### Peer Counselors

- MCCHS is beginning to respond with 2-person teams comprised of a mental health professional and a peer counselor which could improve potential concerns regarding safety, therefore increasing the responses in the community.

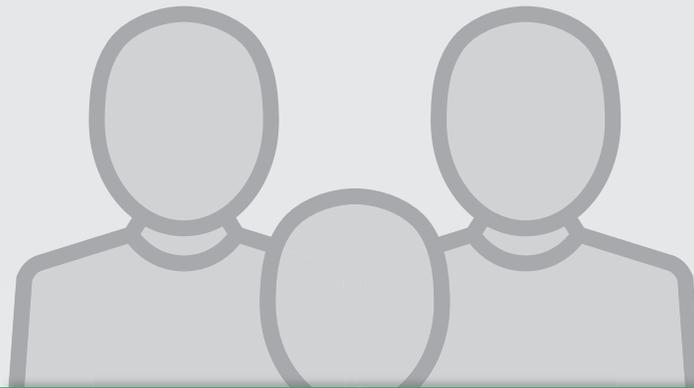
These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix G](#) for more information related to these identified gaps.

## Recommendations for Crisis

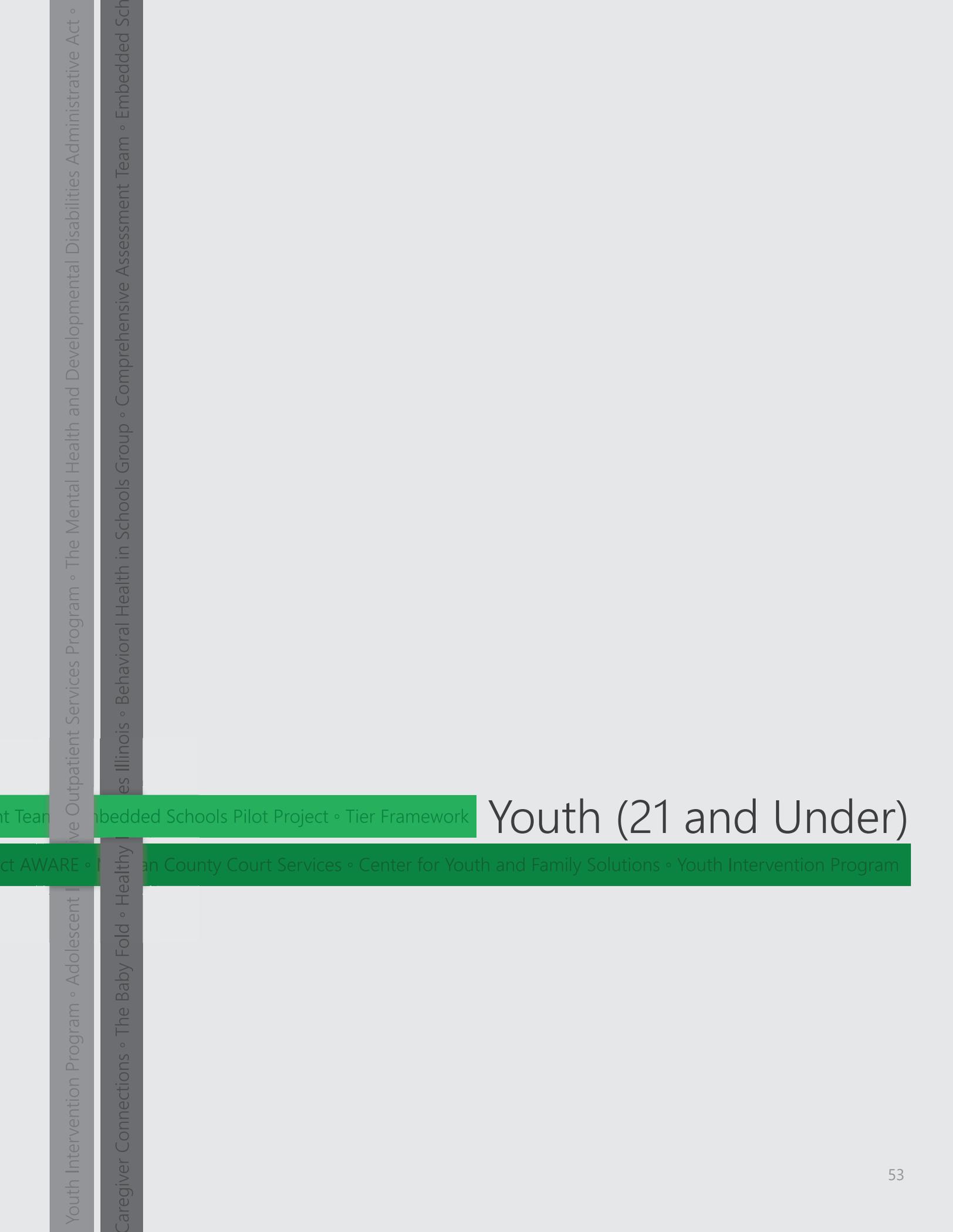
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Service Delivery	1. Develop and implement a method for real time communication between providers of crisis services.	McLean County Crisis System	Year 1 – Year 3	<ul style="list-style-type: none"> <li>-Establish a workgroup with BHCC members specializing/interested in crisis services</li> <li>- Workgroup evaluates best practices and implementation methods</li> <li>-Annual report to BHCC on findings/progress</li> </ul>
Education and Funding	2. Evaluate the ability to provide CIT training for all new first responders and CIT refresher courses for those previously trained.	BHCC and CJCC	Year 1 – Year 2	<ul style="list-style-type: none"> <li>- Explore what funding opportunities are available</li> <li>-Apply for funding opportunities</li> <li>-Utilize award(s) to provide CIT training and CIT training refresher</li> </ul>

Recommendations for Crisis				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Leadership	3. Retain an active role in the state stakeholder groups for the implementation of 988 and provide guidance when needed.	PATH and BHCC	Year 1 – Year 2	-Attend the statewide planning groups and local planning groups -PATH reports biannually implementation efforts and outcomes to BHCC
Data	4. Evaluate data from EMS pilot for future recommendations.	Regional EMS, BHCC, and NYU	Year 1 – Year 3	-Data collection -Analysis of data to determine next steps to better serve those with behavioral health needs
Integrated Leadership	5. Reconvene the Community Crisis Planning Committee quarterly.	McLean County Crisis Providers	Year 1	-Re-establish connection with designated agency representatives to determine best next steps -Quarterly reports to BHCC of committee activity
Outreach	6. Implement a community wide marketing campaign for Mobile Crisis and Triage.	BHCC and MCCHS	Year 1 – Year 2	-Establish a committee to determine steps needed to carry out campaign





Connections • The Baby Fold • Healthy Families Illinois • Behavioral Health in Schools Group • Comprehensive Assessment  
e-Age Youth • Too Good for Drugs • Ending the Survey • Mental Health First Aid for Youth • Project



at Team  
ive Outpatient Services Program • The Mental Health and Developmental Disabilities Administrative Act •  
es Illinois • Behavioral Health in Schools Group • Comprehensive Assessment Team • Embedded Sch

Embedded Schools Pilot Project • Tier Framework

# Youth (21 and Under)

ct AWARE • I an County Court Services • Center for Youth and Family Solutions • Youth Intervention Program

Youth Intervention Program • Adolescent  
Caregiver Connections • The Baby Fold • Healthy

## Youth (21 and Under)

The 2015 MHAP discussed the need for a comprehensive behavioral health care system, that integrates primary health, education, social supports, and employment services. The overarching goal for youth is to implement evidence-based interventions to prevent high cost, high need involvement in human service, health care, and judicial systems.

The 2020 Census shows 21.2% of McLean County residents are under 18 years of age. McLean County also has a large population of college aged (18-21 years old) youth that varies throughout the year from Illinois State University, Illinois Wesleyan University, and Heartland Community College. Addressing youth mental health is more complex than adults. When dealing with youth under 18 years old, there are multiple considerations to be mindful of, including family dynamics, school as a component, their right to privacy, as well as potential limitations to said privacy. Understanding the nuances of the Health Insurance Portability and Accountability Act (HIPAA) and the Illinois Mental Health Statute are only two of the complicated pieces to beginning to address the needs of youth.

In an effort to develop measurable actions to address youth behavioral health services, needs and resources, this plan utilizes a tier framework within the school system. Also included are specific programs, services, or groups that may address additional needs within that tier. For a complete understanding of the tier system, please review [Appendix E](#).

## Current Accomplishments

### Too Good for Drugs

- Too Good for Drugs provides classroom-based substance use prevention education utilizing the evidence-based curriculum to 5<sup>th</sup>-8<sup>th</sup> graders. The program was started in the 2012-2013 academic school year. The first year all eight districts received services was in the 2017-2018 academic school year. While there are some schools that still choose to teach the DARE program, Too Good for Drugs was adopted as a preferred curriculum to utilize in the county.

### Ending the Silence

- Since 2016, all public schools have incorporated Ending the Silence into their health curriculum. Ending the Silence is an educational program created by the National Alliance of Mental Illness (NAMI) that implements school-based universal suicide prevention strategies.

### Mental Health First Aid for Youth (YMHFA)

- Mental Health First Aid for Youth (YMHFA) equips adults to aid in identifying behaviors that are problematic. Several schools have provided MHFA for Youth to all their staff.

- From 2016-2021, 759 individuals have been trained and all educators at Bloomington High School completed an in-service day to be trained.
  - A goal is for all school personnel and educators to become certified in Mental Health First Aid for Youth.

### **Behavioral Health in Schools**

- A Behavioral Health in Schools group began convening in 2017 bringing together stakeholders from various areas including education, special education, several schools district representatives, providers, etc.
- The goal was to formulate effective school partnerships resulting in improved behavioral health outcomes for children, families, and the community.
  - Schools were encouraged to participate in the Illinois Youth Survey (IYS).
- As a result of this group, a universal release form was created and made available to all schools for children in Tier III and Tier IV services to exchange Substance Abuse, Mental Health, Legal, and Education Information. That initial group bridged former gaps, increased communication, and organically, a Comprehensive Assessment Team (CAT) grew as a result.

### **Embedded Schools Program (ES)**

- From the CHNA, the districts in zip codes with the highest need were Bloomington, Ridgeview, and Olympia school districts. Based on CHNA information and the Illinois Youth Survey (IYS), an innovative pilot program called Embedded Schools (ES) was created utilizing property tax dollars allocated from the Board of Health. ES was intended to be a pilot for a period of 3 years in 2 rural districts with the highest need to serve students with high social/emotional needs.
- In 2017, an Embedded School and Community Based Services pilot project began.
  - The McLean County Center for Human Services (MCCHS) placed one clinician in Olympia and Chestnut Health Systems placed one clinician in Ridgeview. Because of the overwhelming positive response from Olympia and Ridgeview superintendents, Year 2 of the pilot was expanded to include embedded clinicians in Bloomington (BJHS) and Parkside (PJHS) junior high schools. In Year 3, an elementary school was added, serving as a feeder school to PJHS. This would allow for an elementary student in need of services to continue to be served as they progressed through the school system. 5 more schools were added to the program in 2020 and 2 more in 2021. Because of the pandemic, 2 schools requested to discontinue in 2020.
  - In 2017, the ES Pilot Project served approximately 116 clients in 8 schools in two districts. In 2018, the project served to serving more than 300 children in 10 schools in four districts, with the addition of an eleventh school in 2019. The Pilot Project has helped to bring services to communities and clients who face economic, logistic, geographic, cultural, and psychological barriers to receiving mental health care.

### **Comprehensive Assessment Team**

- In May 2017, the McLean County Health Department initiated a Comprehensive Assessment Team to address needs of Tier IV youth.

## Youth (21 and Under)

- This multi-disciplinary team focused on high-risk youth referred by Court Services or SASS utilizing intensive, team-based, structured planning and care coordination wraparound services.
- The team staffed 6 individual youth (including 2 siblings).
- In May 2018, the formalized functioning of this group ceased for a variety of reasons, including a need to identify long-term sustainability.
- A Comprehensive Assessment Team (CAT) was re-initiated in October 2019, following the County's successful receipt of a Bureau of Justice Assistance Grant.
  - This grant submission included partnership between Court Services and the Center for Youth and Family Solutions to formally re-establish the Comprehensive Assessment Team.
  - This multi-disciplinary team focuses on high-risk youth referred by Court Services (must have a juvenile justice intercept to be eligible) utilizing intensive, team-based, structured planning and care coordination wraparound services. The team focuses on several needs: physical/medical, home, couple/parental, court/probation, psychiatric hospitalization, and history of trauma.
  - The long-term goal of this grant is to be sustainable by having one agency be the lead. If this is not a possibility, the expectation is the CAT will have created more collaboration amongst community providers, decreasing the silos, to provide services that best meet the needs of the youth and their families. An additional goal is to formally establish more comprehensive team meetings and team-based treatment planning within in McLean County.
  - The first year of the grant (following federal grant year of October 1, 2019 to September 30, 2020) was dedicated to the policy and implementation phase. Initial referrals began in December 2020. In January 2021, the CAT Team began to staff referrals.
    - Most of the referrals were submitted by Court Services via School Resource Officers.
      - » There have been 13 referrals with 11 active youth as of the time of this update being written. The completed wraparound plans have consisted of the majority of the youth & families increasing their levels of support in the community by being referred to agencies for counseling or enrolling in summer youth enrichment classes at Heartland Community College, Normal Parks and Recreation, and Bloomington Parks and Recreation.

### **Adolescent Intensive Outpatient Services Program (AIOP)**

- In 2019, a planning committee prioritized the intensive outpatient services program for youth and began to further discuss key services to be delivered within this program. The committee worked to create a core concept document, later presented to BHCC. This concept document was then used to establish a Request for Funding Proposal, with partnered funding allocation from United Way of McLean County.
- In Fall 2021, as Regional Office of Education (ROE) #17 began having more in-depth discussions with superintendents in the region, it was identified that adolescents are presenting with more severe mental health concerns, higher levels of suicidality, and higher needs than in previous years. Several superintendents have identified that while more supports within schools are needed, as are community providers, there is a higher needs student population with mental health concerns

resulting in them being hospitalized and/or home-bound for their education.

- As a result, ROE #17 is exploring their ability to meet this need utilizing the concept of the Adolescent Intensive Outpatient Services Program but stemming from an educational base with more intensive mental health supports during a typical school day.
- Currently, ROE #17 anticipates if they can implement the program, it will encompass key components of the original RFP (from 2019), but with increased educational capacity than originally planned. Outside funding would still be needed, however, though there are pending legislative changes which may allow for some of the increased mental health services to be billed for students with Medicaid, regardless of whether they have an IEP or not.
- ROE #17 applied for \$250,000 in funding from ISBE and is awaiting response.

### **Youth/Family Intensive Stabilization Program**

- In 2021, CYFS began a Youth/Family Intensive Stabilization Program that has similarities to AIOP; however instead of being site based, it will be based in the community. Approximately 10-15 youth/families will be served at a time.

### **Project AWARE (Advancing Wellness and Resiliency in Education)**

- District 87 was a recipient of a 3-year Project AWARE (Advancing Wellness and Resiliency in Education) grant funded via the State from SAMHSA. This grant will expand upon the ES project for all District 87 schools. Illinois has chosen goals and objectives that closely mirror those of SAMHSA, including:
  - 1) Increase and improve access to school- and community-based services.
  - 2) Develop school-based mental health program, staffed by behavioral health specialists.
  - 3) Conduct outreach and engagement with school-aged youth and their families.
  - 4) Connect families, schools, and communities to increase engagement and involvement in planning and implementing school and community programs for school-aged youth.
  - 5) Help school-aged youth develop skills that will promote resilience and promote positive behaviors.
  - 6) Equip schools with the ability to immediately and effectively respond to the psychological needs of students; and
  - 7) Develop an infrastructure that will sustain and expand mental health and behavioral health services and supports for school-aged youth when federal funding ends.

### **Restorative Practices Program**

- Restorative Practices is evidence-based program that educates adults/teachers on strategies to be less punishment-oriented and more about how to improve and repair relationships.
- Over 500 personnel in the county have been trained in restorative practices, and there are six full-time restorative practices counselors embedded in Unit 5 and District 87 schools through a partnership with Project Oz.
- Demand remains high for the program.

### Caregiver Connections Training

- Caregiver Connections is a free training and support program that helps childcare providers throughout the State of Illinois recognize, understand, and respond to the social emotional needs of the children (birth through age five) in their care.
- As a subcontractor of Chaddock, the Baby Fold provides program-focused infant/early childhood mental health consultation to McLean County daycare providers serving children (birth to age five) in order to strengthen the capacity of childcare providers and families to effectively meet the social emotional needs of young children.
- Additionally, they provide professional development opportunities and trainings on a variety of topics including trauma, culture and diversity, child development, and the importance of healthy relationships/attachment.

These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix E](#) for more information related to these identified gaps.

### Recommendations for Youth (21 and Under)

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Integrated Leadership	1. Convene a group to evaluate best practices and implementation for prevention and earlier intervention, prior to entering the school system.	BHCC and County Board	Year 2	<ul style="list-style-type: none"> <li>- Establish the workgroup with BHCC members specializing/interested in youth services</li> <li>- Workgroup evaluates best practices and implementation methods</li> <li>- Annual report to BHCC on findings/progress</li> </ul>
Education and Preventative Service Delivery	2. Reconvene a group of individuals working with youth in schools with targeted focus/goals.	Regional Office of Education, BHCC, and Community Partners	Year 1 – Year 3	<ul style="list-style-type: none"> <li>-Annual report to BHCC from ROE#17 on number of professional development series held, number of attendees, and analysis of discussion held from trainings</li> </ul>

## Recommendations for Youth (21 and Under)

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Evaluation and Funding	3. Establish outcome and metrics to determine impact in all schools with embedded counselors, regardless of funding source or agency/school personnel.	BH/DD Coordinator at MCHD	Year 1 – Year 3	- Annual report to BHCC on findings/progress
Service Delivery	4. Move to a wraparound concept model to provide holistic services.	Community Partners	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Provide education on components of a wraparound concept model</li> <li>- Create a interagency workgroup to develop shared language, treatment needs, and intervention plans to adopt a wraparound concept model</li> <li>- Consult with CAT program</li> </ul>
Education/ Evaluation/ Funding	5. Evaluate the ability to implement a program incorporating concepts and needs as previously identified with the County's RFP for intensive outpatient services for adolescents. This may include a combination of services and educational components.	McLean County Government	Year 1	<ul style="list-style-type: none"> <li>- Look at cost-sharing options for providing AIOB services in the community</li> <li>- Review previous RFP to determine necessary changes needed to increase submissions on RFP</li> <li>- Release an RFP for these services/program</li> </ul>

Recommendations for Youth (21 and Under)				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Education	6. Increase professional development for professionals working with youth of all ages, including early childhood professionals, human service professionals, clinicians, and those working in school systems. This may also include staff and educators becoming trained on Mental Health First Aid for Youth, or other forms of professional development.	All Agencies	Year 1- Year 3	<ul style="list-style-type: none"> <li>- Create a reporting template for agencies and send out (DBHC will send out) quarterly to gather data on trainings that agencies provide to their staff/community</li> <li>- Director of Behavioral Health Coordination will report annually on findings to BHCC</li> </ul>
Education and Funding	7. Scale the embedded schools project to expand to additional schools and districts, with consideration for increasing community and family supports.	McLean County Board, Board of Health, and ROE #17	Year 1 - Year 3	<ul style="list-style-type: none"> <li>-Expansion of program to more schools than currently being funded</li> <li>-BH/DD Coordinator reports annually on number of schools being funded for imbedded school project</li> </ul>
Medical	8. Continue to explore and support prescriber and provider options.	BHCC	Year 1 – Year 3	BHCC meeting reports of efforts/outreach/initiatives each quarter with a reporting template
Service Delivery	9. Explore expansion of Peer curriculum at Heartland CC to include CFPP (Certified Family Peer Professional)	Heartland Community College	Year	Evaluate coordination and collaboration opportunities including potential funding support





Community of Practice • Collaboration • Chairman's Roundtable • McLean County Behavioral Health Coordinating Council

Town of Normal • City of Bloomington • McLean County Center for Human Services • Chestnut Health Systems • BroM



# Access to Medical Services and Medical Management

## Access to Medical Services and Medical Management

The 2015 MHAP identified the following medication and medical community concerns:

1. Lack of access to medication and/or medication management for the mentally ill in McLean County
2. Lack of availability of timely services following release from hospitals or jails
3. Acute lack of prescribers for psychotropic medication

Lack of access to medical services and/or medical management for those with mental health concerns in McLean County continues to be a significant need. To further complicate what was already becoming a reduced workforce for psychiatric prescribers, the pandemic further reduced the workforce, especially regarding in-person prescribing options. While McLean County has moved forward in the mental health arena, the priority dealing with Medication and Medical Management is still the most challenging.

In December 2020, SAMHSA published a Behavioral Health Workforce Report identifying the number of providers needed in the United States to address those requiring access to mental health and substance use disorders. Recommendations from this report include:

1. Develop and implement a national campaign to educate the public about the need for behavioral health providers and encourage students to pursue careers in behavioral health.
2. Provide funding to healthcare practitioner education programs to embed information on care and treatment of serious mental illness and substance use disorders into standard undergraduate curriculum.
3. Encourage clinical placements/practicums in mental health and substance use disorder settings to increase the knowledge base of practitioners in behavioral health services.
4. Increase loan forgiveness programs for all behavioral health specialties to encourage entry to the field.
5. Increase the peer professional workforce and make these providers an integral component behavioral health services. Require insurers to reimburse for peer professional services.<sup>16</sup>

Improving access to behavioral health services and increasing behavioral health staff would enhance behavioral health and well-being of our community.

<sup>16</sup> SAMHSA, Substance Abuse and Mental Health Services Administration. (2020). Behavioral Health Workforce Report. Retrieved 2021, from <https://www.mamh.org/assets/files/behavioral-health-workforce-report.pdf> p. 29-30

## Current Accomplishments

### Expansion of McLean County Detention Facility

- In 2019, an addition to the jail was completed with housing specifically designed for incarcerated individuals with a mental health diagnosis or others with higher needs.
- Additionally, there is telepsychiatry available for those individuals, as well as expanded behavioral health services and supports within the detention facility.

### Peer Recovery Support Specialist Certification Program

- In November 2020, HCC Board of Trustees approved the Peer Recovery Support Specialist certification program. This is the first such program offered at a college in Illinois.
- The program was developed in collaboration with Chestnut Health Systems with the first cohort focusing on substance abuse recovery.
  - Best practices include using peers, or those with lived experience, and addressing social determinants of health of those that are served.
  - The Triage Center has been exploring the possibility to be a peer apprenticeship location.

### Carle BroMenn Behavioral Health

- In October 2020, Carle BroMenn introduced a renovated in-patient psychiatric unit.
  - Capacity was increased from 13 to 19 beds and from 5 to 9 beds in medical detoxification.
  - The unit provides short-term stays up to 14 days to stabilize patients in a more therapeutic environment.
- In 2021, Carle BroMenn Medical Center Addiction Recovery began offering Partial Hospitalization Programming (PHP), again in conjunction with Intensive Outpatient Programming (IOP) and After Care Programming.
  - This is a group-based outpatient treatment that meets Monday through Friday for five hours per day. While programming is individualized, typical length of stay is 10 to 15 days.
  - Patients will learn core recovery principles, relapse prevention strategies and coping skills to implement into a recovery lifestyle. Family members can attend a scheduled session to assist in the recovery journey as a part of this program.
  - Licensed therapists, dietitians, chaplains and members of the recovery community are available to assist patients with their recovery plans following partial hospitalization treatment.
- In August 2021, Carle BroMenn Medical Center's behavioral health therapists began hosting a weekly stroke support group at the Carle Health and Fitness Center.
  - One support person is also permitted to participate.
  - Curriculum is created around a holistic approach with the addition of hosting medical and community experts on a scheduled basis.
  - Direct referrals will be made for all patients with a stroke diagnosis discharged from Carle BroMenn Medical Center's Acute Rehab Unit or other area.

- In June 21, Carle BroMenn Medical Center and Eureka Hospital Delegate Church Association hosted a virtual meeting for the community. A presentation on mental health and resilience was given by a staff member at the McLean County Center for Human Resources.
  - Carle BroMenn Medical Center donated eight registrations to Mental Health First Aid classes hosted by Carle BroMenn Medical Center and the Carle Health and Fitness Center in June and July 2021.
- In July 2021, Carle BroMenn Medical Center Behavioral Health Department began offering counseling services for patients of the Carle Cancer Institute and in May 2021 for hospital patients in Acute Rehab.
  - Carle BroMenn Medical Center Acute Rehab Services treats patients who require inpatient rehabilitation services resulting from a variety of conditions including stroke, traumatic and non-traumatic brain and spinal cord injury, neurological disorders, hip fracture, amputation, burns, arthritis, joint replacement and other conditions

### **ISU School of Nursing**

- Addressing the shortage of RN's (that also affects private practice physicians who do some medication management), the ISU School of Nursing has worked to increase capacity.
- ISU Trustees have approved a new building project for the School of Nursing to be connected to the Simulation Lab.
  - The RN program will grow 100 students a year by 2024 for a total of 800-1200 students.
  - Construction is slated to begin in 2021.
- Along with this growth, ISU has worked in partnership with Heartland Community College (HCC) to create a "pipeline" where students start at HCC, while also taking courses at ISU to accelerate completion of their BSN.
- Funded through a HRSA grant, to aid in the lack of psychiatrists, ISU School of Nursing began a new post-master's program Psychiatric Mental Health Nurse Practitioner Certificate (PMHNP) to provide training to Family Nurse Practitioners (FNP).
  - As a 5 course, 24 credit hour program over a 2-year period, 10 students began the program in May 2021. This first cohort is scheduled to complete their studies in August 2022.
  - Preceptors for clinical site work are hard to find given the demand for their services.

These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix D](#) for more information related to these identified gaps.

### Recommendations for Access to Medical Services and Medical Management

Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Data	1. Develop enhanced methods for data sharing for case management to improve the continuity of care.	BHCC, Community Providers, EJIS Workgroups	Year 1 – Year 3	- BHCC meeting reports of data sharing each quarter with a reporting template
Evaluation	2. Explore integrating Carle Bromenn with UnityPoint to increase access to psychiatric services while providing more options for care.	Carle Bromenn	Year 1 - Year 3	- Integration report update quarterly to BHCC
Medical	3. Support increase of use of telepsychiatry. <sup>1</sup>	BHCC	Year 1 – Year 3	- BHCC meeting reports of each quarter with a reporting template (actions, sustainability steps, % used over time)
Education	4. Education on benefits of practice of on-site or integrated behavioral health at primary care offices. <sup>2</sup>	BHCC	Year 2	- Establish a workgroup and provide a annual report to BHCC
Education/ Evaluation	5. Develop a strategy to maintain current behavioral health staff and obtain more behavioral health staff within the county.	BHCC	Year 1 – Year 3	- Each agency provides an annual report to BHCC to share information on how to recruit and maintain staff

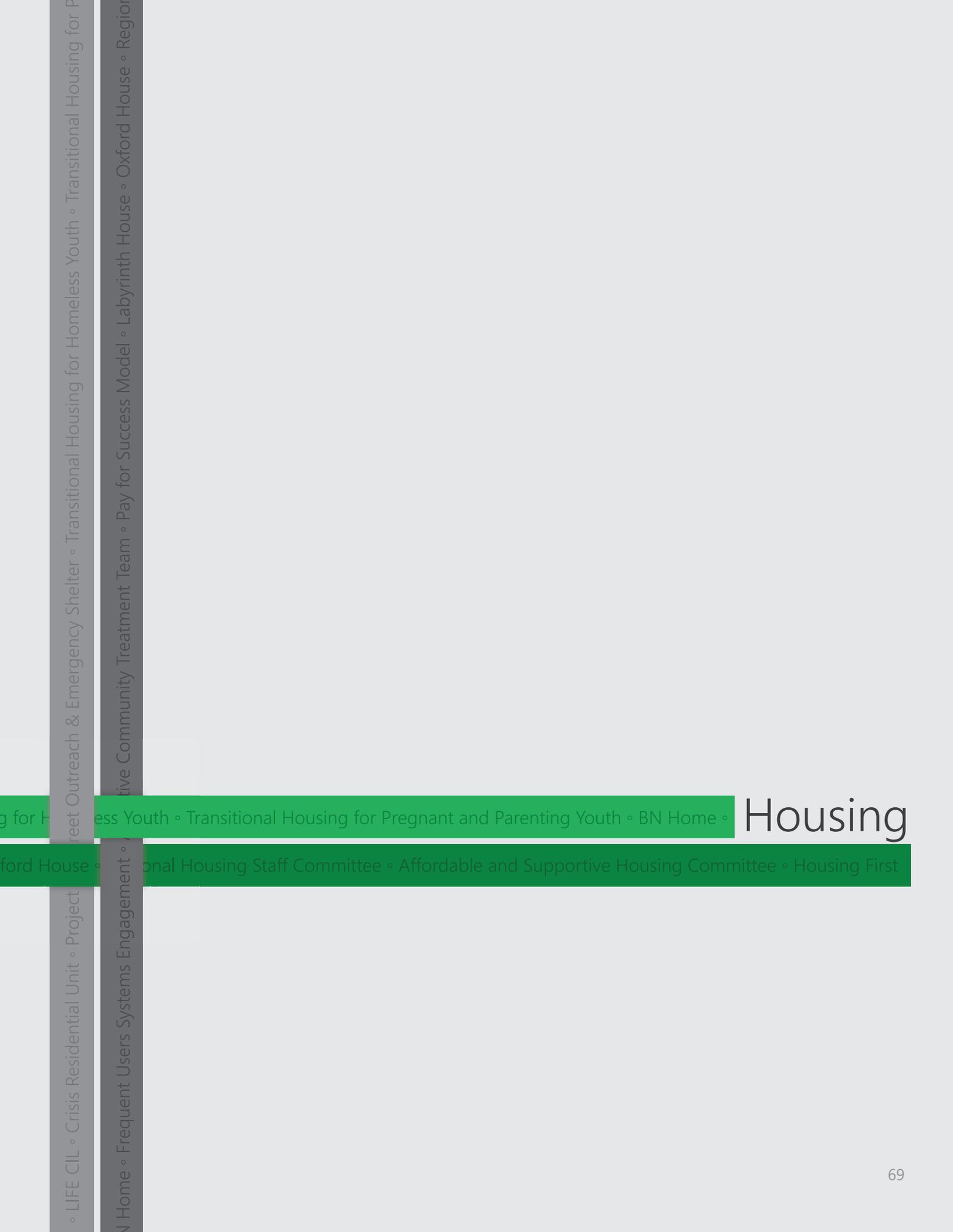
<sup>1</sup> SAMHSA, Substance Abuse and Mental Health Services Administration. (2020). Behavioral Health Workforce Report. Retrieved 2021, from <https://www.mamh.org/assets/files/behavioral-health-workforce-report.pdf> p. 29-30

<sup>2</sup> Advocate BroMenn Medical Center, Chestnut Health Systems, McLean County Health Department, and OSF Healthcare St. Joseph Medical Center, (2020-2022). Community Health Improvement Plan for McLean County/Illinois. Retrieved in 2022 from, <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/telemental-health-services>.



Housing First • LIFE CIL • Crisis Residential Unit • Project Oz Street Outreach & Emergency Shelter • Transitional Housing

ent Users Systems Engagement • Assertive Case Management Team • Peer Support Success Model • Labyrinth House • Ox



...g for Homeless Youth • Transitional Housing for Homeless Youth • Transitional Housing for Pregnant and Parenting Youth • BN Home • Oxford House •

...ive Community Treatment Team • Pay for Success Model • Labyrinth House • Oxford House • Regional Housing

g for Homeless Youth • Transitional Housing for Pregnant and Parenting Youth • BN Home •

ford House • Regional Housing Staff Committee • Affordable and Supportive Housing Committee • Housing First

# Housing

... LIFE CIL • Crisis Residential Unit • Project

... Home • Frequent Users Systems Engagement •

## Housing

The 2015 Mental Health Action Plan identified two general concerns for housing in McLean County. The previous concerns identified were: 1) access to clean, safe, sanitary housing on a transitional/temporary, seasonal, or permanent basis; and 2) availability of supportive housing.

The County Board Mental Health Advisory Committee also identified the following to be best practices in housing in 2015:

1. A continuum of housing options:
  - a. Transitional Housing
  - b. Emergency Shelter
  - c. Recovery Housing
  - d. Permanent Supported Housing
  - e. Seasonal housing for the homeless population
2. Housing based services to assist individuals in remaining in the community/least restrictive environment which could include elements of the following:
  - a. Intensive Case Management (homemaker assistance, transportation, medication management, recreational services, etc.)
  - b. Intensive Home-Based Treatment
  - c. Supported Education
  - d. Transportation
  - e. Interactive Communication Devices
  - f. Peer Support
  - g. Recovery Support Coaching
  - h. Job Training
3. Establish relationships with landlords for housing
  - a. Rent Guarantees
  - b. Support for maintenance of housing

In an effort to continue to address the concerns for housing and keeping in mind the best practices that were identified in the 2015 MHAP, the County has made progress in the area of housing and continues to recommend continued action to improve housing in the county.

## Current Accomplishments

### Labyrinth Outreach Services to Women

- Labyrinth Outreach Services to Women started as a grassroots organization to support women returning home to McLean County from prison and jail in 2013.
- The Labyrinth House opened in 2015 and serves a transitional living program with four, two-bedroom furnished apartments.
- In 2016, Labyrinth merged with YWCA McLean County and expanded their services. The organization is now known as YWCA Labyrinth Outreach Services to Women.

### BN Home Study

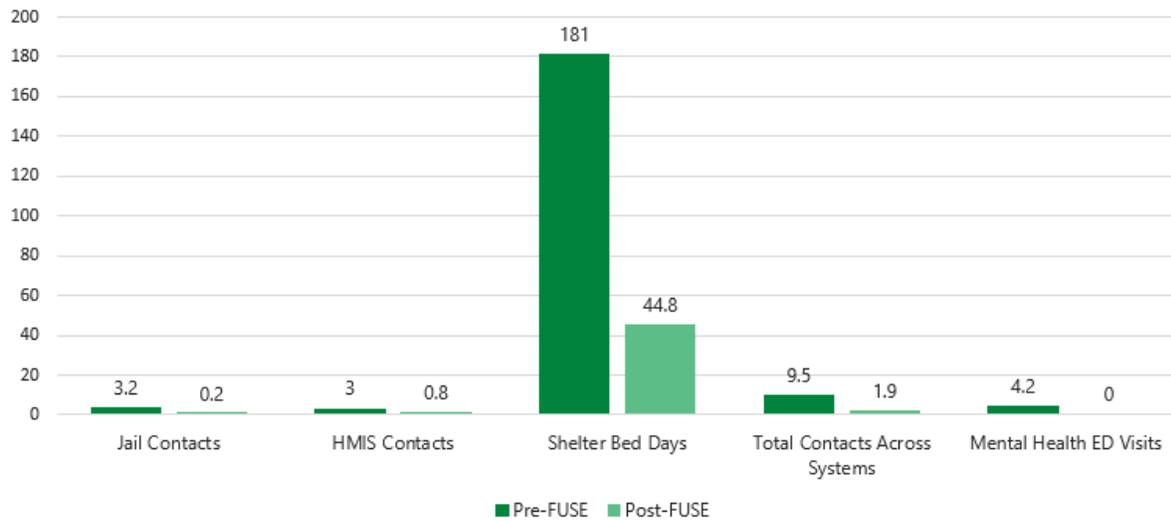
- In 2017, McLean County Regional Planning Commission (MCRPC) took the lead with a study titled BN Home. As a result of that study two committees were created.
  - The Regional Housing Staff Committee acts as a conduit between local efforts and state and federal housing agencies and the Affordable and Supportive Housing Committee focuses on affordable, supportive housing.
- BN Home has produced several white papers on the status of housing through the efforts of MCRPC and the Regional Housing Staff Committee.
- This group has also begun to explore the development of a tool, as well as assessing said tool, as a way to demonstrate ideal locations within the county for supportive housing developments.
- A 2020-2024 joint 5-year Consolidated Plan for the Community Development Block Group (CBDG) program was developed for the City of Bloomington and the Town of Normal, along with extensive data.
  - Both plans and other documents regarding housing and the dashboard are found on MCRPC website. This dashboard contains data on demographics, housing units and costs, homelessness, etc.

### Frequent User Systems Engagement (FUSE)

- FUSE is a program concept from the Corporation of Supportive Housing. McLean County's FUSE program focuses on the overlapping impact of behavioral health, justice involvement, and homelessness on individuals.
- FUSE encompasses those individuals who have intersected the most with some of the more high-cost, high-need services within a community. In McLean County, this represents usage of homeless shelters, jail bed days, and emergency department visits or related crisis services. These individuals represent a small portion of the population, but also represent individuals with complex behavioral health needs not easily captured in one location or one service provision.
- The Housing in Recovery Pilot Act<sup>17</sup> recently signed by the governor, is almost the exact same description as the FUSE Program. This is currently unfunded; however, local legislators are aware of the program in McLean County, should funding become available to pursue.

<sup>17</sup> Housing is Recovery Pilot Program Act, ILCS § 102-0066 (2021)

McLean County FUSE Program - August 2019 to October 2021



**Oxford House**

- Oxford House is a model of Supportive Housing for those who are recovering from substance use disorder and was initially funded through Illinois Department of Human Services Division of Alcoholism and Substance Abuse (IDHS/DASA).<sup>18</sup>
- In November 2021, 2 houses opened in McLean County with the intent of opening a total of 5-8 houses.

**Chestnut’s Crisis Stabilization/Residential Unit (CRU)**

- Chestnut’s Crisis Stabilization/Residential Unit (CRU) serves as a potential step-down housing option to those individuals diagnosed with mental illness who are released from a correctional facility.

<sup>18</sup> Group Home Supportive Living Initiative - IDHS 4501. IDHS. (n.d.). Retrieved 2021, from <https://www.dhs.state.il.us/page.aspx?item=44923>

These recommendations are based on lessons learned and challenges encountered since the 2015 MHAP. See [Appendix F](#) for more information related to these identified gaps.

Recommendations for Housing				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Housing/ Funding	1. Educate the public what supportive housing is and is not.	County Board and Regional Housing Initiative	Year 1 – Year 3	- Follow RHI’s strategic plan to align goals <sup>1</sup>
Education	2. Re-evaluate and update entry requirements and tenant screening for public housing.	Bloomington Housing Authority	Year 2	- Collaboration and coordination with MCRPC - Annual reporting to BHCC
Housing/ Advocacy	3. Partner with MCRPC to assist with best land-use/ location for supportive housing.	BHCC and MCRPC	Year 1 – Year 3	- Collaboration and coordination with County Board, Legislative Committee, BHCC, County Lobbyist, and MCRPC to share data with local and state legislators - Annual reporting to BHCC on policy changes

<sup>1</sup> McLean County Regional Housing Initiative, (2019, April). Retrieved in 2022, <https://mcplan.org/file/937/Regional%20Housing%20Initiatives%202020-2021%20Report.pdf>

Recommendations for Housing				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Housing	<p>4. Encourage municipalities to:</p> <p>a) Continue to reduce barriers for housing opportunities whenever possible to accommodate in-house social services or healthcare, increase densities for smaller room/unit sizes, and other requirements to allow for housing type responsive to the unique needs of these residents.</p> <p>b) Promote and market opportunities to potential developers for multi-unit, supportive, residential infill properties near transit, shopping, and other amenities.</p>	County Board, BHCC, Town of Normal, City of Bloomington, and MCRPC	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Coordination and Collaboration with local municipalities</li> <li>- Annual reporting to BHCC</li> </ul>
Housing and Funding	5. Include funding for staff at the supportive housing units.	MCRPC and BHCC	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- Collaboration and Coordination with MCRPC</li> <li>- Annual reporting to BHCC</li> </ul>
Advocacy	6. Seek housing funding for construction of new subsidized housing units or scattered site leasing (Federal Government preference – scattered site is more cost effective).	BHCC and County Board	Year 1 – Year 3	<ul style="list-style-type: none"> <li>- BHCC meeting reports of efforts/outreach/initiatives each quarter with a reporting template</li> </ul>

Recommendations for Housing				
Focus Area	Action	Who	When	Goals/Metrics to Identify Positive Change
Integrated Leadership	7. Form a coordinated system for reviewing applications for housing assistance to maximize resources (Township, Veteran’s Assistance, etc.).	BHCC, MCRPC, Housing Authority, PATH, Township, Veteran’s Assistance, HUD	Year 1 – Year 3	- Interagency coordination and collaboration of resources, data, and quarterly network meetings
Funding and service delivery	8. Implementation of Pay for Success with FUSE program.	BHCC, Carle BroMenn, and OSF	Year 3	- Establishment of Pay for Success program

# Conclusion

McLean County has historically shown the ability and will to create collaborative solutions to large problems. McLean County must continue to stay focused on the goals of building a better person-centered community behavioral health system. The leadership of the organizations represented by the BHCC have come together to address behavioral health needs, as these cannot be solved solely by government or one agency alone. It will require a collaborative effort with shared goals to leverage resources to bring solutions to a complex and interconnected system. This begins with addressing the recommendations BHCC has put forth in the update of the 2015 Mental Health Action Plan.





# Appendix

## Appendix A - Acronyms and Abbreviations

ACA	Affordable Care Act
ACMHAI	Association of Community Mental Health Authorities of Illinois
ACT	Assertive Community Treatment
Advocate	Advocate BroMenn Hospital, currently Carle BroMenn Hospital
AHEC	Area Health Education Center
AIOP	Adolescent Intensive Outpatient Program
AOK	All Our Kids
AOT	Assisted Outpatient Treatment
APN	Advance Practice Nurse
BP	Best Practices
BPIA	Best Practices Implementation Academy
BH	Behavioral Health
BHCC	McLean County Behavioral Health Coordinating Council
BHPAT	Behavioral Health Priority Action Team
BOH	Board of Health
Carle	Carle Bromenn Hospital, formerly Advocate Bromenn Hospital
CAT	Comprehensive Advisement Team
CBT	Cognitive Behavior Theory
CCBHC	Certified Community Behavioral Health Center
CEU	Continuing Education Unit
Chestnut	Chestnut Health Systems
CHIP	Community Health Improvement Plan
CHS	McLean County Center for Human Services
CHNA	Community Health Needs Assessment
CIT	Crisis Intervention Training
CJCC	Criminal Justice Coordinating Council
CRU	Crisis Residential Unit, formerly CSU (Crisis Stabilization Unit)
CSU	Crisis Stabilization Unit
CST	Community Support Team
CSH	Corporation for Supportive Housing
CYFS	Center for Youth and Family Solutions
D87	Bloomington School District 87
DD	Developmental Disabilities
DDJI	Data Driven Justice Initiative
DHS	Illinois Department of Human Services
DMH	Illinois Division of Mental Health
DOJ	Department of Justice
EAV	Equalized Assessed Valuation
EBP	Evidence Based Practices
ED	Emergency Department
EDC	Economic Development Council
EJIS	Electronic Justice Information System (IJIS)
EMR	Electronic Medical Records
EMS	Emergency Medical Service
FQHC	Federally Qualified Health Center
FUSE	Frequent User Systems Engagement
HCC	Heartland Community College
HFS	Illinois Healthcare and Family Services

HHS	US Department of Health and Human Services
HMIS	Homeless Management Information System
HUD	Housing and Urban Development
ICJIA	Illinois Criminal Justice Information Authority
IDD	Intellectual and Developmental Disabilities
IDHS	Illinois Department of Human Services
IGA	Intergovernmental Agreement
IJS	McLean County Integrated Justice Information System
ILCS	Illinois Compiled Statutes
IOP	Intensive Outpatient
ISU	Illinois State University
IWU	Illinois Wesleyan University
LWV	League of Women Voters
MCDF	McLean County Detention Facility
MCCHS	McLean County Center for Human Services
MCHD	McLean County Health Department
MCRP	McLean County Regional Planning
MCTC	McLean County Triage Center
MHAB	Mental Health Advisory Board
MHAP	Mental Health Action Plan
MHFA	Mental Health First Aid
MI	Mental Illness
MRT	Moral Recognition Therapy
NACo	National Association of Counties
NAMI	National Alliance on Mental Illness
NIC	National Institute of Corrections
NOFO	Notice of Funding Opportunity
NYU	New York University (Criminal Justice Lab)
OMA	Open Meetings Act
OSF	OSF St. Joseph Hospital
PATH	Providing Access To Help
PBIS	Positive Behavioral Intervention and Supports
PFS	Pay for Success
RFP	Request for Proposal
RNR	Risk Need Responsivity
ROE	Regional Office of Education #17
SA	Substance Abuse
SAMHSA	Substance Abuse and Mental Health Services Administration
SASS	Screening Assessment and Support Services
SDoH	Social Determinates of Health
SIM	Sequential Intercept Model
SIPPRA	Social Impact Partnerships to Pay for Results Act
SOC	System of Care
SUD	Substance Use Disorder
U5	McLean County Unit 5 School District
WRAP	Wellness Recovery Action Plan
WRAP	Wraparound Services

## Appendix B - Collaboration and Coordination

Coordination goes along with collaboration. One cannot coordinate in order to achieve common goals if one does not collaborate. Some of the short- and long-term coordination objectives tie directly into collaboration, such as utilizing technology to enhance services between agencies, case management cooperation, and training opportunities. Training should be coordinated to improve effectiveness and efficiency. There have been several coordinated efforts since the 2015 MHAP.

Since 2017, McLean County, along with its partners, the City of Bloomington and the Town of Normal have hosted an annual Community Behavioral Health Forum. The goal of the forum is to raise community awareness surrounding mental health with the overarching theme of “we are all in this together.” Presenters and panelists have represented agencies, providers, those with lived experience, youth, marginalized populations, and more with topics ranging from self-care to trauma. The 2017-2019 forums were in person and virtual in 2020 and 2021, with the recordings of the virtual sessions posted on the McLean County Behavioral Health YouTube channel.<sup>1</sup> Attendance has grown from about 100 in 2017 to over 900 registered viewers in 2021.

Beginning in 2016, as the first in the state, a Joint Community Health Needs Assessment (CHNA) and ensuing Community Health Improvement Plan (CHIP) was created. The McLean County Health Department, both BroMenn and OSF hospitals and United Way of McLean County in 2016 created the 2017-2019 plan, and the first three with Chestnut Health Systems created the 2020-2022 plan. The Community Health Improvement Plan (CHIP) is a three-year plan to address the top three priority areas. The 2021 survey which will be used to create the 2023-2025 plan was recently completed. Priority Action Teams for the top 3 priorities are created and comprised of numerous community stakeholders.

Behavioral Health (including Mental Health and Substance Abuse) has been a top priority both for 2017-2019<sup>2</sup> and the 2020-2022<sup>3</sup> CHIP while the other priorities concern Social Determinants of Health. The Behavioral Health Priority Action Team (BHPAT) determined the overarching goal for 2020-2022 is to “advance a systemic community approach to enhance behavioral health and well-being by 2023.”<sup>4</sup> Objectives include reducing the number of deaths due to suicide and reduce the death rate due to drug poisoning.

An Adverse Childhood Experiences (ACE’s) Master Training was held in October 2017 with 13 from McLean County completing the training. The McLean County Master Trainers presented to over 2,000 community members on ACEs between 2017 and 2019. There currently is not a lead agency for coordination and tracking of ACE’s presentations however, it has been rolled into the Trauma Informed and Resilience Initiative that is in the 2020-2022 CHIP.

<sup>1</sup> McLean County Behavioral Health. Videos [YouTube channel] Retrieved 2021 from [www.youtube.com/channel/UC0tyVSSSLDoIm8A1f2M1PZw/videos](https://www.youtube.com/channel/UC0tyVSSSLDoIm8A1f2M1PZw/videos)

<sup>2</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and the United Way of McLean County, (2016). McLean County Community Health Improvement Plan 2017-2019.

<sup>3</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and Chestnut Health Systems, (2019). McLean County Community Health Improvement Plan 2020-2022. Retrieved 2021, from [https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT\\_2020-2022-McLean-County-CHIP\\_Released-Feb-2020](https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT_2020-2022-McLean-County-CHIP_Released-Feb-2020)

<sup>4</sup> Carle BroMenn Medical Center, McLean County Health Department, OSF St. Joseph Medical Center, and Chestnut Family Health Center (2019). McLean County Community Health Improvement Plan 2020-2022. Retrieved 2021, from [https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT\\_2020-2022-McLean-County-CHIP\\_Released-Feb-2020](https://health.mcleancountyil.gov/DocumentCenter/View/3824/FINAL-DRAFT_2020-2022-McLean-County-CHIP_Released-Feb-2020)

Additionally, in 2018, a social media campaign focused on reducing stigma, increasing coping skills, and identifying community supports was launched by several community providers in collaboration.

In 2018, the CHNA's Behavioral Health Priority Action Team was awarded a technical assistance session with the National Center on Trauma-informed Care through the Substance Abuse and Mental Health Services Administration (SAMHSA). On April 12, 2018, the SAMHSA team led a workshop to aid McLean County to understand what others have done to create trauma informed communities and how such work can improve the behavioral health of the community and support being a Trauma Informed Community. An initial push to engage started a trauma informed initiative in 2019 but lost momentum and faded away with staff changes.

Since 2019, there was no significant forward movement on Trauma Informed Coalition. With the 2020-2022 BHPAT, the County's BHCC department took the lead to begin to measure a baseline for McLean County being a trauma informed county with regard to individuals and organizations. With this, a formal initiative was begun with core leadership across multiple organizations and populations.

Subcommittees began work relative to smaller components, though the initiative has had to pause at multiple points due to a variety of reasons. As it was determined more personnel time is needed in order to allow for more forward movement and progress, a position posted by the County late fall 2021 to hire an individual who could lead this initiative was recently completed. Discussion has also occurred with regard to the benefit of a consultant to outline a strategic plan to aid this project.

The McLean County Health Department, with support from the Board of Health, hosts the McLean County Mental Health First Aid Collaborative and coordinates instructors and courses. The collaborative consists of the MCHD, both hospitals, the AHEC network and MCCCHS. The pandemic did affect the number of courses in 2020 as they had to adapt to deliver the courses virtually or blended along with the traditional in person course. Two instructor trainings occurred in 2021 with 12 new instructors. McLean County's MHFA Collaborative has been successful in training more than 2,500 people in five years.

A concern of note is it appears the state is embarking on multiple different projects that are not coordinated across state agencies for mental health. To name a few, 988, the new nationwide, 3-digit number for the National Suicide Prevention Lifeline, is based on regions that are still undefined, the Crisis Care system is based on individual counties, the future Pathways to Success for Youth is based on a group of counties, the Judicial System is based on circuits, EMS has regions and more. Additionally, each of those examples there seems to be a different one size fits all for each project. McLean County and local agencies will have to make sense of and the impact to the efforts made to address local issues.

## Information/Data Sharing

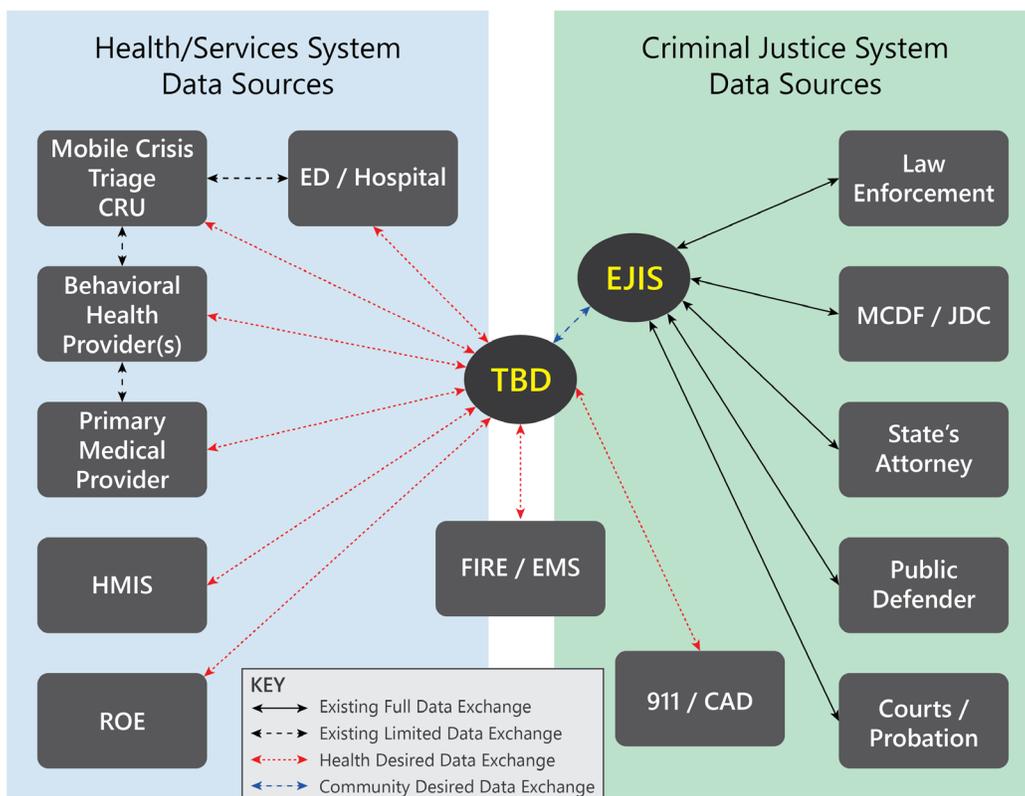
A portion of coordination is information sharing, including both aggregate and individual data. As stated previously, in 1995, McLean County embarked on a visionary project to integrate all public safety data with the development of the Integrated Justice Information System (IJIS). It is important to collect data to inform program development, implementation, and improvement. Improving cross-system data collection and integration is key to justifying expansion of programs and measuring program outcomes and success. IJIS data has been used by the Criminal Justice Coordinating Council for many years. It is

analyzed quarterly by the Stevenson Center and used to make decisions to focus on various topics within the criminal justice system.

Collecting data and evaluating programs should be a critical element of all criminal justice and behavioral health initiatives. Data helps illustrate what is working, what needs to change, and which stated outcomes are achieved. In the short term, data can be used to set goals and assess needs, and in the long term, data can help answer research questions, evaluate program outcomes, and inform for continuous program improvement.

The Data Driven Justice Initiative, mentioned earlier, is a bipartisan coalition of city, county, and state governments which consists of approximately 150 jurisdictions who have committed to using data-driven strategies to divert individuals with mental illness out of emergency rooms and the public safety system. The initiative focuses on changing approaches to sharing and utilizing data, allowing for improved diversion decisions for those in crisis and ultimately predicting those at highest risk of crisis and developing directed prevention programs.

On an aggregate level, the Mental Health Action Plan includes goals of “develop(ing) standardized data collection guidelines from all agencies and providers to measure outcomes, reveal possible gaps in the system, and move to a purchase of services system for funding”. Additionally, the plan identified that on an individual level, “McLean County needs integrated, inclusive collaboration for case managers from local agencies working with behavioral health clients, including homeless, developmental disabilities, adolescents, substance abuse, family, school, etc. in a proactive manner... HIPAA and other privacy issues must be kept in mind when determining data to collect.”



An example of the need for aggregate level data can best be illustrated with the data map above. In this scenario, suppose an individual with suicidal ideation has a weapon. First 911 is called, law enforcement would be dispatched and likely EMS. They are then counted by EMS, transported to an ED, and counted by the hospital, counted again if either Mobile Crisis or SASS is called and counted again if admitted to an inpatient unit. One individual could be counted at least 6 times. Since there can be multiple different combinations and permutations, the true scope of unduplicated individuals with mental health needs cannot be determined at this time.

Aggregate level collected data could be utilized to broadly answer five (5) questions; 1) How many people with mental illnesses are entering jail or the ED, 2) How long are they staying, 3) Are they connected to treatment once they are released, 4) How often do they come back to Jail or the ED, and 5) How do we ensure that individuals with mental illnesses maintain treatment through appropriate case management and a continuum of care, as well as diverting those individuals from the justice system or the ED.

To aid in making data driven decisions, SAMHSA has produced a document Data Collection Across the Sequential Intercept Model<sup>5</sup> as a guide. The SIM is discussed in detail under the Justice Involved section. Some of the data points are already contained in the IJIS system and have been utilized by CJCC. Some of the data points are already collected by the providers.

With the refresh of IJIS occurring and the other points regarding data in this report, the opportunity exists for behavioral health stakeholders in McLean County to begin collaborating on an aggregate level. The data would also be able to provide an update to the annual BHCC report on identifying emerging needs and evaluating/tracking progress of the goals of this update and programs.

Programs need to determine what data to collect, how often, and how to use it to assess impacts, set goals, and make improvements. There are often data collection requirements from funders, whether they are federal, state, local, or pay for success. This can lead to programs needing to quickly develop data collection and analysis processes. Often, programs also work to develop research partnerships through local agencies or universities to support development of data collection plans, logic models, and analyses and to conduct evaluations.

Individual data would be applied to help patients with mental illness/substance use disorders to fully participate and benefit from a health care delivery system that's better, smarter, and healthier, while protecting their privacy. As the health care system moves toward new integrated care models that incentivize providers to coordinate and put the patient at the center of their care, we should modernize our rules to protect patients. Effective information sharing across behavioral health and criminal justice systems is critical to reducing the number of people with mental and substance use disorders in jails. At the point of service, the availability of information related to the person's treatment history and condition can enhance safety, improve the individual's health, and support recovery outcomes.

From the 2015 MHAP, short-term objectives relating to information/data sharing included 1) Create interagency training, 2) Explore technology to enhance services between agencies, 3) Examine data requirements, and 4) Create reports for review by agency managers.

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<sup>5</sup> <https://store.samhsa.gov/sites/default/files/d7/priv/pep19-sim-data.pdf>

The short-term goal of creating interagency training was accomplished in many sectors between 2016-2019. All law enforcement officers, dispatchers, probation officers and jail staff in McLean County were certified as CIT officers. Additionally, interagency Crisis provider coordination meetings were taking place including CHS, Chestnut, BroMenn and County staff. Due to COVID-19 restrictions on meetings and related staff turnover, many new law enforcement officers have not been trained in CIT over the past 18 months and interagency Crisis Provider Coordination meetings have not been renewed. Additionally, the work on alternative EMS Crisis Incident Training and ongoing training/refresher contacts have been delayed due to COVID-19 restrictions.

Resulting from relationships created by the Data Driven Justice Initiative, the short-term goal of exploring technology/examining data requirements/creating reports was highlighted in the frequent user data integration matching tool developed with the Corporation for Supportive Housing and the University of Chicago Data Science and Public Policy Center in 2016-2017 – which is currently used to identify potential FUSE Program participants. Data is matched/pulled into the tool monthly from IJIS and Homeless Management Information System (HMIS) and then a report is run for the most recent 18 months, and the intersection of the two data sets is created. Data is sorted from the justice system; total contacts; and most recent HMIS contact. Following that, the top 25 intersects are sent to the FUSE Program Manager for outreach. Most existing FUSE Program clients have come from outreach done via the tool. Staff often first meet an individual at a court hearing. The data matching tool also is utilized when a referral is made from another entity, to determine if there is intersection with more than one of the high-cost/high-need systems of care (emergency department/crisis, justice, homelessness) and that they meet the threshold of intersection activities.

Continued utilization of Frequent User Data Integration tool and to expand the effectiveness of data analysis by expanding Mental Health information through appropriate Business Associate Agreements and/or work to identify and resolve barriers to appropriate data sharing are needed. The utilization of Justice information about the Frequent User matching tool is dependent upon the access and utilization of McLean County's Integrated Justice Information System (IJIS) which assigns a unique identifier which gives the County the capability of tracking "super utilizers". IJIS is hosted on County servers and the County has complete access and utilization to the data stored in the system. Alternative uses for the Data Integration Tool should be explored.

Additionally, the County's Criminal Justice Coordinating Council (CJCC) should continue to maintain a contractual relationship with the Stevenson Center at Illinois State University to compile and analyze data drawn from IJIS to identify factors that impact the Justice System, including aggregate analysis of System participants with mental illness.

With respect to the short-term goal of assessing data requirements, the Health Insurance Portability and Accountability Act (HIPAA) and other federal and state confidentiality laws create real and misconstrued barriers to information sharing. State laws are more restrictive than federal laws and will take precedence over what is allowed in HIPAA. HIPAA was enacted to address privacy of health information and the growing use of technology for holding and exchanging health information. It was intended to balance privacy and continuity of care concerns, while assuring data security. However, many state mental health confidentiality laws were enacted at a time when cross-system care was not a major part of health care and when most health records were on paper, resulting in inconsistencies between federal and state law

in some situations. In many states, statutes are being updated to reduce discrepancies. For example, Ohio confidentiality laws were recently revised to be consistent with HIPAA, as lawmakers recognized that the state law was limiting continuity of care, and Texas was an early adopter of revised state privacy laws to assure a “fit” with HIPAA. Actions, such as Public Act 91-0536, effective January 1, 2000, which modified the Illinois Mental Health and Developmental Disabilities Administrative Act, allowed the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient’s record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge.

Similar modifications to allow law enforcement to appropriately access the availability of information related to the person’s treatment history and condition prior to arrest can enhance safety, improve the individual’s health, and support recovery outcomes are needed.

Additionally, the continued exploration of field consent processes and alternative support scenarios that could provide law enforcement/dispatch services with effective pre-arrest direction about diverting individuals using business associate agreements with County agencies should occur. Such business associate agreements can also provide for outwardly facing performance reports, measuring a variety of metrics such as call volume, number of referrals, time-to-answer, abandonment rates, and service accessibility performance while addressing duplicative data counts within the systems of care. When implemented in real time, the public transparency provides an extra layer of urgency and accountability.

The Long-term goal of utilizing technology to develop a process to allow appropriate information on individuals being served by multiple agencies to be shared among these case management providers has seen both progress and setbacks since 2016.

McLean County was one of 10 Illinois counties that entered into an agreement with Illinois Department of Human Services/Division of Mental Health (IDHS/DMH) for the Jail Data Link System. Effective January 1, 2000, the Illinois General Assembly adopted Public Act 91-0536 which modified the Mental Health and Developmental Disabilities Administrative Act. This act allows the Division of Mental Health, community agencies funded by DMH, and any Illinois county jail to disclose a recipient’s record or communications, without consent, to each other, for the purpose of admission, treatment, planning, or discharge. The Data Link system gave the County direct access to the Division of Mental Health data base via a secure internet connection. This allowed County jail staff to identify detainees who have mental illness, target services to those individuals and ensure a continuum of care upon discharge. Unfortunately, a change in State systems in 2018 and lack of interoperability with the State designated county community mental health contractor have left this system all but ineffectual for the Jail staff. While this system has been replaced by increasingly frequent and ongoing conversations between the MCCHS and County Jail Staff, it lacks the universal data regarding individuals from outside of McLean County and also the ability to gain real-time access to information concerning detainees that is desired.

Work with the IDHS Division of Mental Health is needed to institute a comparable system of sharing state-wide mental health information with jail medical staff and support the participation of the State designated community mental health contractor in such system. In a similar vein to Public Act 91-0536, sponsoring and/or supporting legislation, in cooperation with behavioral health advocates such as the National Alliance on Mental Illness (NAMI), would provide Illinois first responders with limited and

appropriate pre-arrest information that can facilitate treatment and diversion from the justice system.

Of other considerations, some DDJI partners are implementing a new tool called the CARE Application to support law enforcement response to individuals experiencing a mental health crisis. The tool, developed in partnership with Johnson County, Iowa's technology partner Open Lattice, aims to provide responding officers and their co-responders access to information such as known triggers and de-escalation techniques to improve their approach to individuals in crisis. The design of the tool has been informed by engagement with law enforcement, mental health treatment providers, and families of individuals suffering from mental illness. The tool also creates automated referrals to shelters, mobile crisis team, and the Veteran's Administration so follow up by local service providers can be completed without further law enforcement involvement. Data collected is observational data from law enforcement officers and does not include health records. This information will likely lead to better warm hand-offs to the Triage Center.

Due to the COVID-19 Pandemic, Community Crisis Planning Committee (CCPC) meetings were stopped and while the common form (Crisis note) was adopted in 2015, the form is largely completed by the mobile crisis team.

Exploring technology to enhance services between agencies, allows the client's case manager from the lead agency that coordinates the case to access to documentation with additional providers.

The term coordination is used in this section in reference to case management including assessment, planning, coordination, and advocacy services for clients who require assistance in gaining access to and in use of mental health, social, vocational, educational, housing, public income entitlements and other community services to assist the client in the community. Case management activities may also include identifying and investigating available resources, explaining options to the client, and linking them with necessary resources.

Some organizations use third-party platforms to enter, search, and store their data. Some are required to utilize mandated systems. Some are maintained on-site and some on cloud services. However, very few of them, if any, have the capability to share data with other platforms. Because these are predominately third-party products, the customer organizations usually do not have the rights, access, or expertise to add sharing functionality. When collecting data for this update, a barrier to create a comprehensive picture is many providers changed their systems which made obtaining historical data challenging.

The solution is to use a platform which imports data from the various organizational and 3rd party databases and integrates them into a single dataset that can be appropriately leveraged by the larger service provider community. Identification of such a service would allow for each original service provider organization to maintain control over each piece of data and explicitly authorize any sharing of that data to maintain compliance with applicable laws. It appears that such a sharing functionality is the most expedient and realistic solution. The BHCC should work to identify appropriate options and support the investment and implementation of such.

An example for utilizing technology for case management comes from Johnson County, KS. My Resource Connection (MyRC), a web application designed and developed by Johnson County staff, is the means by which the sharing of data takes place. MyRC allows a case manager to obtain information about services a particular client is receiving, contact information of other professionals serving that client, information

about other individuals residing in the client's home, and potential services from community-based organizations that might be of benefit to the client. Clients of human service agencies receive more efficient and effective case management support. By linking together case managers, counselors, and other human service professionals, services for a client are not just coordinated, but structured so that the client is able to accomplish real, enduring goals.<sup>6</sup> It has since been expanded to include the public access services information throughout numerous surrounding jurisdictions and counties (similar to the PATH directory).

A survey of users on how use of MyRC was benefiting them and their clients/consumers was conducted.

Highlights of the 2012 survey included:

- 72% of respondents indicated that utilizing MyRC made them "more effective" in serving their clients.
- 45% of respondents indicated that during 2012 MyRC had a direct bearing on their ability to positively assist 5 or more clients. 47% indicated a direct bearing on assisting 1 to 5 clients.
- 62% of respondents indicated that using MyRC saved them anywhere from 30 minutes to over 3 hours per week.<sup>7</sup>

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<sup>6</sup> My Resource Connection: Collaborating for Client Success. (2013) Retrieved from <https://www.transformgov.org/articles/my-resource-connection-collaborating-client-success>

<sup>7</sup> My Resource Connection: Collaborating for Client Success. (2013) Retrieved from [https://icma.org/sites/default/files/305945\\_Johnson\\_CountyKS\\_TLG2014.pdf](https://icma.org/sites/default/files/305945_Johnson_CountyKS_TLG2014.pdf)

## Appendix C - Justice Involved

The McLean County Criminal Justice Coordinating Council (CJCC) was established July 1, 2009. CJCC fosters collaboration and communication between criminal justice agencies and partners who educate, inform, and explore best practices together to continually improve the administration of justice. Their charge is to provide fair and just outcomes, improve public safety, reduce recidivism, and responsibly use resources for the benefit of McLean County residents. CJCC has long contracted with ISU's Stevenson Center for analysis of McLean County justice data along with partnering with the Illinois Criminal Justice Information Authority (ICJIA) and Loyola University for data analysis.

Mental Health indicators in the IJIS system are recorded for a person by either the arresting officer, self-reports, or someone in the criminal justice system at any point. From 2002-2018 the number of incarcerated individuals in the McLean County Detention Center has grown steadily from 15.5% to 26.8%. Of the unique individuals identified with the mental health flag, each had an average of 3.96 bookings.

While treatment within the justice system is an evolutionary improvement process, so is the system outside of the justice system. Often, there is a lack of support outside of the justice system; thereby, when detainees return to their environments of origin following a jail or prison stay, they are also returning to unstructured and untreated environments. Any treatment that may have transpired in the justice system was also done within a structured and relegated environment, one that is not duplicated and identical in society. Improvements and stabilization seen while an individual may be within the justice system are not always maintained, and recidivism continues.

While McLean County has made efforts to address the mental health problem through specialty courts and better identification/treatment of mental illness within the justice system, these initiatives are reactive in nature and do not address the systemic community gap which exists for mental health services. Nor do the actions resolve significant obstacles, including the need to better coordinate services between multiple entities/organizations. Notwithstanding future improvements in community capabilities to link individuals to treatment, or even larger systemic shifts in social determinants of health or streamlined global approaches to becoming trauma responsive, correctional facilities are not designed to appropriately deal with the large numbers of people with mental illnesses who will continue to cycle through the justice system.

Many of the findings, challenges, barriers, etc. in the report were identified in the 2015 MHAP, this update, and the initiatives implemented in McLean County.<sup>1</sup> Additionally, the Administrative Office of Illinois Courts (AOIC) recently named a statewide Behavioral Health Administrator to provide guidance to the courts on dealing with behavioral health issues as they intersect with the justice system. One of the goals is to develop and implement a statewide strategic plan.

### Crisis Intervention Team (CIT)

Crisis Intervention Team (CIT) training is a national best practice scenario-based training developed by the Memphis (TN) Police Department for law enforcement first responders. The course contains information

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<sup>1</sup> Illinois Supreme Court Call to Action and Report Presentation (2021) <https://ilcourtsaudio.blob.core.windows.net/antilles-resources/resources/239d8f79-0937-487b-8dd4-ff258506b536/Call%20to%20Action%20Webinar%20and%20Summit%20Report.pdf>

on the major mental illnesses and communication/de-escalation techniques that are proven to help first responders safely resolve situations involving individuals in crisis due to mental illness, substance use, and other psychosocial issues. The challenge in the past was the length of the course being 40-hours, which removes officers whose regular duties must be then filled utilizing other officers and overtime.

## Safe Passages Program

The HART would enhance the Public Safety response to the life safety needs throughout McLean County by implementing a standardized method, through a law enforcement, treatment, and Fire/EMS partnership, to engage in proactive police/medic/SUD interventionist patrols to positively intervene in life safety related incidents. This intervention would also include disbursement of naloxone in response to opioid overdoses. The team would partner with trained intervention staff from Chestnut Health Systems to provide “in home” triage and assessment of the overdose victim post an overdose episode.

The team was anticipated to conduct follow-up, as a means to reduce the deaths associated with heroin and opioid overdoses. This team was designed to provide both short and long-term support to victims and families of individuals with opioid use disorders.

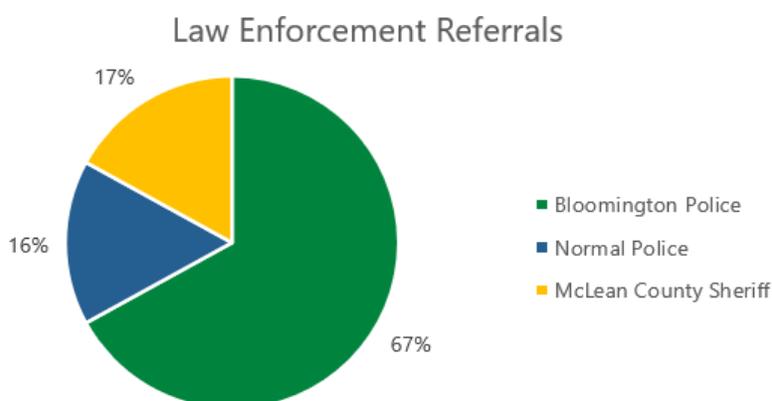
This partnership was intended to:

1. Reduce repeated overdose per victim.
2. Increase education on available resources for victims and families.
3. Increase support for victims and families.
4. Increase intelligence gathering for law enforcement investigations.
5. Reduce the “secondary victimization” related to the criminal behavior characteristics, associated with addicted persons.

Public safety officials do continue to administer naloxone as needed, though the grant and specific tracking of data ceased following the first funding period.

## McLean County Triage Center

Described more fully in the Crisis section, of the 10% that are referred to the Triage Center by law enforcement, the breakdown of agency utilization since opening is indicated by the following chart.



## Pre-Conviction Diversion Programs

The statutory Second Chance Probation allows the State's Attorney's office to require mental health treatment among other conditions and upon successful completion, the pending charges are dismissed. The State's Attorney's Office also has a process to aid in misdemeanor diversion. This occurs when an individual is screened for behavioral health needs prior to charging decisions being made. Eligible individuals are connected to community services and/or are required to participate in treatment in order to avoid prosecution.

As mentioned in the data section, the ISU Stevenson Center uses several indicators from the IJIS database to construct a measure of those persons booked or charged who have mental health issues. These indicators are recorded by either the arresting officer, jail staff or a self-report by the defendant. The flag continues with the person on any subsequent contact within IJIS but is not necessarily an indicator of a clinically diagnosed mental illness.

## Mental Health Commitments and Assisted Outpatient Treatment

Mental health case filings, which include Petitions for Involuntary Commitment and Petitions for Authorization of Psychotropic Medications, have slightly declined since 2016. In 2016, case filings totaled 530; in 2017, 507; in 2018, 486; in 2019, 472; and 2020, there were 498. As of June 30, 2021, there have been 271 mental health filings, for a projected 2021 total of 542.

Prior to the pandemic, when a court hearing was requested, the court, State's Attorney's Office and counsel for the Respondent would travel to the inpatient mental health unit at Carle BroMenn (formerly Advocate BroMenn) to conduct the hearing. Prior to 2018, patients were represented by the McLean County Public Defender's Office. In November of 2018, the Illinois Guardianship and Advocacy Commission (GAC) took over as counsel for the Respondents. The court has been conducting hearings via Zoom throughout the pandemic.

The vast majority of mental health cases filed do not proceed to a hearing. In many cases, the patient remains at the hospital until they can be safely discharged back into the community. No formal AOT program has been developed. Though, in January 2020, McLean County Government applied for an AOT grant from SAMHSA, in partnership with several community providers, but was not selected as a grantee. In some circumstances, the court, State's Attorney's Office and GAC have utilized existing resources and treatment providers in conjunction with a detailed order outlining the Respondent's treatment plan to serve as an informal AOT program. Once the patient is released from the inpatient unit at Carle BroMenn, subsequent status hearings are set to check on treatment progress. The GAC checks in with the patient and treatment providers and gives updates to the State's Attorney's Office and court. Respondents are praised and/or encouraged as needed.

## Pre-Trial Supervision

All misdemeanor and felony charged offenders booked into the McLean County Detention Facility are assessed using the PSA. The Illinois Supreme Court Commission on Pretrial Practices Final Report published in April 2020 outlines four models regarding pretrial services of which the PSA is one model.

On August 20, 2021, the Supreme Court of Illinois (ILSC) determined that a statewide model would be the solution. The model selected and its first challenge will be the shift of existing pretrial programs and officers to state supervised employees under the oversight of Administrative Office of the Illinois Courts (AOIC), with local connections with the courts being lost. This will also require AOIC to be responsible for direct services for the local courts. Officers will be available and connected to local courts, but many will primarily work remotely. The state has advised 24/7 coverage for Pretrial Services; however, it is realistic to expect communication dynamics will not be as personal or immediate as if the employees were employed locally as the five current McLean County officers have existing relationships with local partners and agencies.

Originally the change was scheduled for July 2022 however, the ILSC instead now plans to phase implementation. ILSC created a sub-committee to work with AOIC on the transition and McLean County is one of six counties that are working with AOIC on the phases which will begin in 2022 and be complete in 2025. Currently, McLean County is scheduled for phase 2 in 2025. Based on the overhaul to pre-trial supervision, other changes may occur in the next year.

## Problem Solving Courts

The McLean County Drug Court was established through a Department of Justice grant in 2008 as the first drug court in Illinois and was continued through appropriated local funding from the Board of Health in 2009. Largely as a result of the work of Court Services, with the support and encouragement of the CJCC, from 2009 – 2013, McLean County made application for and received a second Department of Justice Drug Court Grant, a Bureau of Justice Assistance (BJA) Mental Health Court Grant and grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) for expansion of Drug and Mental Health Court. These three Specialty Courts target high risk, high need individuals.

The McLean County Adult Drug Court and the McLean County Recovery Court, in collaboration with McLean County Court Services, McLean County Center for Human Services (MCCHS), the Center for Youth and Family Solutions (CYFS), Chestnut Health Systems and various criminal justice and community and state partners, provide an integrated, client-driven system of behavioral health care that improves outcomes for justice- involved adults with substance use or co-occurring substance use and mental health disorders. Program objectives are to prevent and reduce relapse, reduce recidivism, and promote sustained recovery and self-sufficiency among participants enrolled in the McLean County Drug Court or McLean County Recovery Court. Court Services contracts with Chestnut to provide a range of substance use and mental health treatment services and with CYFS to provide Moral Recognition Therapy to participants.

The 11th Judicial Circuit Veterans Treatment Court, in collaboration with the Veterans Assistance Commission, provides behavioral health care for Veterans who have intersected with the criminal justice system in the 11th Judicial Circuit, which consists of McLean, Ford, Livingston, Logan, and Woodford Counties. Program objectives and systems of care are structured in the same manner as the other specialty courts. The Veterans Treatment Court includes a robust mentoring program, with Veterans helping Veterans navigate back to a place of wellness.

## McLean County Court Services/Emerging Adult Probation

The objective of the Emerging Adult probation program is to provide supervision that enhances the quality of life in McLean County by reducing criminal behavior among young adults aged 18-25 through a cost-effective collaboration of legal, clinical, and community resources. The benefits to the community include increasing public safety, providing a more productive workforce, and reducing cost to the criminal justice system and the taxpayers.

McLean County will provide services to young adults within their home community by building a continuum of care for the young adults who are in the criminal justice system. McLean County will link young adults to a wide array of needed services and supports within the home community, as indicated through the Adult Risk Assessment (ARA). Services are provided in the least restrictive manner possible and can include comprehensive intensive supervision using group reporting, drug testing, treatment services, and community supervision through case management, mentoring, education/employment assistance, and individual/group counseling and crisis intervention.

McLean County Emerging Adult Probation will use a team approach (three officers) which encourages the young adult to deal with their problem areas that have been prioritized. The team uses incentives and sanctions to motivate the young adult to make positive life changes.

The benefits of McLean County Emerging Adult Probation to the young adult include improving relationships, improving self-esteem, enhancing the quality of life, increasing the likelihood of success in the educational/employment system, becoming substance free, and remaining in the community as a positive contributing member.

CJCC has requested data analysis from the Stevenson Center with regards to the numbers of the emerging adults who have the mental health flag and if the flag was present if those individuals were also incarcerated when juveniles.

## McLean County Detention Facility

Staff at the McLean County Detention Facility not only provides a reentry directory to all who will be released, there are a myriad of programs available within the jail prior to release. Individuals have the opportunity to work on their GED through a contractual relationship with Heartland Community College. Jail Staff work with volunteers from various community agencies and organizations to provide a rich array of programming and support groups such as AA, NA, CA, literacy, and more. The directory also includes information for those who are incarcerated how to begin connecting to services prior to release.

Joy Care Center begins working with individuals prior to release if requested. Joy Care has a presence in the community and many relationships with employers and property owners, as well as experience in referring out to the community for all kinds of services/ needs.

## YWCA Labyrinth

YWCA Labyrinth engages in pre-release services for women in both the Illinois Department of Corrections (IDOC) and the McLean County Jail. Case managers attend reentry summits held at IDOC's women's

correctional centers twice a year. The reentry summits are open to all women who will be released from the IDOC in the next six months. The YWCA Labyrinth staff provide an overview of the program to reentry summit attendees and complete assessments with those individuals interested in transitional living and/or outreach services. For those women who complete pre-release assessments, YWCA Labyrinth staff members maintain consistent contact with them, and help them plan for their transition home.

YWCA Labyrinth operates as a liaison to human service agencies who provide essential services including state identification, transportation assistance, medical services, education, employment skills, clothing, and personal needs. Staff and volunteers provide support and guidance for clients to obtain the resources needed to aid women on their new post-incarceration journey. Each client undergoes assessments and is guided through an individualized care plan. The YWCA Labyrinth staff host weekly groups using an evidence-based curriculum, focused on addiction and trauma and its effects on the mind and body. Case managers refer women who have substance use/mental health disorders to available health and human service agencies in McLean County.

To date, progress on each of the goals has been made. In Fiscal Year 2021 (7/1/20- 6/30/21), YWCA Labyrinth provided services to 112 women in transitional housing, outreach services, and/or emergency needs/crisis intervention. Clients received 2,592 hours of case management and 189.75 hours of education, including weekly groups at jail, organizational skills workshops, self-care, and support groups.

All YWCA Labyrinth clients who are involved in continuous programming, engage in assessments each six months. The program uses The Service Planning Instrument for Women (SPInW), a validated, gender-based tool, developed by Orbis Partners, Inc. The assessment tool provides a record of information on the client's criminogenic and justice system experiences, as well as her risks and strengths. There are eleven domains on which assessment data are collected, which includes mental health. Both the client's specific risk/need levels and overall strengths are recorded for each domain. Clients' care plans are amended and adapted, based on the data in the reassessments.

## Reentry Council

The Reentry Council is a coordinated community response to address prisoner reentry and recidivism. The council is comprised of justice-involved individuals, criminal justice officials, health, and human service providers who will work together to reduce recidivism in McLean County. One of the goals of the council is to support individuals and their families who have been impacted by detention and incarceration. The council will meet quarterly and plans to track recidivism and reentry services across the county.

Along with working within Intercept 4, Joy Care Center is a faith-based organization serving both men and women who have criminal backgrounds that supports individuals' needs with employment, housing, food and clothing, education, transportation assistance, building positive relationships, finding or strengthening faith, and more. Job partnership, Celebrate Recovery, Support Groups, offering mentors and accountability partners, and providing food and clothing shelters are Joy Care's main services.

This appears to have some overlap with the McLean County Criminal Justice Coordinating Council (CJCC) which is overseen by the Chief Judge, possibly an instance where lack of knowledge of or communication with other groups in the community to best utilize and coordinate with resources that already exist. CJCC

has also worked with ICJIA and Loyola on recidivism data utilizing the IJIS system.

A potential need that has been discussed by the Reentry Council is a transition center. Of the 1,599 individuals convicted of a felony under the custody of the justice system (including probation, prison, and mandatory supervised release (MSR formerly known as parole)) from McLean County at the end of SFY 2019,<sup>2</sup> 701 (44%) were in prison, 271 (17%) of them were being supervised by IDOC parole agents in McLean County, and 627 (39%) were on probation supervision. Further research utilizing data to determine the mental health and substance abuse needs should occur to evaluate what a transition center would look like for McLean County. With the pandemic affecting how MCDF and IDOC accepted and released individuals beginning in March 2020, along with recently passed legislation, the data for SFY20 and SFY21 may be able provide more information as to the need.

### Notable Gaps

Several gaps that were identified at intercepts 0 and 1 are discussed in the crisis section, such as CIT for 911, EMS transportation, virtual co-response, and a “living room” model. Still to be addressed is the 2-3 month wait time for diversion into residential services and the recruitment of psychiatrists.

Notable gaps remain to be addressed in intercepts 2 and 3. Two gaps to address include 1) formalizing diversion strategies and 2) creating a system of notification to providers when an individual is admitted to the hospital. Some of the former can be addressed as the crisis group moves forward with adopting diversionary policies and procedures which can carry over. The latter can be addressed by information sharing which is discussed elsewhere in this report.

An additional item to note is that there is no universal screening tool used by specialty courts, jail, and the community. A universal screening tool could streamline processes and allow for more accurate data collection and interpretation. Decisions regarding a universal screening tool would also be included in the data section as they are linked together.

Further, Recovery Court is underutilized. A Bureau of Justice Assistance grant has been applied for that would aid in addressing the use of Recovery Court.

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<sup>2</sup> Center for Criminal Justice Research Policy and Practice. (2018). McLean County's Criminal Justice System: Trends and Issues Reports. Loyal University Chicago. Retrieved 2021, from <https://www.luc.edu/media/lucedu/criminaljustice/pdfs/McLean%20Trends%20and%20Issues%20Report%20June%202018.pdf>

## Appendix D - Access to Medical Services and Medical Management

Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.

Lack of access to medication and/or medical management for those with mental health concerns in McLean County continues to be a concern. To further complicate what was already becoming a reduced workforce for psychiatric prescribers due to average national age of psychiatrists versus residency programs and interest in the profession that aren't able to keep pace, the pandemic further reduced the workforce, especially with regard to in-person prescribing options. While McLean County has moved some areas in the mental health arena forward, the area dealing with Medication and Medical Management is the most challenging.

A survey was given to attendees at the 2019 Community Behavioral Health Forum along with a broader survey in early 2020. However, the report project was disrupted by the shutdown due to COVID-19 in March 2020, therefore the response rates were low enough to invalidate the findings. However, two areas that have been noted in the survey responses, many community meetings, discussions with members in the community, and both the 2016 and 2019 CHNAs, are the need more local psychiatry especially child/adolescent psychiatry and long wait times for access to mental health services.

With the loss of a local psychiatrist due to retirement, individuals needing intense services will have to wait longer and travel farther for access. Recruitment of psychiatrists for both youth and adults will remain a large challenge as there are just not enough to go around.

The number of psychiatrists throughout the country is not sufficient to provide for the needs. Acute lack of prescribers for psychotropic medication also continues. A 2018 White Paper produced by Merritt Hawkins, the leading physician recruiting and consulting firm, documents the supply, demand and recruiting trends in psychiatry concludes:

"Mental healthcare in the United States is not treated in the same way that physical healthcare typically is treated. While other medical specialties such as cardiology and orthopedic surgery offer healthcare providers profit center-based care where patient illnesses can be treated with medical procedures or tangible interventional care, mental health coverage often requires long-term management without a defined "cure" that often is not profitable. Thus, mental healthcare is not as desirable a service line for many hospitals and other providers as are other specialties.

In addition, the current supply of psychiatrists in the U.S. is not in balance with the growing demand for psychiatric services. There are currently approximately 30,451 psychiatrists in active patient care in the U.S., of whom 59% are 55 years of age or older, and a wave of retirements in the specialty is imminent."<sup>1</sup>

There is need for multiple strategies and solutions to address the lack of access to psychiatric services.

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<sup>1</sup> AMN Healthcare, Merritt Hawkins. (2018). The Silent Shortage [White Paper]. Retrieved 2021, from [https://www.merrithawkins.com/uploaded-Files/MerrittHawkins/Content/News\\_and\\_Insights/Thought\\_Leadership/mhawhitepaperpsychiatry2018.pdf](https://www.merrithawkins.com/uploaded-Files/MerrittHawkins/Content/News_and_Insights/Thought_Leadership/mhawhitepaperpsychiatry2018.pdf)

The design and implementation of those solutions will need to carry across multiple professional groups outside of psychiatry. The blend of needed change in policy, training, advocacy, program development and funding will require ongoing efforts to promote and facilitate that change — from trade associations, state and federal policymakers, advocates, consumers and family members, legislators, researchers, medical school educators and individual professionals within psychiatry. The solutions cannot rely on a single change in the field such as recruiting more psychiatrists or raising payment and reimbursement rates. Rather, the solutions depend on a combination of interrelated fields that require support from a range of stakeholders. Certainly, success is possible with coordinated efforts, sound data and thoughtful interventions.<sup>2</sup>

The 102nd Illinois General Assembly findings state: “Illinois’ shortage of psychiatrists specializing in serving children and adolescents is also severe. Eighty one out of 102 Illinois counties have no child and adolescent psychiatrists, and the remaining 21 counties have only 310 child and adolescent psychiatrists for a population of 2,450,000 children. Only 38.9% of the 121,000 Illinois youth aged 12 through 17 who experienced a major depressive episode received care.”<sup>3</sup>

In December of 2020, SAMHSA published a Behavioral Health Workforce Report identifying the number of providers needed in the United States to address those requiring access to mental health and substance use disorders. Recommendations from this report include:

1. Develop and implement a national campaign to educate the public about the need for behavioral health providers and encourage students to pursue careers in behavioral health.
2. Provide funding to healthcare practitioner education programs to embed information on care and treatment of serious mental illness and substance use disorders into standard undergraduate curriculum.
3. Encourage clinical placements/practicums in mental health and substance use disorder settings to increase the knowledge base of practitioners in behavioral health services.
4. Increase loan forgiveness programs for all behavioral health specialties to encourage entry to the field.
5. Increase the peer professional workforce and make these providers an integral component of behavioral health services. Require insurers to reimburse for peer professional services.<sup>4</sup>

Addressing the local as well as the national shortage of RN’s (that also affects private practice physicians who do some medication management), the ISU School of Nursing has worked to increase capacity. ISU Trustees have approved a new capital building project for the School of Nursing to be connected to the Simulation Lab as the RN program will grow 100 students a year by 2024 for a total of 800-1200 students. Construction is slated to begin in 2021. Along with this growth, ISU has worked in partnership with Heartland Community College (HCC) to create a “pipeline” where students start at HCC and while also taking courses at ISU to accelerate completion of their BSN.

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<sup>2</sup> Medical Director Institute. (2018). The Psychiatric Shortage Causes and Solutions. National Council for Mental Wellbeing. Retrieved 2021, from [https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage\\_National-Council-.pdf?dof=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf?dof=375ateTbd56)

<sup>3</sup> Illinois Health Care and Human Service Reform Act, ILCS § 102-0004 (2021)

<sup>4</sup> SAMHSA, Substance Abuse and Mental Health Services Administration. (2020). Behavioral Health Workforce Report. Retrieved 2021, from <https://www.mamh.org/assets/files/behavioral-health-workforce-report.pdf> p. 29-30

A majority of students attend ISU from the Chicago area and the surrounding collar counties. Those students often return to their home area after graduation. ISU will be conducting a feasibility study to start a satellite BSN program in Springfield for more Central Illinois students with the hope that students will stay in the area.

Funded through a HRSA grant, in order to aid in the lack of psychiatrists, ISU School of Nursing began a new post-master's program Psychiatric Mental Health Nurse Practitioner Certificate (PMHNP) to provide training to Family Nurse Practitioners (FNP). As a 5 course, 24 credit hour program over a 2-year period, 10 students began the program in May 2021 with this first cohort scheduled to complete their studies August 2022. Preceptors for clinical site work are hard to find given the demand for their services.

With the addition of the new building, a goal for the School of Nursing is to create a psychiatric clinic that is nurse run and nurse managed providing holistic care with an FNP. The challenge is those nurses must have full practice authority; however, in Illinois, there are restrictions which is another example of Illinois being more restrictive.

The Behavioral Health Workforce Education Center Task Force Act<sup>5</sup> and the ensuing task force report<sup>6</sup> in 2019 recommended creating a Behavioral Workforce Center along with other satellite centers to create a pipeline to recruit, educate, retain a behavioral health workforce. A workforce center was created but not funded in HB158.<sup>7</sup> ISU is already somewhat on that path with the HCC to ISU connection as noted above.

In November of 2020, HCC Board of Trustees approved a new certification program. The Peer Recovery Support Specialist certification program is the first such program offered at a college in Illinois. The program was developed in collaboration with Chestnut Health Systems, with the first cohort focusing on substance abuse recovery. Best practices include peers or those with lived experience as an integral part to help others. Addressing social determinants of health are also part of how peers can help others. The Triage Center has been exploring the possibility to be a peer apprenticeship location.

ISU is also the host organization for Central Illinois Area Health Education Centers (AHEC). As part of a MHFA collaborative with the MCHD, some Mental Health First Aid trainings are taught by a shared AmeriCorps member. The costs of MHFA training are shared with partial support from the McLean County Board of Health.

The 2015 MHAP contained a recommendation that the McLean County Detention Facility needs to be able to provide for an increasing number of incarcerated individuals access to psychiatrists and counseling, currently 28% are diagnosed as mentally ill with 10% receiving psychotropic medication. In 2019, an addition to the jail was completed with housing specifically designed for those individuals or others with higher needs. Along with that, there is telepsychiatry available for those incarcerated, as well as expanded behavioral health services and supports within the detention facility.

Some challenges remain, such as the recommendation that McLean County needs to ensure that an array

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<sup>5</sup> Behavioral Health Workforce Education Center Task Force Act, ILCS § 100-0767 (2018)

<sup>6</sup> Behavioral Health Workforce Education Center Task Force. (2019). Behavioral Health Workforce Education Center Task Force Report to the Illinois General Assembly. Retrieved 2021 from <https://www.ilga.gov/reports/ReportsSubmitted/693RSGAEmail1488RSGAAttachBH%20Workforce%20Task%20Force%20Report%2027DEC2019%20FINAL.pdf>

<sup>7</sup> Illinois Health Care and Human Service Reform Act, ILCS § 102-0004 (2021)

of behavioral health services is available and readily accessible to that population of individuals who confront mental health issues that are not yet chronic and persistent, so that their mental health issues can be addressed in a timelier manner to reduce the prospect of decompensation resulting in long-term care and hospitalization. That recommendation and the one regarding the lack of availability of timely services following release from hospitals or jail are ongoing challenges.

“Behavioral health workforce shortages have led to well-documented problems of long wait times for appointments with psychiatrists (4 to 6 months in some cases), high turnover, and unfilled vacancies for social workers and other behavioral health professionals that have eroded the gains in insurance coverage for mental illness and substance use disorder under the federal Affordable Care Act and parity laws. As a result, individuals with mental illness or substance use disorders end up in hospital emergency rooms, which are the most expensive level of care, or are incarcerated and do not receive adequate care, if any.”<sup>8</sup>

The pandemic exacerbated the competition for behavioral health workers, especially master’s level clinicians, with other entities including state entities, private practice, hospitals, and other public and private businesses. Key findings from *An Analysis of Human Services Reimbursement Rates* stated that “Reimbursement rates only cover direct services and fail to account for actual costs of services. Inadequate reimbursement rates inhibit capacity for expansions to meet increasing needs, staff vacancies limit people served, add to long waiting lists, and decrease service choices.”<sup>9</sup>

Further, there is a disparity between state and federal reimbursement. FQHC’s, such as Chestnut Health Systems, receive additional reimbursement for the same service when the mental health provision is billed through the federal government rather than through the state.<sup>10</sup>

The report from Illinois Partners, “More Essential than Ever: Rebuilding the Illinois Health and Human Services Workforce in the Wake of the COVID-19 Pandemic” contains numerous recommendations aimed at the State of Illinois for legislative action.

Other barriers to care are documented in the Community Health Needs Assessment. They include lack of access, transportation, cost, and other Social Determinants of Health.

McLean County continues to need the local medical community to increase efforts to develop a multidisciplinary approach to behavioral health care. The Chestnut FQHC provides integrated mental, physical, dental health services for those who are underserved, and both hospitals have been working on integrating behavioral health care into primary practices. Primary care providers should be encouraged to enhance their competencies in psychological interventions, interviewing skills, mental health diagnosis and management of common milder mental health problems.<sup>11</sup>

To address the recommendation for initiating a trial using a no appointment model for behavioral

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<sup>8</sup> Illinois Health Care and Human Service Reform Act, ILCS § 102-0004 (2021)

<sup>9</sup> Illinois Partners for Human Service, (2021). More Essential, than Ever. Retrieved 2021, from <https://illinoispartners.org/wp-content/uploads/2021/10/ILPartners-WorkforceReport-2021.pdf>

<sup>10</sup> Illinois Partners for Human Service, (2021). More Than Essential, Reimbursement Rates and the True Value of Human Services. Retrieved 2021, from <https://www.illinoispartners.org/wp-content/uploads/2021/04/More-Than-Essential2021-Rates-FullReport.pdf>

<sup>11</sup> Medical Director Institute. (2018). The Psychiatric Shortage Causes and Solutions. National Council for Mental Wellbeing. Retrieved 2021, from [https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage\\_National-Council-.pdf?daf=375ateTbd56](https://www.thenationalcouncil.org/wp-content/uploads/2017/03/Psychiatric-Shortage_National-Council-.pdf?daf=375ateTbd56)

health services a Telepsychiatry/Outpatient psychiatric clinic was proposed. This clinic was intended to supplement existing psychiatric resources in the community and offer additional prescriber capacity. It was anticipated that this prescriber would see individuals discharged from the McLean County Detention Facility (MCDF) who were not able to receive services elsewhere; receive referrals from physicians, hospitals, and other community agencies; and accept self-referred individuals. The intent was that this clinic sees Medicaid, private insurance, and unfunded individuals, as needed. Numerous attempts have been made to secure this option, yet so far, the shortage of psychiatrists has been the challenge.

In October 2020, Carle BroMenn introduced a renovated in-patient psychiatric unit. Capacity was increased from 13 to 19 and from 5 to 9 in medical detoxification, providing greater access to services to meet community needs. The unit provides short term stays up to 14 days to stabilize patients in a more therapeutic environment.

Carle BroMenn is currently evaluating integrating with UnityPoint – Central Illinois and UnityPoint Health which may increase access to psychiatric services while providing more options for care.

Electronic Medical Records (EMR) integration can encourage shared release of information for those with mental illness in order to provide holistic care. The potential for improving capacity to share appropriate information has been greatly enhanced by the growing use of EMR and technological improvements in sharing information among providers. Both hospitals now utilize the same software for their EMR's.

As described in the information/data sharing section and the data map visual, EMR's can be a resource that can aid assessment, contact with the patient's behavioral health providers, primary care providers and other prescribers, and access to the patient's treatment history and current treatment regimen, including medications.

A best practice model is activation of the patient's Wellness Recovery Action Plan (WRAP), or other client-generated crisis plan that draws upon the patient's strengths, supports and resources to address the triggers of the current psychiatric crisis. The Medical Director Institute recognizes HIPAA and confidentiality issues in expanding access to a patient's medical history; however, these data are critical to identifying the problem, targeting the intervention, and measuring the outcome. In no case does such data need to include any progress notes or confidential information shared in any medical setting between a patient and their medical provider. With this protection, the patterns of care do not violate the spirit of patient confidentiality.<sup>12</sup>

Additionally, the software that is utilized by both hospitals can be also utilized by other providers wanting to implement or upgrade their EMR system. This would require the hospitals to create contracts/agreements with providers which would be a benefit for better client care.

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<sup>12</sup> Psychiatric Shortage, p. 29

## Appendix E - Youth (21 and Under)

The 2020 Census shows 21.2% of McLean County residents are under 18. Addressing youth mental health is more complex than adults and the system comprises a number of entities and disciplines. When dealing with youth under 18, there are multiple considerations, including family dynamics, school as a component, their right to privacy, as well as potential limitations to said privacy. Understanding the nuances of the Health Insurance Portability and Accountability Act (HIPAA) and the Illinois Mental Health Statute are only two of the complicated pieces to beginning to address the needs of youth. McLean County also has a large population of college age (18-21) youth that varies throughout the year from Illinois State University, Illinois Wesleyan University, and Heartland Community College.

According to a 2012 article by Frances M. Harding, director of the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention, "a significant amount of research provides evidence that many of these disorders can be prevented. Implementing evidence-based interventions effectively assists in delaying or even preventing the onset of mental, emotional, and behavioral disorders as well as avoiding the associated economic costs in the school, health care and judicial systems. Intervening in a child's life with appropriate evidence-based services increases the likelihood of academic success and can reduce the risk of delinquency and substance abuse. Early intervention also can increase the child's capacity to develop social skills, resolve conflicts, and reduce the risk of depression and anxiety."

The youth component of the original Mental Health Action Plan written in 2015 described a framework based on tiers beginning before birth. The first tier acknowledges the need for addressing youth's behavioral health exists before entry into the school system; universal screening at all age levels, including the very young will aid in connecting families with resources and supports as early as possible. Screenings occurring by obstetricians pre- and post-partum and physicians during physicals and childhood well-check visits, and early childhood education programs and preschools are both examples of ensuring youth of all ages are screened. In October 2021, rules were published regarding changes made to the Illinois School Code via Public Act 099-0927.<sup>1</sup> This requires not only schools to perform universal screening, but pediatricians are required to perform social and emotional screenings during health exams.

McLean County has programs such as Heartland Head Start, pre-kindergarten and early intervention programs in some of the public schools, day cares and private schools with emphasis on social-emotional learning, and human service programs like Healthy Start addressing needs of young children and their families. More data can continue to be collected over time about the impact these programs have on youth and their families, as well as ways to expand their utilization and influence within the community.

Another early intervention legislation is HB0158 which amended numerous statutes including Professions, Occupations, and Business Operations. 225 ILCS 10/7 (Ch. 23, par. 2217) now states, "By July 1, 2022, all licensed day care home providers, licensed group day care home providers, and licensed day care center directors and classroom staff shall participate in at least one training that includes the topics of early childhood social emotional learning, infant and early childhood mental health, early childhood trauma, or adverse childhood experiences. Current licensed providers, directors, and classroom staff shall complete

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<sup>1</sup> School Code (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

training by July 1, 2022 and shall participate in training that includes the above topics at least once every 3 years.”<sup>2</sup>

Caregiver Connections is a free training and support program that helps childcare providers throughout the state of Illinois recognize, understand, and respond to the social emotional needs of the children, birth through age five, in their care. As a subcontractor of Chaddock, the Baby Fold provides program focused infant/early childhood mental health consultation to McLean County daycare providers serving children 0-5 in order to strengthen the capacity of childcare providers and families to effectively meet the social emotional needs of young children. Additionally, they provide professional development opportunities and trainings on a variety of topics including trauma, culture and diversity, child development, and the importance of healthy relationships/attachment.

Adverse Childhood Experiences (ACEs) have a tremendous impact on a child’s future. At the same time, many children also experience the effects of racial, ethnic, gender, and cultural biases, which add extra stress to already vulnerable childhoods, in addition to the severity of, exposure to, and symptoms of a childhood trauma. These circumstances are reflected in children’s behavior and their social relationships or lack thereof. The Trauma Informed and Reliance Oriented Initiative includes ACEs.

The Baby Fold McLean County Healthy Start program and the Children’s Home & Aid program Healthy Families Illinois utilizes the same evidenced based model that is research-based, comprehensive and intensive prevention services to expecting parents and families with children birth to age 3 who are at risk of academic failure. The Healthy Families model of service provides in-home early, continuous, intensive, and comprehensive evidence-based child development and family support services to help families prepare their young children for later school success. It is intended for children who have been determined, as a result of a screening process, to be at risk for school failure as indicated by their families’ high levels of poverty, illiteracy, unemployment, limited English proficiency, or other need-related indicators. The demand for the program from either provider outpaces the ability to provide services.

While the original Mental Health Action Plan in 2015 centered much of the discussion pertaining to youth in the school system and based on the school use of a tiered system, it is also recognized that the need for addressing youth’s behavioral health exists within the schools, outside of the school system, and post-high school. The tiers beyond 0-5 reflect the school district’s Multi-Tiered System of Support as a continuum of services and supports, often with an individual “champion” in each building. From a base of early intervention and universal social emotional skills education progressing to the top which is comprised of those youth who have intense mental health needs. While schools have ever expanding mandates, it also takes the community to be involved, a school system cannot be the only source of social-emotional supports for youth, albeit an incredibly beneficial one. There is some overlap between Tier I and Tier II depending on age, location and who provides services.

A Behavioral Health in Schools group began convening in 2017 bringing together stakeholders from various areas including education, special education, several schools district representatives, providers, and more. The goal was to formulate effective school partnerships resulting in improved behavioral health outcomes for children, families, and the community. Schools were encouraged to participate in

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<sup>2</sup> Illinois Health Care and Human Service Reform Act, ILCS § 102-0004 (2021)

the Illinois Youth Survey (IYS). As a result of this group, a universal release form was created and made available to all schools for Tier III and Tier IV to exchange Substance Abuse, Mental Health, Legal, and Education Information. That initial group bridged former gaps, increased communication, and an organic Comprehensive Assessment Team (CAT) grew as a result. And, while the original CAT stopped for a period of time due to a number of factors, it was restarted in 2019 following the successful receipt of a Bureau of Justice Assistance Grant to develop an implementation plan to scale the initiative for sustainability.

From the CHNA, the districts in zip codes with the highest need were Bloomington, Ridgeview, and Olympia. Based on CHNA information and the Illinois Youth Survey (IYS), an innovative pilot program called Embedded Schools (ES) was created utilizing property tax dollars allocated to the Board of Health. ES was intended to be a pilot for a period of 3 years in 2 rural districts with the highest need to serve students with high social/emotional needs. The pilot would embed a full time LCSW from a provider in the school district to service students and their families in a school, home, or community setting. The provider would be able to bill for those services, while eliminating barriers such as transportation to a provider's office during office hours. ES is described in more detail under Tier III.

The COVID-19 pandemic has increased the need for services to school age children. Most rural schools have been meeting in person for the 2020-21 school year but the two largest districts, McLean County Unit 5 and Bloomington District 87, have been remote, or utilized a hybrid model since March 2020. The return to school for the 2021-2022 academic year is the first full return to in-person learning for those two larger districts in the county. These two districts encompass approximately 17,700 students. As those large districts began to look toward fall 2021 with full in-person school, Regional Office of Education #17 surveyed the district superintendents to help assess needs to better determine possible ongoing supports and opportunities.

The return of full in-person learning in the fall of 2021 for the county's K-12 districts brings with it significant social-emotional concerns as students attempted to reintegrate with a structured schedule, with approximately one quarter of the population setting foot into a building that they had not previously attended. School respondents indicated they anticipated the most prevalent social-emotional issues would include anxiety, depression, reorienting to structure, transitioning from full remote learning, and family tragedies related to COVID-19.

The majority of districts do not deploy a formal social-emotional curriculum but rely on a blend of resources that include social workers, counselors and topic-specific curriculum developed by the district or their partners. Parent engagement continues to be an area that districts are devoting resources to in an attempt to increase the level of engagement that is desired to increase student achievement and wellness. This is manifested in an increased investment in family coordinators at the school and/or district level, as well as a desire for additional research-based trainings and supports to increase the percent of families engaging the school district.

Some districts are utilizing social-emotional screeners such as SABERS and BEST, while others are utilizing locally developed tools. All districts in the county have a tiered intervention system that incorporates a model with a problem-solving team as the centralized gatekeeper.

In the survey sent to district superintendents by ROE #17 prior to the start of the 2021-2022 academic

year, survey respondents were asked to share what topics they would like to see offered to assist the district in providing Social Emotional Learning (SEL) based professional development. Common responses included parent engagement, wrap-around strategies and service, coping strategies for anxiety/depression, trauma-informed care, restorative practices, and suicide prevention.

In 2019, a group was convened several times with the task of prioritizing initiatives and needed services with regard to youth, adolescents, and their families. There were four (4) priority areas identified.

1. An intensive outpatient services program, with services provided primarily on-site
2. A systemic concept for assessment, prevention, and education of behavioral health in children. This centered around partnerships with pediatricians and hospitals.
3. Centralized Resource & Referral Center
4. Professional Development Academy

The planning committee prioritized the intensive outpatient services program and then began to further discuss key principles and services to be delivered in this program. The committee worked in partnership to create a core concept document, later presented to BHCC. This concept document was then used to establish a Request for Funding Proposals, with partnered funding allocation from United Way of McLean County.

Several pieces of new legislation in the school code regarding to mental health and schools have been signed in 2021 that are effective July 1, 2021 or July 1, 2022 and will also play a role in the mental health of youth within McLean County in future years. HB0577 (105 ILCS 5/2-3.166) adds characteristics of individuals who are more at risk from suicide.<sup>3</sup>

HB0579 adds new identical wording in two places in the school code, "Student identification; suicide prevention information. Each school district shall provide contact information for the National Suicide Prevention Lifeline and for the Crisis Text Line on the back of each student identification card issued by the school district. If the school district does not issue student identification cards to its students or to all of its students, the school district must publish this information on its website."<sup>4</sup>

HB0576 (105 ILCS 5/26-1) (from Ch. 122, par. 26-1) added "with absence for cause by illness being required to include the mental or behavioral health of the child for up to 5 days for which the child need not provide a medical note, in which case the child shall be given the opportunity to make up any school work missed during the mental or behavioral health absence and, after the second mental health day used, may be referred to the appropriate school support personnel;"<sup>5</sup>

To address services, needs and resources utilizing the tier framework within the school system, each tier is discussed in more detail below. Also included are specific programs, services, or groups that may be addressing some of the needs within that tier.

<sup>3</sup> Ann Marie's Law, 105 ILCS 5/2-3.166 § 102-0267 (2021)

<sup>4</sup> Illinois State School Code, 105 ILCS 5/10-20.73, 105 ILCS 5/34-18.67 § 102-0134 (2021)

<sup>5</sup> Illinois State School Code, 105 ILCS 5/26-1, 105 ILCS 5/26-2a § 102-0266 (2021)

## Tier I

Tier I serves all students and equips the adults to work with all students. For students, this includes social emotional education for all students aimed at prevention. One high school has created a referral based general class called CHOICES. Two elementary schools have implemented a Healthy Minds & Body's program teaching social emotional learning.

Two programs considered universal prevention strategies, delivered by Project Oz, have been utilized in schools in McLean County. Most public school students are reached through these two programs.

The Substance Use Prevention Education program provides classroom-based substance use prevention education utilizing the evidence-based curriculum, Too Good for Drugs (TGFD). TGFD empowers teens by addressing complex emotions and situations and works towards the reduction or elimination of youth substance use. Substances addressed include illegal drugs, alcohol, tobacco, and misuse of over the counter and prescription drugs including opioids. TGFD also provides education in social and emotional competencies and by reducing risk factors and building protective factors that impact youth wellness and improve outcomes.

Ending the Silence is an educational program created by the National Alliance of Mental Illness (NAMI) that implements school-based universal suicide prevention strategies. The program teaches youth how to recognize the early signs of mental illness, reach out to peers, practice self-care, and access local resources. Locally, NAMI Mid Central Illinois partners with Project Oz to deliver the program in McLean County.

All students who participate in NAMI Ending the Silence, McLean County's youth suicide prevention and mental health education program, have the opportunity to reach out for help for themselves or a friend if they have noticed mental health warning signs and would like support. Students can do this by completing an optional portion of the program evaluation. Approximately 10% of participating students reach out for support through the program evaluation, which equates to hundreds of students every year. All students who request support are promptly connected with school counselors.

Students have reached out to share concerns about a variety of mental health concerns, including mental health emergencies, such as suicide attempts, suicidal thoughts, and self-harm, as well as other concerns, such as panic attacks, trauma, depression, attention challenges, disordered eating, substance use issues, loneliness, and difficulties at home. Many more students have also reached out in other ways directly following presentations, such by talking with school counselors, teachers, and parents, or by calling community resources like PATH Crisis Center.

In addition, over 90% of participating students share in evaluations that as a result of presentations, they understand that mental health challenges are common and treatable, they know the early warning signs for mental health challenges, and they understand how to reach out for help for themselves or a friend.

Project Oz Demographics for 2016-2021						
	2016	2017	2018	2019	2020	2021
# of schools participating in TGF	9 schools (6 districts)	12 schools (8 districts)	12 schools (8 districts)	12 schools (8 districts)	11 schools (7 districts)*	8 schools (6 districts)
# of students participating in TGF	2,472	3,016**	2,743**	2,408	2,414	1,529
# of schools participating in ETS	3	11	17	20	17 ♦	18
# of students participating in ETS	677	2,535	3,120	3,205	2,748	3,317

\* One school could not be served due to Covid-19 scheduling issues their district

\*\* There are fluctuations between years due to some courses starting after Jan 1 of the new year that may have started in December during the previous year that can result in vast differences in student count.

\*\*\* In 2018, BJHS 6th and 7th graders received services. Beginning in 2019, only 7th grade students were served at BJHS. They hope to find class time to include 6th graders once again

♦ Decrease here due to Covid restrictions

Reviewing the Illinois Youth Survey results longitudinally, it appears that from 2012 to 2020 substance use in 10th and 12th grades have been reduced by 11% and 12% respectively. The lowest difference was in 2018 with a slight uptick in 2020. IYS is administered every other year with 2022 being the next time data will be collected.

Several school and community groups provide support and/or services to the school districts. These include Youth Action Board, BN Parents and others aimed at addressing either mental health or substance abuse. Parents can find schools intimidating if they did not have a positive experience when they were in school therefore community groups can be beneficial to overcoming barriers to services.

## Tier II

Tier II serves small groups and early identification of students with mental health concerns usually occurs at this level. Tier II includes services in schools. Much of the Tier II work delivered by the schools may vary, as each school or district has some freedom to choose which program(s) they implement and which will also meet Illinois Social Emotional Learning Standards. Professional Development (PD) on best practices is key for those working with youth yet often is overlooked for more PD on other topics. One elementary school in Unit 5 and one in District 87 are trauma accredited.

Positive Behavioral Interventions and Supports (PBIS) is an evidence-based three-tiered framework for schools. While PBIS has 3 tiers compared to the 4 in the Mental Health Action Plan (MHAP), the MHAP broke PBIS tier I into 2 sections.

Mental Health First Aid for Youth (MHFA) equips adults to aid in identifying behaviors that are problematic. Several schools have provided MHFA for Youth to all their staff.

Restorative Practices is another evidence-based program that educates adults/teachers strategies to be less punishment oriented and more about how to improve and repair relationships. Over 500 personnel in the county have been trained in restorative practices and there are six full-time restorative practices counselors embedded in Unit 5 and District 87 schools through a partnership with Project Oz. Demand remains high for the program.

## Tier III

Tier III serves the individual and may be referred to as an “at-risk” youth. Locally, there are a multitude of providers who serve those that need treatment at this level. When children display disruptive behaviors at school, it often means that there is turmoil in their lives. These behaviors are caused by underlying issues that students are trying to communicate. They are purposeful and are their attempts to solve a problem.

In 2017, an Embedded School and Community Based Services pilot project began. Ridgeview and Olympia districts were chosen, and both superintendents were enthusiastic to work on addressing mental health issues. The districts had different providers and it was intended to determine which screening tool would provide the best outcome for the students to recommend for other districts. The state has deemed IM+CANS to be the standard therefore both providers utilized that tool. The program provides individual and/or family counseling, advocacy, and case management services to assist youth with a diagnosed mental health disorder. Offering services at school and/or in the community reduces stigma and increases access. Additionally, under the Illinois Mental Health Code, adolescents aged 12 or older can receive up to 8 counseling sessions without parental consent, yet these students are not able to access any Medicaid or private insurance funds.

The McLean County Center for Human Services (CHS) placed one clinician in Olympia and Chestnut Health Systems (Chestnut) placed one clinician in Ridgeview. Because of the overwhelming positive response from Olympia and Ridgeview superintendents, Year 2 of the pilot was expanded to include embedded clinicians in Bloomington (BJHS) and Parkside (PJHS) Junior High Schools. In Year 3 of the pilot, an elementary school was added which is a feeder school to PJHS. This would allow for an elementary student in need of services to continue to be served as they progressed through the school system. 5 more schools were added to the program in 2020 and 2 more in 2021. Because of the pandemic, 2 schools requested to discontinue in 2020. After the pilot was complete in 2019, there was an independent evaluation completed.

“The evaluation used existing records and a limited number of interviews to assess the extent to which the ESC Pilot Project is meeting its stated goals and objectives, which include: (1) increased access to care, (2) improvements in children’s functioning, (3) coordination between behavioral health providers and schools, (4) identification of appropriate assessments and service delivery options, (5) development of an electronic outcome reporting system, and (6) cost effectiveness.

The ES Pilot Project is reaching large numbers of children and adolescents in numerous school districts and schools throughout McLean County. In addition, the project is increasing access by helping students and families overcome a variety of barriers that would otherwise make it difficult for them to receive care.

As can be seen in the table below, the most prevalent diagnoses were depressive disorders (23.3%), adjustment disorders (22.2%), and ADHD (18.1%). As one of the ES counselors commented in an early quarterly report, many of the clients served through this program are experiencing relatively severe and complex mental health difficulties.

<b>Summary of DSM-V Diagnostic Categories Represented in ESC Pilot Project Clients</b>		
<b>Diagnostic Category</b>	<b>Frequency</b>	<b>Percent</b>
Depressive Disorders	85	23.3
Anxiety Disorders	32	8.8
Stress- and Trauma-Related Disorders	25	6.8
Adjustment Disorders	81	22.2
Disruptive, Impulse-Control, & Conduct Disorders	33	9.0
ADHD	66	18.1
Other Disorders	23	6.3
V-Codes and Observation	20	5.5
<b>Total</b>	<b>365</b>	<b>100.0</b>

Since its inception in 2017, the ES Pilot Project has grown from serving approximately 116 clients in 8 schools in two districts to serving more than 300 children in 10 schools in four districts in 2018, with the addition of an eleventh school in 2019. The Pilot Project has helped to bring services to communities and clients who face economic, logistic, geographic, cultural, and psychological barriers to receiving mental health care.

By providing these services outside of a traditional clinic setting, the program appears to be meeting the needs of families and children who would otherwise face barriers to receiving mental health care. Also, the effectiveness of traditional services may be enhanced by virtue of being provided in the schools where counselors are able to be highly responsive to clients' needs."<sup>6</sup>

	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Total Students	141	360	406	521	357 (thru 3rd Q)

For all schools in the program, the biggest challenge and barrier is parental engagement, whether it is not wanting to be involved with human services, not wanting in-home services, or wanted family therapy in the school and has been cited in every annual report from the providers. Other barriers include funding for services that may or may not be billable or needed insurance approval, space available in the school, attendance, mobility which does not provide a continuity of services, and more.

COVID has had a large impact on the ES program. While CHS staff were unable to provide services in the schools and homes of their clients, particularly during the early months of the pandemic, they engaged in numerous efforts to engage clients and provide services primarily relying on phone and videoconferencing to maintain services. There were several obstacles encountered with this method, including:

- Lack of student access to phone/internet
- Difficulty in scheduling and engaging students in telehealth services.
- Younger students have particularly struggled in maintaining attention for any length of time, leading

<sup>6</sup> Myers, Adena. 2019. Embedded School and Community Based Pilot Project: Project Evaluation. Summary Report.

to significantly shorter sessions.

- Some clients may have difficulty finding private areas of their home to discuss issues or are concerned that others may be monitoring the conversations (particularly if there are difficulties in the home)
- When possible, staff attempted to see clients on their front porch, yards, etc. utilizing social distancing guidelines. These efforts have been hampered by weather-related obstacles, client refusal, and/or privacy concerns.
- Several caregivers chose to suspend services when their child was not engaged in in-person learning at the school. Rationales for these decisions included factors such as difficulty in scheduling time at home or that the caregiver believed that most of the youth's issues are manifested in or exacerbated by the school environment. They felt that regular services were not needed when the child was not in school.
- When schools were not in session or were engaged in fully remote sessions, there was less access to school personnel for both students and counselors
- School personnel were not able to observe and report/discuss issues with clients to the counselors. There was a dramatic decrease in referrals to the program. This was particularly noticeable during the early months of the pandemic through the summer. Referrals did increase at the beginning of the fall session, but generally remained consistently lower than previous years, particularly for school districts utilizing hybrid or exclusively virtual learning methods.

Later in the spring of 2021, after all school districts returned to some form of in-person learning, there was a sharp increase in referrals to the embedded programs. Since return to full in-person learning, all schools, with the exception of Olympia, participating in the Embedded Schools project have a wait list.

Additionally, District 87 was a recipient of a 3-year, Project AWARE (Advancing Wellness and Resiliency in Education) grant funded via the state from SAMHSA. This grant will expand upon the ES project for all District 87 schools. Illinois has chosen goals and objectives that closely mirror those of SAMHSA, including:

1. Increase and improve access to school- and community-based services.
2. Develop school-based mental health program, staffed by behavioral health specialists.
3. Conduct outreach and engagement with school-aged youth and their families.
4. Connect families, schools, and communities to increase engagement and involvement in planning and implementing school and community programs for school-aged youth.
5. Help school-aged youth develop skills that will promote resilience and promote positive behaviors.
6. Equip schools with the ability to immediately and effectively respond to the psychological needs of students; and
7. Develop an infrastructure that will sustain and expand mental health and behavioral health services and supports for school-aged youth when federal funding ends.

## Tier IV

Tier IV serves high need individuals in crisis or diagnosed with severe mental illness. Under Tier IV, the goal is to adopt a philosophy and practice in support of diversion and/or return of youth from inpatient and residential treatment settings, decreased use of emergency rooms, and decreased use of juvenile corrections by investing resources in cost-effective home and community-based services. Critical practices include a coordinated system of crisis response and intensive case coordination at low ratios for youth with intensive behavioral health and substance use challenges.

Data from 2018 to 2020 from Mobile Crisis, SASS, OSF, Bromenn, CRU and Triage, for youth under 21 as well as adults, is a challenge to analyze and compile accurately. As discussed in the data section, when an individual presents to an ED, they may be counted by EMS if transported, the hospital, and if either Mobile Crisis or SASS is called, it is also counted by those providers so a true count of unduplicated individuals with mental health needs is not currently available. EMS data shows approximately 15% of behavioral health calls are for those under 20, almost evenly split between male and female. Utilizing unduplicated clients from Mobile Crisis and SASS only, in 2018, there were 805, 767 in 2019, and 610 in 2020. The hospitals also separate out psychiatry and chemical dependency. Historically, hospitals have indicated about 25% are repeat visits and calculating that out, approximately 461 in 2018, 501 in 2019, and 396 in 2020 youth under 21 presented to one of the two emergency departments in McLean County.

Based on SASS data alone, which serves only Medicaid, uninsured or underinsured youth through age 21, between 2017 and the first 8 months of 2020, 23% to 36% of those screened were subsequently hospitalized. In those same years, as a measure of highest risk, an average of 41 youth per year were screened at least 3 times.

## Comprehensive Advisement Team (CAT)

The wraparound process aims to achieve positive outcomes by providing a structured, creative, and individualized team planning process that, compared to traditional treatment planning, results in plans that are more effective and more relevant to the child and family. Through the team-based planning and implementation process, wraparound also aims to develop the problem-solving skills, coping skills, and self-efficacy of the young people and family members. The intensity and individuals participating in this process will be different based on the level of need of the identified young person.

A Comprehensive Advisement Team was initiated in May 2017 to address needs of tier IV youth. This multi-disciplinary team focused on high-risk youth referred by Court Services or SASS utilizing intensive, team-based, structured planning and care coordination wraparound services. The team staffed 6 individual youth with 2 being siblings. In May 2018, the formalized functioning of this group ceased for a variety of reasons, including a need to identify long-term sustainability and further implementation efforts.

A Comprehensive Assessment Team (CAT) was initiated in October 2019, following the County's successful receipt of a Bureau of Justice Assistance Grant. This grant submission included partnership between Court Services and the Center for Youth and Family Solutions to formally re-establish the prior Comprehensive Advisement Team. This multi-disciplinary team focuses on high-risk youth referred by Court Services

(must have a juvenile justice intercept to be eligible) utilizing intensive, team-based, structured planning and care coordination wraparound services. The team focuses on physical/medical needs, home, couple/parental needs, court/probation, psychiatric hospitalization, history of trauma and more. The long-term goal of this grant is to sustain this group having one of the agencies from the multi-disciplinary team claim ownership. If this is not a possibility, the expectation is the CAT will have created more collaboration amongst community providers, decreasing the silos, forming agency relationships to provide services that best meet the needs of the youth and their family. An additional goal is to formally establish more comprehensive team meetings and team-based treatment planning.

The first year of the grant (2020) was dedicated to the policy and implementation phase. Initial referrals began in December 2020. In January 2021, the CAT Team began to staff referrals. Most of the referrals were submitted by Court Services via School Resource Officers. There have been 30 referrals with 21 active youth as of the time of this update being written. Of the wraparound plans that have been completed, a majority of the youth & families have increased their levels of support in the community, they have been referred to agencies for counseling referrals or enrolled in summer youth enrichment classes at Heartland Community College, Normal Parks and Recreation or Bloomington Parks and Recreation. Two families have been referred to Recycle for Families. Of the 13 referrals, two youth have moved out of the area and services were discontinued.

The CAT Stakeholder team meets every 3rd Thursday of the month to staff new and ongoing cases. Currently, there are 28 stakeholders on the team. This multidisciplinary team includes school officials, child welfare agencies, Juvenile Court Services, Health Department, Chestnut Health Systems (ROSC), MCCHS, law enforcement, community liaisons and Project Oz.

### Youth Intervention Program (YIP)

Eligible Youth for the youth intervention program are between age 10-17 who are at risk of involvement with the child welfare system or the juvenile justice system and have been forced to leave home/locked out by their parent/guardian, have run away from home, are otherwise homeless without their parent/guardian, or are in crisis and at imminent risk of family separation. Presenting issues indicate concerns identified by youth during the initial assessment/evaluation process. Youth present with a wide range of concerns, but the data is limited only to areas relevant to behavioral health.

The goals of the program are to stabilize families and increase family reunification/preservation and provide a community-based option to divert or minimize involvement in the child welfare or juvenile justice system. Services include 24-hour crisis intervention and safety assessment, emergency shelter and temporary living arrangements through their network of host homes or temporary family-generated placement, case management, individual, family and group counseling to increase protective factors and family reunification, youth and family support, employment and education assistance, cross-agency coordination, and referrals and linkage to additional services needed to support the family/youth.

<b>Crisis Youth</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
Youth < 18	219	243	254	244	275	1235

Presenting Problem at time of Crisis	2017	2018	2019	2020	2021
Substance Use	13%	6%	13%	10%	9%
Mental Health	24%	31%	27%	25%	28%

Outcomes at Closure	2017	2018	2019	2020	2021
Diverted from DCFS	95%	98%	98%	95%	98%
Diverted from Dept. Juvenile Justice	100%	97%	99%	100%	100%
Family preserved by reunification	81%	77%	85%	81%	81%
Safe alternative placement identified (i.e., long-term family-generated placement)	14%	13%	13%	12%	16%
Total Exits to Safe, Stable Living Situation	95%	90%	98%	93%	97%

	2017	2018	2019	2020	2021	Total
Nights in Temporary Arranged Placement	529	770	472	725	352	2,848

	2017	2018	2019	2020	2021	Total
Nights in Host Home Placement	54	32	59	34	42	221

## Adolescent Intensive Outpatient Services Program

Following six months of dialogue with a subcommittee comprised of BHCC members, as well as representatives from agencies serving youth and other vested parties, the priority area of intensive outpatient services was identified as the key initiative to move forward relative to youth and adolescent behavioral health. This subcommittee continued to meet and work collaboratively to build a basic framework for the program model, and then subdivided to address and document a few key areas of program design.

Adolescent Intensive Outpatient Program (AIOP) is an evidence based best practice and a critical component to community mental health centers. There are parts of a centralized resource and referral center included in the concept. An AIOP is comparable to a partial-hospitalization program paired with an in-home and family component. AIOP would serve 10 to 20 13- to 18-year-olds at one time with a short-term duration of approximately 7-14 days. AIOP would also serve as prevention of hospitalizations and/or a stepdown from hospitalization prior to returning to a school setting to provide a better transition for both the student, the school, and the family.

It was suggested that consideration should be given that the money follows the child from the school of origin or a Pay for Success model, when looking at funding which is different than capacity grants in order to provide more accountability and transparency.

BHCC recommended to the County Board to proceed with the issuance of a Request for Proposal (RFP). In February of 2020, an RFP was issued by McLean County, with a request for responses and proposals by March 20, 2020. Ultimately there were no applicants even though the agencies who would be able to provide services were involved in deciding that AIOP (even as a spectrum of services) was a priority and

then worked on the model collaboratively. Feedback received was that providers had concerns about actual demand versus the staff needed coupled with workforce issues, ongoing funding, and others. To further complicate matters, timing of the request coincided with the start of the COVID-19 pandemic, which left many human service agencies unsure of what their financial futures may entail.

In the fall of 2021, as ROE #17 began having more in-depth discussions with superintendents in the region, it was identified that adolescents are presenting with more severe mental health concerns, higher levels of suicidality, and higher needs than in previous years. Several superintendents have identified that while more supports within schools are needed, as are community providers, what is needed is an option for the higher need students with mental health concerns resulting in them being hospitalized and/or home-bound for their education. As a result, ROE #17 is exploring their ability to meet this need utilizing the concept of the Adolescent Intensive Outpatient Services Program but stemming from an educational base with more intensive mental health supports during a typical school day. At the time of writing this update, ROE #17 anticipated if they can implement the program, it will encompass key components of the original RFP, but with increased educational capacity than originally planned. Outside funding would still be needed, though there are pending legislative changes which may allow for some of the increased mental health services to be billed for students with Medicaid, regardless of whether they have an IEP or not. At the time of this writing, ROE #17 applied for \$250,000 in funding from ISBE and is awaiting response.

In 2021, CYFS began a Youth/Family Intensive Stabilization Program that has similarities to AIOP; however instead of being site based, it will occur in the community. Approximately 10-15 youth/families will be served at a time. As noted in the Crisis section, CYFS is the provider for SASS.

The program is designed to use a team-based model to provide trauma-informed, strengths-based, and systemic intensive, community-based outreach services for youth, young adults, and their families/support networks. Assessment of needs and strengths will be completed utilizing the IM+CANS and interventions and supports will be prescribed to address identified needs and build upon noted strengths individualized in goals and service frequency. Service needs may include any combination of mental, emotional, and relational health; educational, vocational, social, residential, financial, co-occurring disorders (MH/SA, MH/DD, MH/Medical), and other treatment support needs. Interventions are primarily provided in natural settings and are delivered face to face, by telephone, or by video conference. Family and natural supports will be included and encouraged to participate in treatment to the highest possible extent whenever possible, as appropriate to the benefit of the recipient and family. Supports within this program are available 24/7/365; however, youth within this program also qualify for Mobile Crisis Response when acuity demands. The team will staff each case weekly to provide communication and intervention planning within the team members, as well as to determine areas of progress and continued need.

The program may serve as a step-down from higher, more restrictive levels of care or as deflection from the same. As noted above, between 23%-36% of youth screened by SASS are subsequently hospitalized. It may also be provided when traditional outpatient levels of care have not succeeded in stabilizing the youth and family. The criteria utilized to determine initial eligibility for this program will be the Community Support Team Medicaid code. Continued eligibility for services and service intensity will be determined through monthly utilization management reviews of the IM+CANS and progress on treatment goals by the QMHP lead and the LPHA responsible for team oversight.

One piece of the State of Illinois' efforts to enhance the behavioral health service system for youth is the creation of what is known as "Pathways to Success." Pathways to Success is intended to build a "system of care for children with complex behavioral health needs." This program is anticipated to begin in March 2022 to aid families and children having access to home and community-based services, built upon an intensive model of care coordination. This program is guided by principles that put the children and their families at the center of planning for services and supports. These principles include: culturally humble; youth guided; family driven; team based; community-based and collaborative; and data and outcome driven. Further details are not yet known about implementation; however, service provision and outcomes would be anticipated to be included in future MHAP updates.

## College-Age Youth

Adolescents and young adults who are in college, or similarly aged and not in college, also face behavioral health challenges. This age range can also pose complications due to who the owner of the insurance policy may be, whether the individual has commercial insurance or Medicaid, and even if they live on or off campus. However, it should be noted that many human service providers within McLean County address the needs of this population, in addition to all colleges and universities having programs and services to address the needs of their students also. Hospital data indicates a substantial increase in chemical dependency in the 18-21 age group.

For individuals in crisis who are over the age of 18, immediate services can be accessed through PATH by calling 2-1-1, by utilizing the mobile crisis team through the Center for Human Services, walking into the McLean County Triage Center, or being screened for an intake at Chestnut's Crisis Residential Unit. Additional details about these specific services are captured within the Crisis section of this MHAP update. McLean County crisis partners believe that there is "no wrong door" to accessing help and assistance and will aid individuals in ensuring the services they need are received regardless of where they may have started for help.

As for college age youth, Section 5 of The Mental Health and Developmental Disabilities Administrative Act was amended by adding Section 18.8 as follows:

*(20 ILCS 1705/18.8 new)*

*Sec. 18.8. Post-secondary mental health database and resource page. Subject to appropriation, the Department shall create and maintain an online database and resource page on its website. The database and resource page shall contain mental health resources specifically geared toward post-secondary social workers, counselors, parents, faculty, graduate assistants, school administrators, graduate and undergraduate students, and support personnel with the goal of connecting those people with mental health resources related to crisis services, wellness, sexual health, survivor support, gender-based violence, nutrition, stress reduction, anxiety, depression, violence prevention, suicide prevention, and substance use and encouraging information sharing among educational administrators, security personnel, resource officers, faculty, students, and all other employees of a university or college. Nothing in this Section shall be construed to authorize or permit the sharing or disclosure of any individual's identity, health, or other personal information, or any information from an individual's record, in connection with the creation or use*

*of the post-secondary mental health database and resource page.*<sup>7</sup>

ISU, IWU and Heartland CC have student counseling services on campus. Students have access during normal business hours and there is quite a bit of information on ISU's website under student services. After hours, ongoing needs for college-age youth includes better linkage to existing community resources and more marketing on campuses and within the community about accessible services. Additionally, transportation to and/or from services remains a barrier that could benefit from being addressed, which could aid more students in accessing services more directly off campus when needed.

The use of telehealth has proven to be beneficial during the pandemic resulting in making use of telehealth permanent. By removing the transportation barrier, more individuals were engaged as younger populations are more comfortable with video technology. Broadband access on and off campus is available. There are some rural areas of McLean County that do not have access to broadband which remains a barrier. If the youth are younger, telehealth is an advantage to include the caregivers more in the treatment.

To be noted, since the original 2015 Mental Health Action Plan are the number of individuals who have been trained in Mental Health First Aid for Youth and the ongoing interest from not only school professionals but the general public. From 2016-July 2021, 759 individuals have been trained and all educators at Bloomington High School completed an in-service day to be trained, with additional staff training pending at the time of writing this update. A goal to achieve from the date of this update to a future update would be for all school personnel and educators to become certified in Mental Health First Aid for Youth.

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<sup>7</sup> The Mental Health and Developmental Disabilities Administrative Act, 20 ILCS 1705/18.8 § 102-0228 (2021)

## Appendix F - Housing

The 2015 Mental Health Action Plan identified two general concerns for housing in McLean County. The previous concerns identified were: 1) access to clean, safe, sanitary housing on a transitional/temporary, seasonal, or permanent basis; and 2) availability of supportive housing. There are a number of different agencies that provide housing assistance to homeless and/or individuals with mental illness. Several best practices for housing needs were originally identified and related accomplishments to date, are documented here based on the original 2015 plan.

PATH serves as the Central Illinois Continuum of Care provider and has been recognized by the United States Interagency Council on Homelessness, Department of Housing and Urban Development, and the Department of Veterans Affairs as ending veteran homelessness. This entails finding permanent placement for veterans within 90 days of being recognized as homeless.

Housing First is an approach to ending homelessness that centers on providing homeless people with housing as quickly as possible – and then providing services as needed.

LIFE CIL assists persons with mental health and disabilities moving into units on the private rental market. Their housing list contains options in the private rental market. They collaborate with private property owners who wish to be included in the housing lists and educate private property owners and rental agencies on the benefits of accepting Housing Choice Vouchers for their units. LIFE CIL also provides education to private property owners and rental agencies on providing reasonable accommodations and modifications to their properties. LIFE CIL additionally maintains a list of affordable and accessible housing options. Housing lists are updated at least annually, and changes made as soon as they are notified.

Entry requirements and tenant screening have been barriers to obtain public housing. Recent changes in recreational drug laws, have now legalized that which in the past automatically disqualified individuals from those locations. In light of those changes, current requirements may need to be updated.

There are a number of different agencies that provide housing assistance to homeless and/or individuals with mental illness. Several best practices for housing needs were originally identified and related accomplishments to date, are documented here based on the original 2015 plan.

To improve the space dedicated for incarcerated individuals with mental health needs, the McLean County Detention Facility was completed in 2019. This expansion added specialized housing within the jail to provide a therapeutic environment for those incarcerated who may not be able to tolerate placement within the general population.

Chestnut's Crisis Stabilization/Residential Unit (CRU) opened and can serve as a potential step-down housing option to those individuals diagnosed with mental illness who are released from a correctional facility. The CRU provides other services, which are documented in greater detail in the Crisis portion of this update.

The Project Oz Street Outreach & Emergency Shelter program is targeted toward homeless youth who are under 24 years of age and who have been subjected to, or are at risk of being subjected to, sexual abuse, sexual exploitation, or human trafficking and are in need of immediate safe shelter. The purpose

is to prevent the sexual abuse, human trafficking, or exploitation of young people who are homeless or in unsafe housing by building relationships and providing 24/7 access to safe emergency shelter. Some goals of this program are to provide face-to-face street outreach services designed to connect quickly with youth experiencing a housing crisis, assist clients in leaving unsafe housing or homelessness, and build trusting relationships with youth who might not otherwise access services due to lack of awareness, lack of system trust, or active avoidance. Efforts of staff working in this program encourage youth to accept placement into a 6-bed emergency shelter and meet their immediate basic needs (i.e., food, clothes,

<b>Outreach Youth</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
All Youth Contacts	336	356	350	289	300	1,631

<b>Presenting Issues</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Mental Health	30%	31%	37%	47%	47%
Substance Use	16%	14%	21%	16%	12%

\*Presenting issues indicate concerns identified by youth during initial assessment. Youth present with a range of concerns, but the data above is limited to areas relevant to behavioral health. This data is not collected on brief contacts.

<b>Emergency Shelter</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
# of Youth Sheltered	33	28	41	47	59	208
# of Nights of Shelter Provided	812	885	910	1,347	1,149	5,103

<b>Other Selected Outcomes</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
% Youth Engaged in Case Management	58%	58%	56%	64%	60%
% Safe Exits from Shelter to Stable Housing	--	72%	87%	84%	84%

hygiene items, referrals, etc.). Youth may also choose to engage in on-going case management services including: safety assessments; physical/mental health screening; counseling; employment and educational supports; access to long-term housing; connection to community resources; and caring adults.

Project Oz engages in a competitive grant process every 3 years to be able to ensure these services exist and remain in place. In addition to federal grant dollars funding this program, 10% of the funding is a result of a local match.

Project Oz has two additional programs: Transitional Living for Homeless Youth & Transitional Living for Pregnant and Parenting Youth. Individuals who can be eligible for the program are homeless youth as pregnant, parenting, or single individuals who are under the age of 22 and for whom it is not possible to live in a safe environment with family or relatives and who have no other safe alternative living arrangement. This program encompasses 17 scattered site or semi-supervised independent apartments that offer 24/7 access to support staff. These programs provide intensive, individualized support for up to 18 months while youth remain in the program, with aftercare and follow-up available after program graduation.

The goal of the program is to provide homeless single youth and homeless youth who are pregnant or parenting with safe and stable supportive housing. Wrap-around, youth-centered, trauma-informed

<b>TLP Homeless Youth</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
# of Youth Enrolled	14	10	17	13	19	73
# of Infant/children Enrolled	2	5	4	2	5	18
# of Youth Applicants	143	168	169	162	102	744

<b>Presenting Issues</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2021</b>
% Reporting Substance Abuse Issues	43%	20%	24%	38%	42%	
% Reporting Mental Health Issues	43%	50%	82%	85%	84%	

\*Presenting issues indicate concerns identified by youth during the initial assessment/evaluation process. Youth present with a wide range of concerns, but the data above is limited only to areas relevant to behavioral health.

<b>TLP Pregnant/Parenting</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
# of Youth Enrolled	11	11	14	14	15	65
# of Infant/children Enrolled	12	15	17	22	19	85
# of Youth Applicants	82	70	73	63	176	464

<b>Presenting Issues</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2021</b>
% Reporting Substance Abuse Issues	18%	27%	29%	29%	20%	
% Reporting Mental Health Issues	0%	0%	36%	36%	27%	

\*Presenting issues indicate concerns identified by youth during the initial assessment/evaluation process. Youth present with a wide range of concerns, but the data above is limited only to areas relevant to behavioral health.

<b>Outcomes</b>	<b>Composite</b>
Obtained HS Diploma/GED	86%
Enrolled in School	42%
Employed	77%
Exit to Safe, Stable Housing	95%
Have Bank Account	93%
Can Identify Permanent Connections	93%
Improved Mental Health	88%
Improved Physical Health	91%
Improved Casey Score	88%
<b>Parenting Only</b>	
Improved Keys to Interactive Parenting (KIPS) Assessment Score*	56%
Linked to Ongoing Child Development Services	85%

\* All pregnant/parenting youth participate in parenting and child development education while in the program and strengthen their skills in this area. However, some youth enter the program with stronger skills in this area and high scores on this assessment, thus not all youth demonstrate "improvement" in their scores.

services help youth establish long-term economic independence and stability to improve safety and well-being for themselves and their young families. Through housing and supportive services, youth focus on achieving outcomes in four areas: stable housing; education/employment; permanent connections; and social and emotional well-being for themselves and their child.

### FUSE

FUSE is an acronym for Frequent User Systems Engagement and a program concept from the Corporation of Supportive Housing, which can take on different approaches to care in different jurisdictions across the country. McLean County chose to focus on the overlapping impact of (behavioral) health, justice involvement and homelessness on individuals. FUSE encompasses those individuals who have intersected with some of the most high-cost, high-need services within a community most often. With McLean County, this represents usage of homeless shelters, jail bed days, and emergency department visits or related crisis services. These individuals represent a small portion of the population, but also represent individuals with complex needs not easily captured in one location or one service provision. The individuals often in need that fall within this point of intersection have often lost trust in the system, in service providers, and with the idea that basic needs may be met. As several FUSE participants have said to staff, (paraphrased) "The streets become home and family."

In a system that largely requires individuals come to an office to receive services, the FUSE Program goes to participants and a minimum of 60% of services are provided or conducted in a community setting, following Community Support Team provisions. The FUSE Program team, while not strictly adhering to ACT fidelity, does strive to provide services at an ACT level of care, which is a more intensive level of case management and wrap-around services than CST requires. This community focus begins with outreach to potential participants, rather than a more traditional referral process like other service providers. All FUSE clients must fall within a specific range of cross-utilization of services, representing some of the highest usage within the county, as well as also meet specific criteria with regard to severe and chronic mental health concerns.

While the FUSE Program does not include a primary care physician, they do partner with other local medical providers and help ensure that FUSE participants receive the medical care that they often have either not received or struggled to maintain consistently. The FUSE Program team consists of a program manager who is also a licensed clinician to offer therapy within the program when desired and beneficial, a Certified Recovery Support Specialist, a Registered Nurse with experience in behavioral health, a psychiatric prescriber (via telehealth), and will ultimately include a substance use specialist. All staff also function in a case manager role, directly serving individuals in the way they need when they need it, while offering their own expertise and experience within a team setting. The team serves each individual and no one staff member is "assigned" participants for a caseload, such as in other service programs.

Many individuals served by the FUSE Program are homeless at the time of services beginning or were homeless at one point. FUSE explores options to house individuals as quickly as possible, as well as aiding participants with support to remain stably housed once it occurs. Housing has occurred in partnership with private property owners, the Bloomington Housing Authority both with and without use of Mainstream Vouchers, and with assistance from PATH and their rapid rehousing program. Research supports a "Housing First" model, and local data suggests the same. Further, FUSE data to date shows the impact of programs such as FUSE.

There have been 13 individuals served by the program since its inception in 2019 with an average of 354 days in the program. 10 clients are currently housed. There has been a 5% reduction across all services.

As a result of the current success of the FUSE Program, paired with the original intent of a Pay for Success model, the County continues to explore and consider ways to implement Pay for Success with FUSE. The model demonstrates cost avoidance through increased wrap-around services such as a Community Support Team or Assertive Community Treatment Team addressing specific needs and populations. Eventual implementation of Pay for Success for the FUSE Program could thereby allow current funding allocation from the Intergovernmental Agreement with the City of Bloomington and the Town of Normal for shared sales tax provision to be used for other new and innovative programs.

The Housing in Recovery Pilot Act<sup>1</sup> recently signed by the governor, is almost the exact same description as FUSE. This is currently unfunded; however, local legislators are aware of the program in McLean County, should funding become available to pursue.

## New Housing Efforts and Evaluation of Housing

Construction of a sufficient number of housing units, both permanent supportive and transitional, to meet different levels of need has not occurred but has been discussed. Laborers' Home Development Corporation (LHDC), an affiliate of the LiUNA! (Laborers' International Union of North America) Midwest Region, is a private, not-for-profit developer of quality, affordable housing in under-served communities. LHDC has been working towards building and developing supported housing units in conjunction with McLean County. The application process for Low Income Housing Tax Credit (LIHTC) from the Illinois Housing Development Authority (IHDA) is very competitive with a limited number of projects approved annually. In 2017, a site was identified for building a 50-unit mixed income apartments which would include supportive units that was accessible to shopping, transportation, and other needed services. The plan was met with neighborhood resistance and did not proceed.

Labyrinth Outreach Services to Women started as a grassroots organization to support women returning home to McLean County from prison and jail in 2013. In 2015, the Labyrinth House, a transitional living program with four, two-bedroom furnished apartments, opened in 2015. In 2016, Labyrinth merged with YWCA McLean County and expanded their services. The organization is now known as YWCA Labyrinth Outreach Services to Women.

The residential program can support a total of eight women. Each Labyrinth House resident is assigned a case manager who assists them in making progress towards their goals for independence, including stable, permanent housing, and financial stability. Residents can live in the program for up to two years. In addition to the residential program, YWCA Labyrinth also provides both outreach services (i.e., case management, on-site support groups, and skill-building workshops) and emergency needs support (i.e., emergency housing vouchers, transportation, etc.).

Oxford House is a model of Supportive Housing for those who are recovering from substance use disorder and was initially funded through Illinois Department of Human Services' Division of Alcoholism

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<sup>1</sup> Housing in Recovery Pilot Program Act, ILCS § 102-0066 (2021)

and Substance Abuse (IDHS/DASA).<sup>2</sup> In November 2021, 2 houses will be opening in McLean County with the intent of opening a total of 5-8. Currently one is for men and the other is for women but there may be one open to families in the future. The residents work with the incarcerated prior to release to screen potential residents. In other counties, they also work with Drug Courts to aid those need housing to participate.

In 2017, McLean County Regional Planning Commission (MCRPC) took the lead with a study titled BN Home. A result of that study was the creation of two committees. The Regional Housing Staff Committee that acts as a conduit between local efforts and state and federal housing agencies and the Affordable and Supportive Housing Committee which focuses on affordable, supportive housing. BN home has produced several white papers on the status of housing through the efforts of MCRPC and the Regional Housing Staff Committee. This group has also begun to explore the development of a tool, as well as assessing said tool, as a way to demonstrate ideal locations within the county for supportive housing developments. Also developed was a 2020-2024 joint 5-year Consolidated Plan for the Community Development Block Group (CBDG) program for the City of Bloomington and the Town of Normal, along with extensive data. Both plans and other documents regarding housing and the dashboard are found on MCRPC website. This dashboard contains data on demographics, housing units and costs, homelessness, and more. This continuing work is vital to addressing the needs of those with behavioral health issues to be able to secure housing.

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<sup>2</sup> Group Home Supportive Living Initiative - IDHS 4501. IDHS. (n.d.). Retrieved 2021, from <https://www.dhs.state.il.us/page.aspx?item=44923>

## Appendix G - Crisis

As noted in the data section, a Community Crisis Planning Committee (CCPC) was formed prior to the Mental Health Action Plan to coordinate crisis services in a more efficient manner in response to the July 2013 Department of Justice National Institute of Corrections (NIC) report.<sup>1</sup> McLean County has taken on the challenge to advance the behavioral health system by working to assure services are provided in the least restrictive environment in order to reduce trauma, emergency room visits, and incarceration. Additionally, McLean County has strived to improve crisis outcomes by utilizing national standards to assess individuals in the most comfortable setting possible, such as at home, within the community, or in a “living room” type of environment, including stabilization units. Further, the county has set out to initiate and continue crisis intervention training for all first responders.

One way to envision the crisis system is along a continuum from least restrictive to most restrictive. When conceptualizing this, it is important to note that McLean County has a robust range of crisis services, all pieces of a successful continuum. It begins with PATH/211 as a crisis call center, then moves to a mobile crisis response through the Center for Human Services Mobile Crisis Team, subsequently moving to a 23-hour walk-in option utilizing a “Living Room” model through the McLean County Triage Center, to a Crisis Residential Unit for up to 14 days through Chestnut Health Systems for detox or mental health needs, and then to an inpatient (adults only) at a local hospital. The final most intensive placement would be a long-term mental health facility which is not located in McLean County.

The MHAP included the need for the best practices of an integrated crisis system. This best practice system is documented in the December 2020 SAMHSA publication Crisis Services Meeting Needs, Saving Lives. One must note that the recommendations and best practices of many publications are applicable to large counties and municipalities where there are vastly different needs and resources than a county such as the size of McLean County. As such, McLean County must adapt those recommendations and practices as appropriate.

Utilizing a no wrong door approach, which McLean County has used as a standard for many years, the essential elements from the National Guidelines for Crisis Care are:

1. Regional Crisis Call Center: Regional 24/7 clinically staffed hub/crisis call center that provides crisis intervention capabilities (telephonic, text and chat). Such a service should meet National Suicide Prevention Hotline (NPSL) standards for risk assessment and engagement of individuals at imminent risk of suicide and offer air traffic control (ATC) – quality coordination of crisis care in real time;
2. Crisis Mobile Response: Mobile crisis teams available to reach any person in the service area in their home, workplace, or any other community-based location of the individual in crisis in a timely manner; and

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. (2020, February 24). National Guidelines for Behavioral Health Crisis Care - SAMHSA. [www.samhsa.gov](https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf). Retrieved 2021, from <https://www.samhsa.gov/sites/default/files/national-guidelines-for-behavioral-health-crisis-care-02242020.pdf>

3. Crisis Receiving and Stabilization Facilities: Crisis stabilization facilities providing short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like non-hospital environment.<sup>2</sup>

McLean County has all three of the core elements for a best practice integrated system. PATH/211 is the Regional Call Center, McLean County Center for Human Services and Center for Youth and Family Solutions provide 24/7 mobile response, and the McLean County Triage Center and the Crisis Residential Unit at Chestnut Health Systems are stabilization facilities.

Another way to simplify the crisis system continuum is:

- Someone to call
- Someone to respond
- Somewhere to go

### Someone To Call

PATH 211 is the crisis call center for 43 counties in Illinois. It answers for the National Suicide Prevention Hotline and was the first American Association of Suicidology (AAS) accredited agency in the state and is the only agency in the state accredited by the Alliance for Information and Referral Systems (AIRS). PATH assists community members 24/7 via a hotline that is staffed by trained paraprofessionals. Trained paraprofessionals are skilled at assessing suicidal risk and linking callers with necessary services, including, but not limited to the Crisis Team through the Center for Human Services. In addition, PATH provides crisis services for the homeless, as well as services for older adults, including Adult Protective Services. PATH is also the designated answering service for many human service agencies during non-business hours.

From 2017-2021, 20%-25% of the McLean County behavioral health calls were for support only that were de-escalated without passing the caller on to another agency.

The Illinois Department of Human Services established a Call4Calm text line to support Illinois residents or someone the resident knows struggling with stress and who needs emotional support related to COVID-19. This service is free of charge and available 24 hours a day, 7 days a week.<sup>3</sup>

In any circumstance, regardless of who is called, if there is an assessed risk of someone to harm themselves or others, it is an emergency where 911 should be called.

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<sup>2</sup> Jail Mental Health Design and Programming Options and Opportunities, NIC Technical Assistance Request No. 13J1069 (July 23-26, 2013)

<sup>3</sup> DHS Call4Calm Text Line, 20 ILCS 1305/10-63 § 102-0206 (2021)

McLean County Suicides (as of November 5, 2021)								
	2015	2016	2017	2018	2019	2020	2021	Total
<b>Male</b>	15	16	14	8	13	21	14	101
<b>Female</b>	8	9	5	8	5	2	4	41
<b>Total</b>	23	25	19	16	18	23	18	142
<b>Youngest</b>	15	21	14	16	26	10	20	
<b>Oldest</b>	78	85	95	86	66	93	84	
<b>Avg. Age</b>	48	46	46	52.1	47.4	42.2	42.1	

## Someone To Respond

When a 911 call is received by a public safety answering point (PSAP) center, the telecommunicator answering the call will run through an approved and validated script/question criteria to determine what resources the caller needs and the severity of the call. When a mental health crisis call comes in, the process is no different. Within McLean County, calls received either by METCOM or City of Bloomington 911 all go through a similar process. Once the call has been assigned an acuity level, a list of the appropriate resources is then allocated to the call. Typically, most mental health evaluations require police and/or an ambulance to respond. Law enforcement is dispatched when there is a threat of harm to oneself or others. Mental health calls have been increasing and the pandemic has exacerbated the number of calls.

The following data is an overview of EMS call volume by year for mental health emergencies within McLean County. It is not unusual for a patient to have multiple overlapping complaints during a call. The individual EMS provider on the call must decide what the primary complaint is for each person. For example, if EMS responds to a person with chest pain, but they also complain of anxiety. The EMS must determine if the patient has chest pain due to anxiety or if the chest pain is causing the anxiety. This challenge is helped by using software that runs analysis on written narratives to capture mental health emergencies based on information written by the provider in the narrative section. This helps paint a highly accurate picture of the state of mental health emergencies within McLean County.

EMS Call Volume by Year for Mental Health Emergencies				
	2018	2019	2020	2021 (through 8/31)
<b>Total</b>	2,435	3,138	3,061	2,099
<b>Bloomington</b>	1,202	1,930	2,037	1,368
<b>Normal</b>	893	865	705	521
<b>Rural McLean Co.</b>	340	343	319	210

Note: During 2020-2021, there were a limited number of students in attendance at in-person classes for Illinois State University. Though the numbers may appear lower, it is difficult to assess how great the impact of fewer students had during that year

Drug related deaths for 2020 and 2021 are shown in the table below. Three (3) in 2020 and two (2) in 2021 of these are also counted in the suicide data above. Fentanyl alone or in conjunction with other drugs accounted for a majority of the deaths. Rarely were the drugs combined with alcohol.

McLean County Drug Related Deaths (as of 11/05/2021)			
	2020	2021	Total
<b>Male</b>	10	19	29
<b>Female</b>	8	4	12
<b>Total</b>	18	23	41
<b>Average Age</b>			
	39.2	42.2	
<b>White</b>	11	16	27
<b>Black</b>	6	6	12
<b>Hispanic</b>	1	1	2
<b>Biracial</b>	0	0	0
<b>Veteran</b>	1	0	1

The data below refers to EMS calls coded alcohol as the primary complaint. These numbers cannot be read in addition of the mental health calls above, as often they may overlap.

EMS Call Volume by Year for Alcohol Complaints				
	2018	2019	2020	2021 (through 8/31)
<b>Total</b>	865	1,169	909	629
<b>Bloomington</b>	436	774	655	429
<b>Normal</b>	353	360	237	181
<b>Rural McLean Co.</b>	76	35	17	19

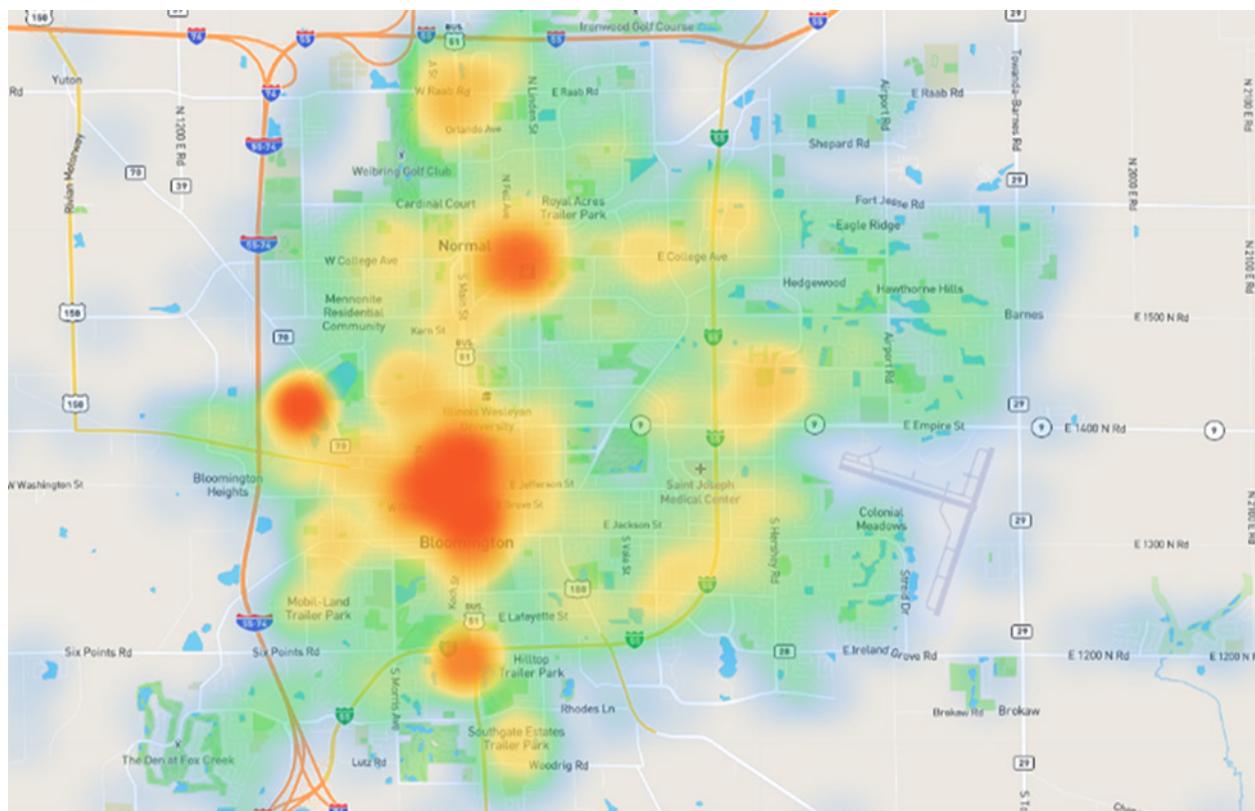
The data below refers to EMS calls that have data to indicate an opioid overdose. These numbers cannot be read in addition of the mental health calls above, as often they may overlap.

EMS Call Volume by Year for Opioid Overdose				
	2018	2019	2020	2021 (through 8/31)
<b>Total</b>	52	80	67	58
<b>Bloomington</b>	30	50	42	33
<b>Normal</b>	15	21	15	18
<b>Rural McLean Co.</b>	7	9	10	7

The data below refers to EMS calls coded methamphetamine as the primary complaint. These numbers cannot be read in addition of the mental health calls above, as often they may overlap.

EMS Call Volume by Year for Methamphetamine				
	2018	2019	2020	2021 (through 8/31)
<b>Total</b>	14	31	51	36

Below is a 5-year heat map of EMS calls within Bloomington and Normal combined. The locations in Bloomington with the highest concentration of calls are: Chestnut Health Systems, Salvation Army, Phoenix Towers, County Jail/Health Department/Law and Justice Center. In Normal, the locations are: Illinois State University, Northbrook Dr – Multiple Apartment Complexes, and Motel 6/BP Gas Station.



Outside of Bloomington and Normal, the highest concentration of EMS calls are from Heyworth, LeRoy, and Lexington.

McLean County Center for Human Services (MCCHS) operates a 24-hour mobile crisis team and is accredited by the Commission on Accreditation for Rehabilitation Facilities International (CARF). The MCCHS Mobile Crisis Team is available to assess crisis risk and other mental health crises in person or over the phone. The team consists of members who specialize in mental health and risk assessment. The Mobile Crisis Team can provide services such as de-escalation, linkage to other services, suicide and/or risk assessment, and in the moment counseling. All in-person assessments are followed up after 24 hours on referrals that were made.

Due to the unpredictable nature of crisis, there are times when multiple calls occur in the same time period. The purpose for Mobile Crisis is to be in the community in the least restrictive environment. The following table shows location of calls where Mobile Crisis has responded. Calls are the number of times that the crisis team was requested to intervene with an individual. This intervention could be over the phone or face-to-face. Clients may have multiple calls and the location is where the clinical intervention began.

From 2019-2020, over 50% of the Mobile Crisis responses are in a hospital ED which has increased

## Appendix G

to 60% during the first half of 2021. Mobile crisis prioritizes those in the community as hospitals are considered to be a secure, safe environment. Compounding the issue is the fact that there is guidance or recommendations by numerous entities to direct individuals to the ED. Individuals who go to the ED are triaged, many experience a long wait in a busy environment along with other life-threatening medical emergencies such as heart attacks and car crashes. This can have a negative impact on the individual in crisis by increasing anxiety.

Another 40% of calls including phone calls primarily occur at McLean County Center for Human Services declining to 32% in the first half of 2021. This contributes to higher number of calls at this location.

The remaining 8-10% of mobile crisis calls are what could be considered in the community. As mentioned above, hospitals are a safe, secure environment for those who are experiencing crisis, they also provide a safe secure environment for the crisis responder. MCCCHS is beginning to respond with 2 person teams comprised of the mental health professional paired with a peer counselor which could improve potential concerns regarding safety, therefore increasing the responses in the community. This is also a requirement of the IDHS/DMH 590 Crisis Care grant.

Location of Calls	2019	2020
MCCCHS	963	1,219
Bromenn	1,287	1,197
OSF ED	439	401
OSF Medical Unit	79	58
MCDF	28	20
Courthouse	5	0
CRU	8	7
Client Residence	140	119
Private MH Practitioner	5	4
Physician's Office	28	13
Social Service Provider	5	3
Public Place/Community	0	10
School	22	4
Other	13	15
<b>Total Calls</b>	<b>3,022</b>	<b>3,070</b>

Children Youth and Family Solutions (CYFS) operates the Screening Assessment and Support Services (SASS) program which serves as the mobile crisis intervention program for youth ages 20 and under who have state funded health insurance, such as Medicaid. The Statewide CARES hotline dispatches the appropriate SASS provider. CYFS staff is trained in suicidal assessment and can link youth to necessary services. Services are provided in the least restrictive manner.

<b>SASS Medicaid, uninsured &amp; underinsured to age 21</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021 (5 mos.)</b>
Number of Calls	642	618	670	457	284

Individuals with intellectual and developmental disabilities have a local number to call for responders with experience with that population. The National Suicide Prevention Lifeline has specially trained operators for military service members with suicidal ideation.

Project Oz crisis services are for youth and include 24-hour crisis intervention and safety assessment, emergency shelter and temporary living arrangements. More information about the program is found in the youth section of this report. While duplicated here, Project Oz crisis data includes:

<b>Crisis Youth</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>Total</b>
Youth < 18	219	243	254	244	275	1235

<b>Presenting Problem at time of Crisis</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Substance Use	13%	6%	13%	10%	9%
Mental Health	24%	31%	27%	25%	28%

\*Presenting issues indicate concerns identified by youth during the initial assessment/evaluation process. Youth present with a wide range of concerns, but the data above is limited only to areas relevant to behavioral health.

Almost all law enforcement officers for the City of Bloomington, Town of Normal, Illinois State University, and the McLean County Sheriff's Department have been trained in CIT as a result of a three-year grant from Bureau of Justice Assistance in 2017-2020. The co-responder model was evaluated in 2017 and it was determined the cost to implement was not sustainable. CIT trained officers with the ability to deescalate when called and then transport to the Stabilization unit was the model that would work best in McLean County.

All mobile crisis programs have continued to operate throughout the pandemic, with notes below about some service provision modification as a result of COVID-19:

- As clinically appropriate, some crisis assessments were completed via phone or videoconferencing. If this was not possible or if the client/referring entity preferred an in-person assessment, the crisis team continued to provide face-to-face interactions, utilizing social distancing and other precautions.
- Many individuals did not want in-person contact during the pandemic; however, they did not always answer attempts to contact them via telephone and/or they declined other options (such as video) to speak with crisis counselors.
- Crisis staff continued attempts to see people in the community but multiple entities (such as physician offices, schools, urgent care facilities, etc.) were either closed or did not wish for staff to come to their offices. Instead of in-person assessments, these referrals were responded to via phone, which was not always successful as previously mentioned.
- The programs worked with other parts of the local crisis system of care to streamline processes, increase diversion practices, etc. to minimize risk to all involved while still maintaining critical services.
- Treatment options were decreased as various entities and resources closed or restricted admissions/referrals. For example, state hospitals were limiting admissions due to COVID-19.
- There was an increase in individuals desiring voluntary inpatient treatment due to the stress of COVID-19 issues. Such persons seemed to be less willing to consider other treatment options.

- There was also an increase in the symptom acuity for those individuals with underlying mental health issues. This left inpatient placement as the only viable option due to the severity of symptoms.

Mobile Crisis and SASS indicated throughout the pandemic, while the number of calls has not increased significantly, the acuity of symptoms has increased. Individuals are waiting longer before seeking help and therefore the interventions are warranting hospitalization versus a less restrictive environment.

### Somewhere To Go

At the time the MHAP was created and written in 2015, there were only 2 places to go when responding to a crisis call. Without alternatives to jails and emergency rooms, law enforcement and other first responders had few options for diverting people who are experiencing a behavioral health crisis. The behavioral health services available in communities vary and impact what services are available for diversion.

At present time, EMS is only allowed to transport patients directly to the emergency department per guidelines through the Illinois Department of Public Health. There have been a few successful applications to IDPH for exceptions in the State, inclusive of the Tri-County Peoria area and Rockford. Peoria has a legislative exemption and Rockford has a DMH waiver. This is mainly based on how the Centers for Medicare and Medicaid Services (CMS) will reimburse ambulances for transports. There have been some moderate changes for alternative transports due to the pandemic, but no permanent changes have been made by CMS with regard to reimbursement. The Illinois EMS Act was amended with the potential to transport to alternative destinations. While it is a step toward diversion from emergency departments, which has been a long-standing hurdle, each instance for a request to divert would need to be approved by the EMS Medical Director.<sup>4</sup>

As there may be a small window of time when someone in crisis is motivated to divert to services and a less restrictive location, somewhere to go must be available 24/7 to take advantage when it is the appropriate location. This continuous availability helps ensure that individuals have help when and where they need it. Crisis Stabilization Units (CSU) have grown in use largely because they often provide a better alternative to an emergency room for people experiencing a mental health crisis. In addition to providing people with a place where they can easily access care and giving law enforcement officers expanded options to connect them to supports, CSUs can be a cost-efficient alternative for jurisdictions by reducing incarceration and hospitalization costs. CSUs can also address public safety concerns by providing linkages to supportive services that address the person's underlying needs, which can reduce future criminal justice involvement.

In 2016, after conversations with both hospitals, County Government, and BHCC partners about the provision of crisis stabilization services, and the commitment from the County and its Board of Health to assist in funding, Chestnut Health Systems identified the ability, consistent with the MHAP tenant to utilize local government funds as a last resort, to independently open a 24/7 crisis stabilization unit (CSU). This unit provided an inpatient for adults with an immediate mental health crisis and/or substance use disorder counseling.

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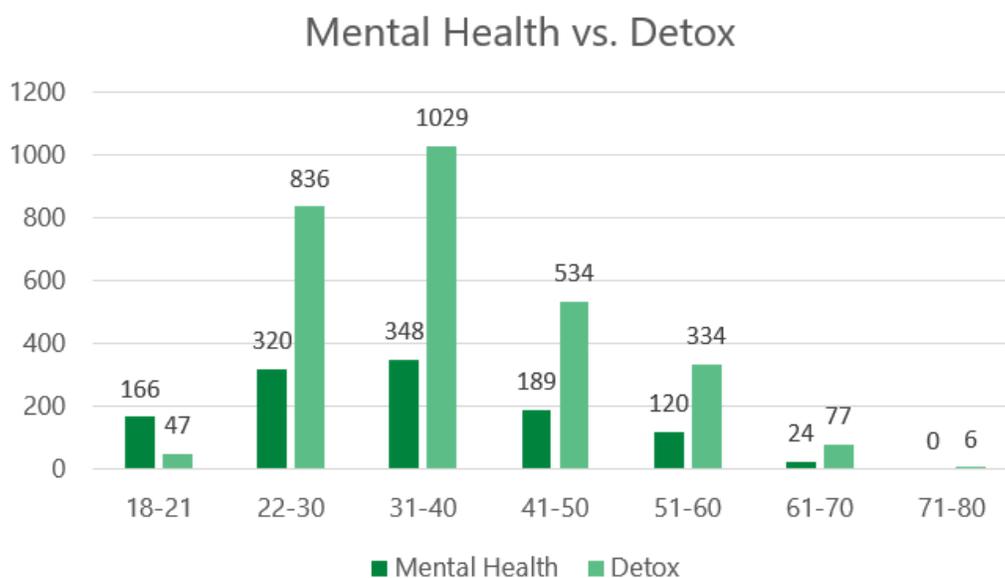
<sup>4</sup> The Emergency Medical Services (EMS) Systems Act, 210 ILCS 50/3.155 § 102-0623 (2021)

Ultimately, the designation of the CSU was changed to a Crisis Residential Unit (CRU). On Monday-Friday during daytime hours, there is immediate access to mental health and substance use disorder counseling for people in outpatient services. Telehealth services are also available for these needs. Additionally, Chestnut provides 24-hour access to substance use disorder inpatient detoxification. The CRU and Detox are available to adults 18 and over.

One way to conceptualize the CRU is as a step-down from the hospital, which can hold people involuntarily under certain conditions. To enter the CRU, the adult (18+), must be able to give informed consent, must not have unstable medical issues (untreated wounds, high fever, vomiting blood, etc.), and must not be at imminent risk of suicide (specific plan, means, immediate intent or attempted within past 24 hours).

The CRU provides a short-term supervised residential setting to individuals who may need it. Onsite staff consist of trained counselors, nurses, medical assistants, and licensed social workers. Chestnut provides 24-hour short term supervised care for persons aged 18 years and older who are experiencing an acute psychiatric crisis that does not require acute psychiatric hospitalization. The CRU also provides medically monitored detox services. Please note this is an unlocked, voluntary, 14 bed unit.

The CSU/CRU has admitted 1,059 individuals for mental health from January 1, 2017 through May 31, 2021. Of those individuals, only 45% were McLean County resident admissions. On the Detox side there were 2,863 admissions and only 23% are from McLean County. A little over half of CRU referral sources are self-referrals, and approximately 3 out of 4 referrals for Detox are self or another individual.



Shortly after the opening of the CSU, when law enforcement or EMS attempted to divert from the ED, the CSU did not have beds available due to the significant regional need for inpatient detox. At the time of this report, Chestnut has temporarily suspended admissions to CRU and are temporarily offering detox services co-located on their residential units. This is a vivid example of how, even in collaborative situations such as that created by the BHCC, different perspectives and visions can exist. CSUs can look different from one jurisdiction to the next. While most participants walk in on their own, are dropped off,

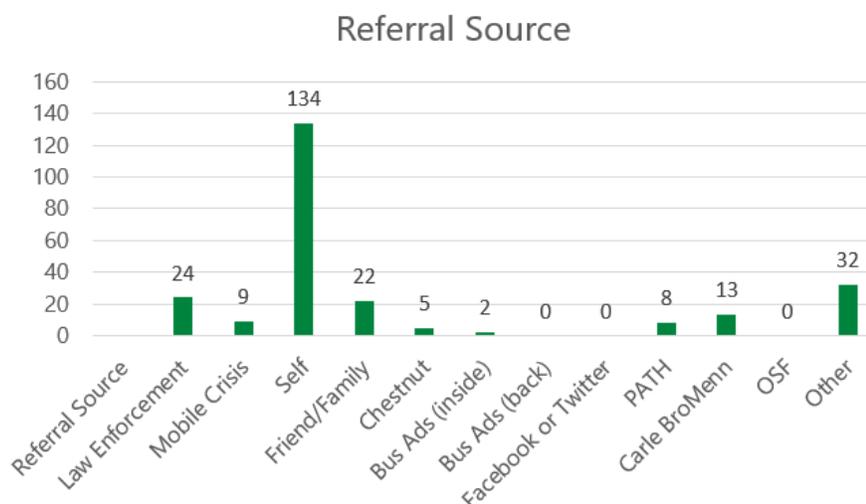
or referred by law enforcement officers, some jurisdictions also accept people from mobile crisis teams and prosecuting attorneys' referrals. CSUs can vary in the types of services provided, including behavioral health screening and assessment, counseling, prescribing, and monitoring psychotropic medication, and connecting people to other community-based services such as housing. They may also differ in how long people can stay and whether they operate 24 hours a day.

Because of the challenges to divert to the CSU, in 2018, a collaborative grant was written and by the County and submitted with McLean County Center for Human Services to establish a triage center. The concept had been discussed in collaboration between Chestnut, the County, and MCCCHS at the time and prior to submission. The grant would have been for \$200,000 through the State of Illinois Division of Mental Health with intent from McLean County to provide a match of \$200,000 and space/facilities for the center. This would have allowed for additional external funding, thereby allowing the County to be the payor of last resort. The submission was successful and MCCCHS was awarded the grant; however, could not meet the requirement in time for the necessary credentialed staff. The County attempted to become the recipient of the grant and have it transferred; however, the request was denied as the grant was competitive. The County remained dedicated to the establishment of a triage center, even without grant funding and chose to move forward.

The McLean County Triage Center opened publicly in March 2020 to serve as an in-person option for individuals experiencing a non-life-threatening behavioral health crisis as an alternative to entry into the justice system or emergency departments. Despite the challenge of opening on the day the stay-at-home order due to COVID-19 was issued, steady increases in usage continue.

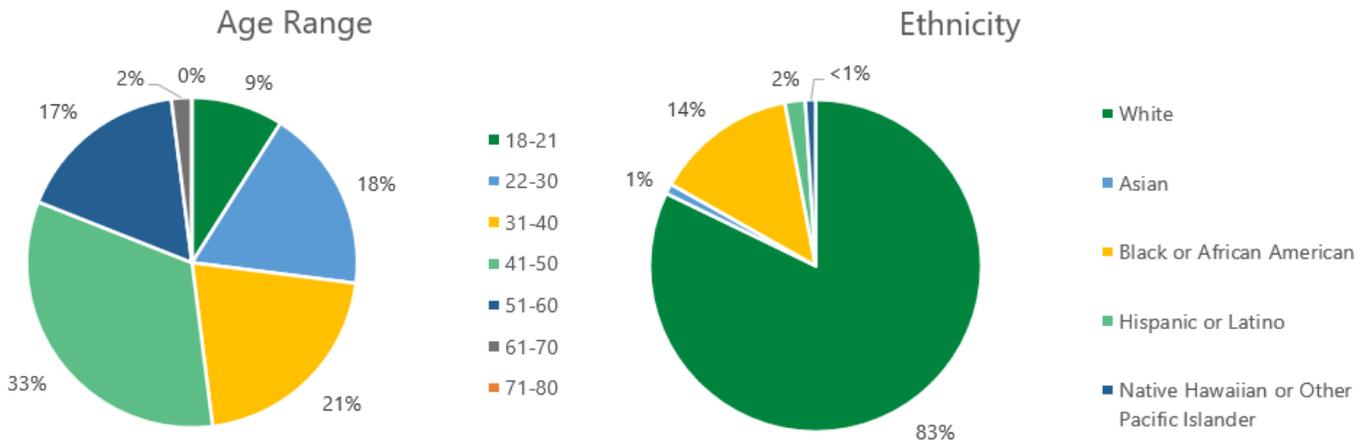
The Triage Center is a missing piece of the behavioral health crisis system in McLean County. The function of the Triage Center is key in ensuring that individuals are linked to the right care and supports in the moment they need it. Decisions made at the Triage Center determine whether a person will receive further assessment through specialized mental health services and, if so, the type and urgency of the response. While the primary goal of the Triage Center is to provide compassion and resources to individuals in a behavioral health crisis, further goals include reduction in unnecessary emergency department visits or incarcerations, and cost savings across multiple systems.

The diversionary nature of the Triage Center supports law enforcement to complete a warm hand-off of individuals experiencing mental health concerns with intent to divert them from entering the justice system when the presenting concern is behavioral health in nature. These individuals may connect with law enforcement with minor offenses or ordinance violations and would benefit from a direct connection with behavioral health services versus incarceration. Individuals are diverted from the justice system by receiving assistance in the moment for behavioral health (thereby saving taxpayer dollars from less frequent law enforcement interactions, shorter law enforcement interactions, fewer court dates and jail bed days, reducing recidivism rates). Over the 19 months it has been open, law enforcement on average spends 3 minutes to drop off vs. 30 minutes spent if the individual was booked into the jail or on average, 2 hours if an individual is taken to the hospital.



Walk-in access to the Triage Center for community residents is currently the largest benefit. Healthcare workers who have been on the front lines of the pandemic have utilized the Triage Center as a resource for their own mental health needs. As a comprehensive resource for diversion, assessment, and referral, the Triage Center focuses on providing services to individuals regardless of funding source. While it has been the goal to be able to bill for services, the credentialing process can be cumbersome, lengthy and time consuming for a newly developed program. An offer was extended to the County for assistance in the process; however, when the request was followed up on, the specifics of the offer for assistance varied. Due to a number of factors, services have not yet been billed for, but the County is in the process of credentialing with Medicaid Managed Care Organizations (MCOs) and private payors to be able to eventually pay for services. Receipt of revenue, even for some services rendered, will ultimately aid the County to be able to utilize funding for expansion in other areas.

Utilizing Peer Support Specialists in a living room model is not only discussed in best practices for crisis care systems, but also a nationally known concept for walk-in options for behavioral health care. Peers are individuals who have self-identified that they are in recovery from a behavioral health concern (diagnosed or undiagnosed, substance use, mental health, or often co-occurring conditions) and can serve as a support to others from drawing upon their own experiences. Peers are often perceived to be more relatable and can aid at putting individuals at ease. Increased research is beginning to be published regarding the effectiveness and benefits of the use of peers. The hiring of the peers was initially done through a contractual relationship between the County and Chestnut Health Systems; however, the contract was discontinued in the summer of 2020 due to unknowns relative to local sales tax and difficulty with fully staffing the position.



The Triage Center intentionally does not have a public phone number, is not mobile, and does not have beds so that it is not competing with existing crisis providers; rather, it is a complement to the crisis system. There are not psychiatric services as a part of the Triage Center. Should a recommendation for a psychiatrist be appropriate, Triage Center Specialists will identify local psychiatrists to the client on their referral form.

Case management is not a component of the Triage Center. While staff do follow-up calls with clients within 24-48 hours post-visit, it is not case management. Referrals and resource linkage includes a number of agencies within McLean County and would be based on presenting/identified need.

When someone arrives at the Carle Bromenn emergency department, a physician will evaluate their needs for inpatient or outpatient services. The physician may choose to request an assessment by a crisis counselor to assist with connection to the appropriate services.

Carle BroMenn Medical Center staffs one full-time Crisis Counselor. They do not track the number of assessments completed. For times when the admission counselor is not staffed, there is an agreement with MCCHS mobile crisis to be in the ED to complete assessments. OSF does not have any staff for Crisis and provides a safe place for the patient while they contact crisis services, either Mobile Crisis or SASS. Recommended in the SIM mapping workshop, as ED security staff do not receive any mental health training, they could benefit from CIT training.

The hospital data is combined from both Carle Bromenn and OSF St. Joseph. One must keep in mind both hospitals serve those who are not McLean County residents, and the data below does not separate residence to strictly McLean County. The counts from Mobile Crisis and EMS cannot be added to these numbers there are duplicated counts. Consideration must also be taken in reviewing the data due to COVID-19. Individuals may have not sought out help from the hospitals due to fear of contracting COVID-19 while the EDs had numerous COVID patients, especially within calendar year 2020. Another consideration is the fact schools went remote in March 2020 through fall of 2021. There was a marked reduction of the number of college students in attendance in the county as well during the same timeframe. Based on data from 2010-2015, just under 25% are repeat visits. 53% of Behavioral Health ED visits from 2018-2020 are individuals with Medicaid or are uninsured.

<b>Bromenn Medical Center &amp; OSF St. Joseph Medical Center Behavioral Health and Chemical Dependency ED Visits by Age</b>				
Age Group	2018	2019	2020	Grand Total
<b>&lt;10 Total</b>	<b>37</b>	<b>30</b>	<b>13</b>	<b>80</b>
Psychiatry	37	30	13	80
<b>10-14 Total</b>	<b>148</b>	<b>188</b>	<b>150</b>	<b>486</b>
Chemical Dependency	3	5	1	9
Psychiatry	145	183	149	477
<b>15-17</b>	<b>186</b>	<b>198</b>	<b>144</b>	<b>528</b>
Chemical Dependency	22	22	13	57
Psychiatry	164	176	131	471
<b>18-21</b>	<b>428</b>	<b>408</b>	<b>331</b>	<b>1,167</b>
Chemical Dependency	159	129	95	383
Psychiatry	269	279	236	784
<b>&gt;21</b>	<b>2,126</b>	<b>1,940</b>	<b>1,915</b>	<b>5,981</b>
Chemical Dependency	890	778	783	2,451
Psychiatry	1,236	1,162	1,132	3,530
<b>Total</b>	<b>2,925</b>	<b>2,764</b>	<b>2,553</b>	<b>8,242</b>

Carle BroMenn has an inpatient mental health and addiction recovery unit. In October 2020, capacity in the mental health area increased from 13 to 19 and from 5 to 9 in medical detoxification. The unit provides short-term inpatient hospitalization for adults 18 years of age (out of high school) and older by means of voluntary or emergency admissions. This unit provides a safe environment for acute recovery. The program provides a focus on group therapy, building coping skills, and medication adjustments with 24-hour nursing care overseen by a psychiatrist.

There are not crisis facilities for youth under 18 in McLean County. The concept of a youth stabilization unit in some form was noted in the original needs assessment. After the MHAP was released, there were discussions off and on, the idea was not pursued based on unknown demand while favoring services in a less restrictive environment. Analysis of data may indicate the concept be revisited in the future.

## Next Steps in General

As all the pieces of a best practice crisis system exist in McLean County, what continues to be lacking is the method of real-time communication between the providers of crisis services. Basic information could be gathered at the first provider responding to the crisis and then passed on to others as needed. Subsequently, any referrals or notifications to other providers the individual may be utilizing in a timely manner is not always occurring, as it requires the individual to identify their providers at time of assessment and also sign a release or exchange of information. Individuals do not always recall this information in a crisis, nor are they always willing to sign the exchange of information. As noted in the MHAP, there is a crisis note that is utilized between some of the providers; however, it is not a robust system and limited between users. This can be addressed through technology and information/data sharing techniques as described in the data section of this report. The data section of the report contains

some suggested efficiencies that would benefit not only the individual in crisis but the providers of services.

As noted above, 90% of the calls for Mobile Crisis occur in the hospitals or their office. While it is understood that this need exists and that individuals need to be assessed appropriately for next steps, it creates two inherent and obvious ongoing issues: (1) it perpetuates the message of the necessity of going to the ED when behavioral health help is needed, and (2) it makes it difficult for mobile crisis to remain true to their original intent of being community-based and truly mobile. Over the last few years, attempts to modify or increase behavioral health responses in the ED in collaboration with McLean County Center for Human Services have been rejected. Continued collaboration has been utilized to give consistent services to those seen in the community, but an increase has not been able to be established at this time. Short of hospitals increasing their own internal behavioral health crisis counselors to perform assessments to determine need for hospitalization, educating the community for mobile crisis to come to them is a better alternative than going to the hospital.

If an individual (both youth and adult) needs to be admitted to an inpatient location, a COVID test must be performed in a hospital setting prior to that admission. This adds the requirement of going to the ED.

Additionally, MCCHS is the recipient of the IDHS/DMH 590 Crisis Care System grant which is part of the 988 rollout (described below). One of requirements of the grant is for MCCHS to perform an environmental scan to identify local needs and gaps to be completed by February 2022.

While there was not a reconvening of Community Crisis Planning Committee (CCPC), the idea of restarting CCPC was discussed during July and October 2021 meetings of all crisis providers. The meetings included representatives from all human service agencies that provide crisis services and all first responders to provide input for this update. This is an area that while waiting for the state to make final decisions in the 911-988 area could begin to meet.

### Next Steps for Someone To Call

On July 16, 2020, the FCC designated 988 as the new, nationwide, easy-to-remember, 3-digit phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. This new number is scheduled to be effective July 12, 2022. The Illinois Department of Human Services/ Division of Mental Health (IDHS/DMH) was awarded a grant from Vibrant, operator of the National Suicide Prevention Lifeline (Lifeline) to plan for the implementation of 988. Meetings to develop that plan have been occurring since April 2021 with PATH taking an integral role in the large stakeholder group as well as several different subcommittees.

On September 28, 2021, Illinois DHS held a public meeting with stakeholders to allow public comment on the Illinois draft proposal that was due to be submitted on October 1. There are eight (8) core parts to the state plan which includes many goals for each part with many stakeholders throughout the state.

The challenge at this point is the state plan will not become a final plan until January 2022 while DMH continues to work with Vibrant and SAMHSA. Even that final plan is subject to change and there are many parts of the plan that are “a plan to plan” with significant work yet to be done. Throughout the plan, there is a rating scale on how certain or uncertain each of the goals and action steps will be accomplished. From

not certain, somewhat certain, moderately certain, very certain, and completely certain, almost all of the responses in the draft plan are either somewhat certain or moderately certain.

HB2874<sup>5</sup> contains both someone to talk to and someone to respond components. The legislation contains changes to 911 with the new 988 number. The Department of Human Services is tasked with creating new scripts for 911 calls to divert from a police response or divert from hospitalization for non-violent misdemeanors by January 1, 2023 as part of the 988 implementation.

Much of the state plan is beyond the scope of this report, but as it appears to be a one size fits all approach, it will have a direct impact on McLean County. In fact, many of the items the state is planning are items that McLean County has implemented or have been working toward since the 2015 MHAP including items in this report. While waiting for the state to act, McLean County cannot afford to put off actions that will benefit residents until 2023. However, McLean County must also be prepared to change direction as the state makes decisions and passes legislation in this area.

## Next Steps for Someone To Respond

Mobile Team Unit 8 (MTU8) covers 38 agencies in 4 counties including McLean, provides members training programs. Along with the law enforcement officers, MTU8 also provides training for 911 centers. CIT Concepts for 911 Personnel will be offered in November 2021. There is a desire to have refresher courses offered to already trained CIT officers, which should be pursued. It is essential that initial and follow-up Crisis Incident Training or an equivalent be provided to all first responders, dispatchers, probation officers and jail staff on an ongoing basis to effectively operate the CIT/Triage Center Model.

While there is not requirement in Illinois or a certification class for EMS, they have expressed desire for training on mental health. Psychological Trauma in EMS Patients is an 8-hour course through National Association of Emergency Medical Technicians (NAEMT) that does provide a certificate along with continuing education credit. A modified CIT course for EMS would be beneficial; however, McLean County Area EMS oversees 40 agencies in multiple counties, therefore the challenges are similar to those that existed for law enforcement. The BJA grant McLean County received solved that challenge by providing the funding needed for overtime. Mental Health First Aid for Fire/EMS should be pursued as it is less time intensive. Mobile Crisis has worked with EMS for some education; however, there has not been any formal training.

There are numerous variations of co-responder models. An EMS/Clinician co-responder model, similar to the Denver STAR program that was discussed along with the possibility of community paramedics. Johnson County, KS has one social worker in each of the 17 jurisdictions. While all models have some common components, none can just be copied from another location. Each location has different state laws, local ordinances, demographics, and culture, just to name a few items to consider when deciding on what model to pursue. Developing buy-in and implementation policies and procedures within the local framework with stakeholders is key. McLean County is dedicated to continuing to implement other best practices to improve outcomes for residents. Being the largest county in terms of square miles in Illinois presents challenges.

<sup>5</sup> Community Emergency Services and Support Act, 50 ILCS 750/4 § 102-0580 (2021)

The McLean County Sheriff is preparing to implement a Virtual Co-Responder pilot for use in the rural area. This would be similar in concept to a MacArthur grant application submitted in 2018-2019, but McLean County was not selected as a recipient. The law enforcement officer (LEO) would have a HIPAA compliant tablet that would be able to connect virtually to a member of the Triage Center Specialist, following administration of the NYU law enforcement diversion tool already piloted. It would function as if the person were in-person where an assessment can be made, de-escalate if possible, or a connection can be made to services. The goal of this co-responder model is a timelier response, to divert from jail or the ED, avoid the client declining care for possible lack of transportation to return home, and save unnecessary transports and time engaged with law enforcement for a better outcome for the client.

ISU is seeing an increasing number of crisis calls on campus. Presently, a gap in service provision exists when a law enforcement officer determines whether a student gets transported to the hospital during off hours when they are not equipped to handle that decision. ISUPD is partnering with University of Illinois Police (UIPD) regarding the UIPD REACH co-responder model pilot with survey tools and data points. REACH is partnering a CIT officer with social worker (LCSW, etc.) and will include case manager for follow up. REACH is for the University of Illinois campus community; however, ISUPD desires to be part of the larger overall community response and is currently working with MCCHS mobile crisis.

At this point, it should be noted there are several concerns. First, as stated above, the co-responder model was evaluated in 2017 and it was determined the cost to implement was not sustainable. CIT trained officers with the ability to deescalate when called pairing with a either the CRU or Triage Center was the model that would work best in McLean County. The NYU tool or a similar alternative is necessary for successful implementation of the CIT/Triage Center model, as well as assessment of in-the-field determinations of appropriate diversion.

Second, is the number of potential co-responder models available and in use throughout the country, and if different ones are implemented, the difficulty in understanding how they work together and/or how do they begin to address what could be confusion when responding.

Ongoing meetings and discussions are continuing to determine what is the most feasible and cost-effective model for McLean County, as well as if and how it could be implemented. With HB2874, waiting for the state to decide how they intend to implement 988 and IDHS/IDMS developing procedures, some crisis responses in McLean County will change in the next two years. Those involved with responding to mental health crisis calls have begun to meet and discuss the impact on those organizations.

### Next steps for somewhere to go

While the NYU tool described in the Government portion of the report was developed for law enforcement, McLean County is working with NYU to determine if it would be applicable for all first responders. A pilot project partnering with McLean County Regional EMS is underway to collect data with regard to numbers and types of mental health interactions with one city and one rural fire department.

With this project, one urban and one rural fire department are utilizing the NYU tool for determination of how many individuals would be eligible for diversion from the emergency department, while a separate urban and rural fire department are testing a protocol that would prompt a phone call to CHS' mobile

crisis team for assessment and determination of next steps. Data collection is not yet complete and will continue to be collected through the end of December 2021. At that point, data will be analyzed to determine next steps.

## Appendix H - Additional Populations

There are several populations to highlight that are not currently well-defined focus areas in the BHAP priority sections. Some of these are discussed in this Appendix. In future updates, a more equitable lens will incorporate the specific needs of the below identified populations within the priority sections. This Appendix should serve as a high-level overview with continued efforts towards expansion of information and data.

### Older Adults

From the 2020 census, just under 23,600 of the population of McLean County (170,954) residents are age 65 and over.

The Community Care Systems, Inc. (CCSI) is the coordinated point of entry to provide senior Information services and care coordination for older adults and support services for caregivers in four central Illinois counties (including McLean County). PEARLS, an evidenced-based program provided by CCSI is designed to encourage active, rewarding lives for adults and older adults with a diagnosis of depression. The program aims to educate, reduce symptoms of depression and suicide ideation, and improve quality of life.

The PEARLS team includes the counselor, a supervisor, and a consulting mental health professional. CCSI reported a decrease in counseling clients from 138 in FY 2019 to 37 in FY 2020. In FY 2020 CCSI changed criteria to serve older adults with mild depression and anxiety. Observations of CCSI geriatric counselor depression in later life and seasonal depressive symptoms have been exacerbated by social isolation due to the pandemic. Seniors who live alone have concerns about exposure to Covid-19 through contacts with family and caregivers.

East Central Illinois Area Aging on Aging (ECAAAA) provides services such as home delivered meals, outreach, and family caregiver support for older adults. ECAAAA also formed the Reducing Social Isolation (RSI) Committee. The committee is comprised of 16 McLean County entities with several RSI participating agencies screening older adults using the UCLA 3-Item Loneliness Scale.

In 2018, the National Institute on Drug Abuse, reported that nearly 1 million adults, age 65 and older, live with a substance use disorder (SUD). While the total number of SUD admissions to treatment facilities between 2000 and 2012 differed slightly, the proportion of admissions of older adults increased from 3.4% to 7.0% during this time.<sup>1</sup> Data from Chestnut's Detox indicates 83 individuals over 61 years old have been treated including individuals outside of McLean County.

Mental Health First Aid for Older Adults is being offered in McLean County and is designed for families, caregivers, nursing staff. The course teaches the participant how to identify, understand, and respond to signs of mental health and substance use disorders in older adults.

PATH, receives, responds to, and investigates allegations of abuse, neglect, and exploitation of people in the community who are 60 years and older. Senior centers, such as the ARC in Normal and Living Well United in LeRoy provide services and activities.

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<sup>1</sup> "Substance Use in Older Adults Drug Facts" National Institute on Drug Abuse  
<https://www.drugabuse.gov/publications/substance-use-in-older-adults-drugfacts>

In an effort to educate, support, and reduce stigma, states have begun the process to become a Dementia Friendly State. Currently eighteen Illinois communities are designated as Dementia Friendly.

## Diversity

2020 Census data reports McLean County is 79.2% White, 5.1% Asian, 8.4% Black or African American, and 5.2% identifying as Hispanic or Latino.

Data from MCCHS Mobile Crisis and EMS, the demographic breakdown of mental health calls from EMS and Mobile Crisis.

MCCHS Race	2019	2020
African American	225	211
Native American	5	6
Asian	21	15
Caucasian	1,237	1,109
PI/Hawaiian	2	3
Other/Unknown	122	182
<b>Total</b>	<b>1,612</b>	<b>1,526</b>

EMS Data by Race				
	2018	2019	2020	2021 (through 8/31)
<b>White</b>	76.8%	73.8%	74.4%	73.7%
<b>Black</b>	16.3%	18.8%	19.2%	19.8%
<b>Hispanic</b>	3.37%	4.4%	4.3%	3.95%
<b>Asian</b>	0.86%	1.05%	1.35%	1.64%
<b>Other</b>	2.67%	1.95%	1.35%	1.64%

The CRU has admitted 1,059 individuals for mental health from January 1, 2017 through May 31, 2021. Of those individuals, only 45% are McLean County admits. On the Detox side there were 2,863 admits and only 23% are from McLean County. While not separated by in or out of county, 81% of those identified as White, 11% as Black for the CRU and 82% White for Detox and less than 1 % Black or African American. A little over half of CRU referral sources are self-referrals.

From the CRU data, again, while not separated by in or out of county, 81% of those identified as White with 11% as Black or African American for the CRU and 82% White for Detox and less than 1 % Black.

McLean County Suicides (as of 11/05/2021)								
	2015	2016	2017	2018	2019	2020	2021	Total
<b>White</b>	22	22	19	15	16	18	16	128
<b>Black</b>	1	1	0	0	2	5	1	10
<b>Hispanic</b>	0	2	0	0	0	0	1	3
<b>Biracial</b>	0	0	0	1	0	0	0	1

McLean County Drug Related Deaths (as of 11/05/2021)			
	2020	2021	Total
<b>White</b>	11	16	27
<b>Black</b>	6	6	12
<b>Hispanic</b>	1	1	2
<b>Biracial</b>	0	0	0

The local NAACP has expressed that communities of color have expressed a growing need to have greater representation within behavioral health counselors and crisis responders, including them to be bi- or multilingual. The National CLAS Standards describe a framework to deliver services that are culturally and linguistically appropriate and respectful, and that respond to cultural beliefs, preferences, and communication needs. Some of the standards are federally mandated and entities that apply for grants must indicate how they are complying with those standards.

"Illinois lacks systematic tracking of the behavioral health workforce, and what datasets do exist were created for purposes other than supporting workforce planning for an accessible, high-quality behavioral health system. Datasets for licensed behavioral health professionals, such as social workers and counselors, rarely include breakdowns by specialty or setting, and almost never include information on languages spoken and racial/ethnic identity, both crucial factors in serving Illinois' diverse population, nor do they indicate whether the licensed professional is currently practicing. Given the complexity of the workforce and the limited information available, both individual decision-making to seek behavioral health services and systemic plans to improve quality and coordination of health care too often end in frustration."<sup>2</sup>

In late summer 2021, Illinois Partners surveyed providers in Central Illinois regarding their health and human services workforce which included limited demographic information. The report does not specifically have McLean County or behavioral health providers separated out and is limited to categories from the US Equal Opportunity Employer Information Report which is only required for employers with more than 100 employees. It does break down the state into regions and McLean County is in the Central Illinois-Quad Cities region. That being said, it not possible to extrapolate the actual racial or linguistic characteristics of behavioral health employees in McLean County.

Barriers are often based on cultural values. Stigma continues to be challenging for all populations. Trauma, both acute and generational, also contribute to mental health issues as well as lack of trust in the overall healthcare system.

The effort of McLean County becoming a Trauma-Informed and Resilience-Oriented County is one way to address the concerns as members of the diverse communities have a seat at the table. There is a need for educating the BIPOC community of the resources that exist via outreach engagement. It was noted that youth need to know they can ask for help if they need it.

Community Care Systems, Inc. (CCSI) collaborates with Restoration Church and Western Avenue Community Center to reach out to Hispanic older adults.

McLean County has an active LGBTQIA+ community. The Prairie Pride Coalition (PPC) has been in existence for 25 years and there is an active Bloomington Normal PFLAG chapter. In 2015, a McLean County Leadership Program team conducted a needs survey for PPC. One of the needs identified was counseling/emotional/mental health for transgender youth. Since the report, PPC has been focusing on those needs as the support system. Youth are challenged by family, classrooms, and social media. There has been increasing support in schools with the creation of gay pride clubs which will aid in more events

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<sup>2</sup> Behavioral Health Workforce Task Force Education Center Report to the Illinois General Assembly (2019), p.7

and programs to strengthen the support system. With COVID and schools not being in-person, gay pride club and other support groups, were not meeting. Project Oz has several programs that aid LGBTQIA+ youth.

All students who participate in McLean County's youth suicide prevention and mental health education program, NAMI Ending the Silence, receive information about how to access local and national resources. This includes the Trevor LGBTQIA+ Lifeline<sup>3</sup>, which is a resource that provides support, information, and crisis intervention for LGBTQIA+ youth. Students usually receive this information during their first year of junior high school, and then again during their first year of high school.

Transgender youth are faced with unique challenge. Along with emotional challenges, there are also healthcare access issues due to discrimination. Other local challenges include issues with safety and feeling comfortable. Friends Like Us is a local youth support group that provides a safe place to talk. The PFLAG chapter has a new group of parents to help give youth the tools needed to support their gender identity. The Department of Justice has implemented training with law enforcement however, the need for community education and the belief that the counseling profession is not equipped for transgender youth. The environment is getting better, but the needs continue.

Center for Youth and Family Solutions (CYFS) has specialized experience working with LGBTQIA+ youth and their mental health concerns. Their clinical staff is planning to begin an online support group for LGBTQIA+ youth.

Another area of concern is the older LGBTQIA+ community members. The PPC board has had national training and has tried to reach out to healthcare staff at assisted living facilities and nursing homes to provide training on the needs of this population. Mental Health First Aid for Older Adults contains information on LGBTQIA+ needs and the intended audience includes caregivers and human service professionals<sup>4</sup>.

## Individuals with Intellectual and Developmental Disabilities

The Marcfirst Behavioral Health Clinic (BHC) was established in 2020 for the purpose of providing behavioral health services not only to Marcfirst clients but also others in the community. The BHC is overseen by the State of Illinois and has a staff of clinicians. The clinic addresses the behavioral health needs of identified clients who have been dually diagnosed with an Intellectual Disability plus at least one other DSM-5 mental health disorder. Each prospective client meets with a BHC clinician to complete a State-outlined mental health assessment, including the identification of pre-existing mental health diagnoses, and sometimes new diagnoses.

Within those diagnoses, the BHC creates and oversees individualized treatment plans, which could include areas of mood and anxiety, plus several other struggles which are affecting the client's current functioning. For most of their work, Marcfirst is working between departments to help the clients achieve their behavioral health goals. This includes the Developmental Training (DT) Program and the Supportive

<sup>3</sup> The Trevor Project. (2022, March 2). *We're here for you*. The Trevor Project. [We're here for you Now – The Trevor Project](#).

<sup>4</sup> Mental Health First Aid. (2022, March 2). *Mental Health First Aid for Older Adults*. Mental Health First Aid from National Council for Mental Well-being. [Older Adults - Mental Health First Aid](#).

## Appendix H

Employment Program (SEP). The treatment plans are written to achieve improved functioning in areas within home environments, places of employment (if they are working or wanting to work), and other areas of their lives.

The services provided are therapeutic counseling, collaborative consultations, and community support services. These categories are state-identified and are carried out by specific staff members who are credentialed to do so. In addition to intra-departmental coordination and supports for each BHC client, they are also allowed to consult with other agencies (with consent from the guardians) in order to better serve each client. The BHC way is for each client to experience a holistic and collaborative approach for the care.

As with many new programs there are opportunities for improvement. At this moment, the BHC does not have a psychiatrist on staff to diagnose, evaluate, prescribe, or re-assess psychotropic medications for clients. By state requirements, each client must have psychiatric services available to them to support their behavioral health concerns. The BHC clients requiring Psychiatric services must travel outside of Marcfirst. BHC is open to and happy to coordinate services between various disciplines and agencies in order to better serve the clients who are in our care.

Other areas for improvement are training their Direct Support Persons (DSP) and Qualified Intellectual Disabilities Professionals (QIDP) on documenting supports and implementing an evidenced-based treatment plan for the clients they serve. As a new program, they currently do not have the resources to implement these opportunities.

LIFE Center for Independent Living (LIFE CIL) is a not-for-profit, non-residential organization that empowers individuals with disabilities by sharing the tools needed to remove barriers in their daily lives. LIFE CIL also promotes equal opportunities and access by breaking down barriers and prejudices within communities. Most of their Board of Directors and staff members are individuals with disabilities who are role models and strong advocates for disability rights and independent living. LIFE CIL has five core services that it must provide: advocacy, peer support, information and referral, independent living skills training, and transition services.

LIFE CIL serves people of all ages and disabilities and their families and friends who reside in DeWitt, Ford, Livingston, and McLean Counties. Services are available regardless of type of disability, sex, gender identity, income, ethnicity, or citizenship status. LIFE CIL assists persons with disabilities who are homeless or are at risk of becoming homeless through various programs including independent living skills training and information and referral.

## Veterans

Veterans in McLean County have benefited from the Veterans Affairs (VA) clinic in Bloomington which opened in 2019. This has allowed veterans to receive services locally instead of traveling outside of McLean County. Opportunities for timely services for veterans has greatly increased with the opening. The team approach is used by the clinic where the veteran sees the same doctor, nurse, and others every time they visit which aids in the continuity of care.

McLean County Suicides (as of 11/05/2021)								
	2015	2016	2017	2018	2019	2020	2021	Total
<b>Veteran</b>	7	1	3	1	2	0	1	15

Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Military Sexual Trauma (MST) are some areas where veterans struggle. Locally, there are several programs for veterans with mental health needs. These include:

- Moraine View Retreat is a week-long retreat with intensive counseling,
- Reboot Recovery is a spiritual program,
- 2by4for hope is a program to build tiny houses for homeless veterans and is currently building 8 of these houses in Lincoln
- Creative Healing Art Therapy

What is missing for medium/high risk combat veterans is in-patient PTSD/TBI treatment. Veterans get out of rehab (Danville or Hines) and then struggle with the underlying issues where outpatient treatment is not always adequate. The challenge is several programs available to Veterans are out of state.

Family and loved ones of veterans and/or service members may benefit from participating in NAMI Homefront. According to NAMI.org, "NAMI Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and veterans with mental health conditions. NAMI Homefront is designed to address the unique needs of family, caregivers, and friends of those who have served or are currently serving our country. The program is taught by trained family members of service members/veterans with mental health conditions."<sup>5</sup> Community members can access this program online and can also receive information about local support groups by reaching out to McLean County's NAMI affiliate, NAMI Mid Central IL.

## Social Determinants of Health

<sup>6</sup>As defined by HHS, the social determinants of health (SDoH) are "the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

The 2017 and 2019 Community Health Needs Assessments and their accompanying Community Health Improvement Plans contain a wealth of information regarding SDoH in



<sup>5</sup> <https://www.nami.org/support-education/mental-health-education/NAMI-Homefront>

<sup>6</sup> Social Determinants of Health. Social Determinants of Health - Healthy People 2030. (2021). Retrieved 2021, from <https://health.gov/healthy-people/objectives-and-data/social-determinants-health>

McLean County. While outside the scope of this report, it must be noted SDoH play a role in mental health. The youth, housing, medical management parts of this report touch upon some of the SDoH. Numerous community providers and organizations aid in addressing those needs such as United Way of McLean County, Mid-Central Community Action, faith-based organizations, schools and more. Specifically, during 2020 and continuing, many providers, groups, and community members stepped up in ways to address pandemic induced food insecurity, housing, technology issues for students and seniors and more.

### Recovery Oriented Systems of Care

Chestnut Health Systems received a Recovery-Oriented Systems of Care (ROSC) grant in 2018 from the Illinois Department of Human Services (DHS) Division of Substance Use Prevention and Recovery. The grant will be used to continue to support ROSC Councils and coordinated networks of community-based services to help people achieve abstinence and improve health, wellness, and quality of life for people with, or at risk of, developing alcohol or drug problems.

ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve recovery and improved health, wellness, and quality of life for those with or at risk of substance use disorders. The goals of the Illinois ROSC include:

- Building a culture that builds and nurtures recovery in the community upon leaving a treatment facility
- Building capacity and infrastructure to support a community-based recovery-oriented system of care
- Developing commitment to implement and sustain a community-based recovery-oriented system of care

ROSC has many community partners such as Bloomington-Normal Libraries, Community Healthcare Clinic, Gateway Foundation, Heartland Alliance/Safer Foundation, Joy Care Center/Jobs Partnership, Prairie State Legal Services, and TASC.

The ROSC completed a community needs assessment in 2018-2019 and serves as the vertebrae to the Strategic Plan. The strategic plan is reviewed and renovated each fiscal year July 1-June 30. To implement concentrated efforts, the following workgroups were launched:

- Sober Recreation
- Sober Living
- Spirituality
- Diversity in Recovery
- Behavioral Health workgroup (stigma eradication and mental health focus)

There are multiple pathways to recovery when acclimating back to the community upon leaving a treatment facility. People recover in their communities and need access to healthy, stable human connection and to support and sustain their chosen recovery path. Some of the ROSC initiatives include:

- ROSC Community Support Groups – SMART, BRIDGES, LGBTQ+
- Heartland College partnership for (Certified Peer Recovery Specialist (CPRS) certification, Chestnut Credit Counseling Financial Planning,
- Fundraising events for sober living, creative expression – open mic and paint nights, multiple pathways to spirituality,
- Racial Diversity in Recovery
- Faces and Voices statewide stigma reduction campaign
- Stigma reduction webinars addressing IPV
- Child Abuse, Relationships & Recovery
- Co-launched Reentry Council with YWCA

## Appendix I - Data Driven Justice Case Study

# BUILDING DATA-DRIVEN JUSTICE



## McLEAN COUNTY, ILLINOIS

POPULATION:  
**169,572<sup>1</sup>**



## BACKGROUND

In 2013, McLean County requested assistance from the National Institute of Corrections (NIC) to study the availability and quality of mental health services within its jail system and the community. NIC reported a direct correlation between the lack of available community-based resources and the number of people with mental illness and/or substance use disorders arrested.

Based on NIC's assessment and recommendations, the McLean County Board developed the "*McLean County Mental Health Action Plan*," which identifies immediate and long-term steps for the Board, county departments and service providers. The plan's primary goal is to understand and improve the intersection of the justice and behavioral health systems in the county, ultimately by identifying and assigning responsibilities by agency.

This case study shares the steps taken by the county to address these challenges and highlights some of the initiatives and practices that have been implemented to better assist people experiencing a behavioral health crisis.

## COLLABORATING TO RESPOND TO PEOPLE IN CRISIS

Through the county's participation in the Data-Driven Justice (DDJ) project and other national initiatives, McLean County leaders have continued to build on their Mental Health Action Plan with concerted efforts to collaborate and implement initiatives aimed at reducing individuals' with mental illness involvement with the criminal justice system and usage of emergency departments and homelessness services. Together, county justice, health and behavioral health stakeholders have:

- Continued its mobile crisis team and hotline
- Enhanced training for law enforcement officers and other first responders
- Developed specialty courts
- Identified gaps in services through cross-systems collaboration and data analyses
- Operationalized plans to provide specialized jail units for people with mental illness and special needs
- Opened a triage center that serves as a walk-in facility and diversion option and provides crisis intervention and linkages to follow-up services 365 days per year
- Implemented a Frequent Users System Engagement (FUSE) Program to provide intensive wrap-around case management to individuals who have intersected multiple systems most frequently
- Arranged for the same psychiatric prescriber assigned to the FUSE Program to also be assigned as the psychiatric prescriber for participants while detained, allowing for an improved continuum of care for those who may transition from one to the other
- Partnered with the NYU Criminal Justice Lab to pilot a screening tool for law enforcement officers to use in the field to identify people with mental illness or substance use disorders or who are experiencing homelessness, and
- Utilized a Bureau of Justice Assistance grant through the Justice and Mental Health Collaboration Program to establish a Comprehensive Assessment Team to implement a systematic approach for assisting justice-involved youth.

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**In 2020, McLean County opened its 24/7 Triage Center to assist people experiencing a behavioral health crisis.**

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In developing these programs, county leaders realized the need to use data to better identify and serve frequent utilizers of health, human services and justice systems.

## IDENTIFYING AND SERVING FREQUENT UTILIZERS

Recognizing the need to address information-sharing gaps and inefficiencies, McLean County created an integrated justice information system (IJIS) in 1997 that has expanded over the years to include data from law enforcement officers throughout the county, the jail, court, prosecutor, public defender, probation and parole. The IJIS assigns a unique identifier to each individual entering the criminal justice system, which helps track the number of times that person is involved in the justice system, their case processing time and the type and severity of charges.

Nearly two decades later, as a part of its efforts to address behavioral health treatment needs of community members, McLean County partnered with the Corporation for Supportive Housing (CSH) and adopted its Frequent Users System Engagement (FUSE) model. FUSE identifies frequent users of jails, shelters, hospitals and/or other public crisis services and provides stabilization and wrap-around services through supportive housing.

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**McLean County created a tool to match data sets from local housing and homelessness systems with criminal justice information to identify people who regularly cycle between these systems.**

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As part of this effort, the county and CSH partnered with the Center for Data Science and Public Policy (DSaPP) at the University of Chicago to create a data-matching tool that combines data sets from local housing and homelessness systems with IJIS data to identify individuals who regularly cycle between these systems and provide them with targeted assistance. McLean County was one of four pilot programs to implement this data-matching tool, which has allowed it to assess and integrate 20 years of justice data and five years of homelessness data.

The data-matching tool integrates all IJIS and Homeless Management Information System (HMIS) information once per month. This monthly update allows the county's behavioral health administrator to complete a report that highlights the intersections between the two data sets over the past 18 months and sort results based on total number of contacts across all systems and most recent HMIS contacts. Using the tool's report and DSaPP analytics, the county is able to identify the top 20 frequent utilizers, often with eight or more contacts between the two systems within an 18-month period.

Once individuals are identified for the program through this report, FUSE staff begin the outreach process, which may take place wherever the person is located (e.g., jail, shelter visits, court or other service point of contact). Individuals meet with FUSE staff to discuss the program and sign consent forms. Clients then meet with staff regularly – often daily – to support access to housing, behavioral health treatment and other resources they may need to be successful.

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**The FUSE program supports frequent utilizers by providing access to housing, behavioral health treatment and other resources.**

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As the county measures long-term behavioral and physical health outcomes of FUSE participants and evaluates the impact of the model, it hopes to expand its data-sharing partnerships to behavioral health providers and local hospitals. This expansion would provide greater access to more comprehensive data that the county can use to better understand an individual's diagnostic and location information and history of service use. Access to this additional data will help improve the county's ability to identify and better serve its frequent utilizers.

*This case study was created with support from **Arnold Ventures** as part of **Data-Driven Justice**, a project that aims to support local jurisdictions in using data to better align resources to respond to people who are frequent utilizers of justice, health and human services systems.*

<sup>1</sup> 2010 Census

<sup>2</sup> Frequent Users System Engagement (FUSE) model is a signature initiative developed by the Corporation for Supportive Housing (CSH). To learn more about FUSE, visit [www.csh.org](http://www.csh.org).

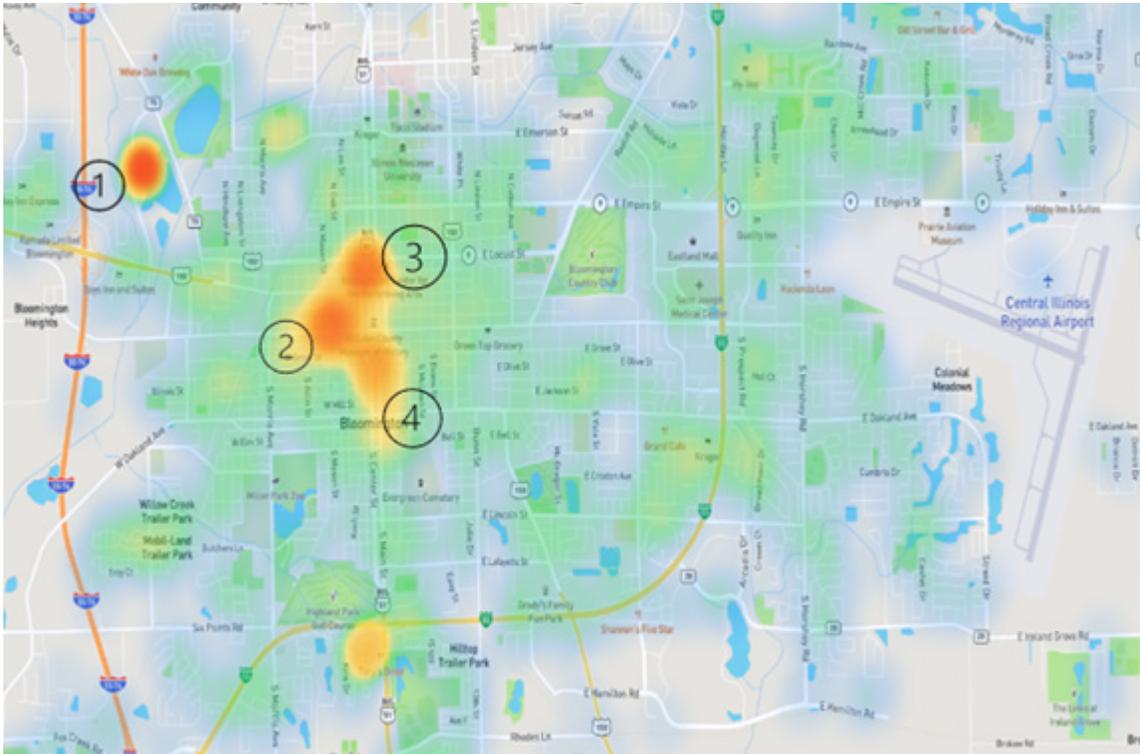
## Appendix J - Illinois Challenge Areas

Challenge Area	Definition
Access to Care	Affordability, insurance coverage, waitlists, timeliness, and availability of care
Awareness and Education	Public awareness campaigns, cross system training, social media outreach, etc.
Collaboration	Cross-system leadership and cooperation to reach goals
Continuum of Care*	Shortages of professionals, gaps in service, lack of culturally relevant services, etc.
Criminalizing Mental Illness	Courts/Jails/Prisons have become the vehicle for de facto re-institutionalization
Crisis Response	Alternatives to police response to crisis; better training for first responders
Early Intervention	Early identification of those at risk for behavioral-health issues; frontloading services
Housing	Addressing high rates of homelessness among those with behavioral health issues
Involuntary Commitment	Addressing flaws in the IC system; complications caused by anosognosia
Social Determinants	Addressing root causes for behavioral health issues (e.g., poverty, trauma, etc.)
Stigma	Utilizing person-first, non-ableist language to improve public perceptions
Accountability	People who commit crimes still need to be held accountable by the courts
Co-Occurring Substance Use	Drug and alcohol use may cause and/or exacerbate mental health issues
Funding	High level policy changes needed to revamp federal, state and local funding streams
Medication Continuity	Patients discontinuing medication against medical advice; insurance & cost issues
Illinois Mental Health Code	Addressing both the need to change the code and how providers/payers interpret it

## Appendix K - Additional Data Maps

### Data Map (5-year)

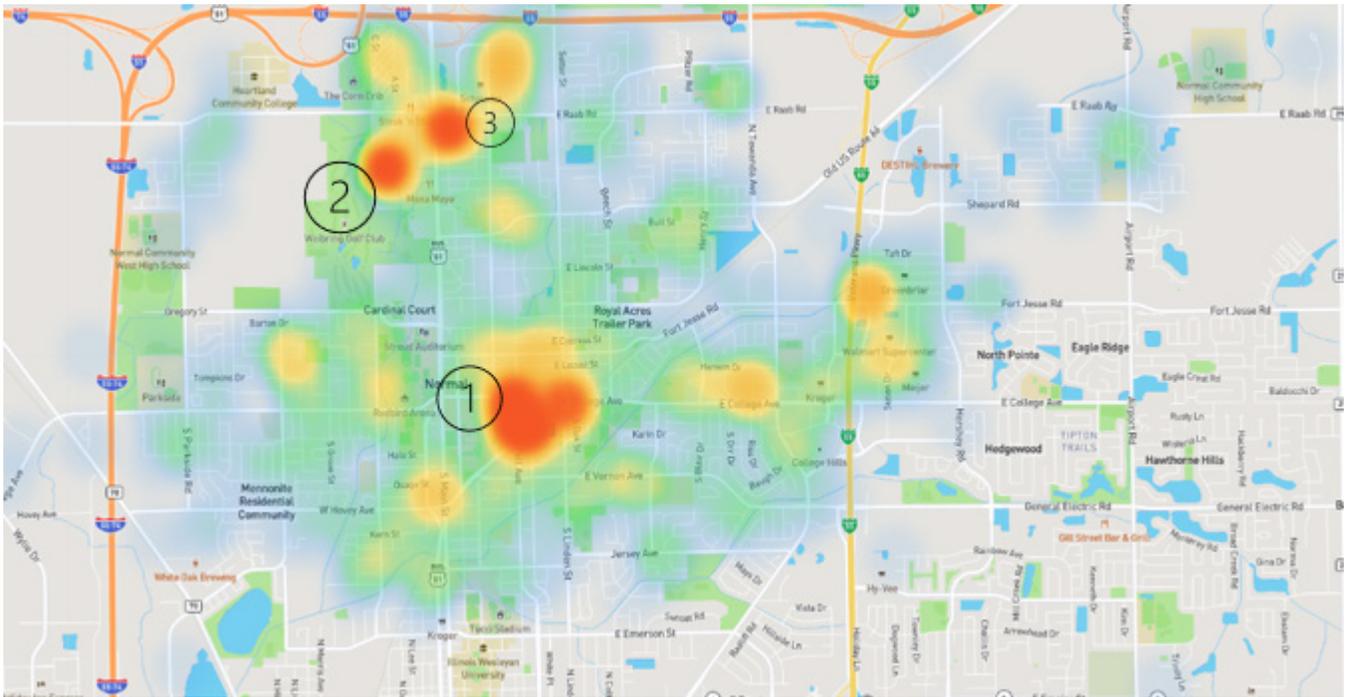
Heat Map Data - Bloomington Only



1. Chestnut Health System
2. Salvation Army
3. Phoenix Towers
4. County Jail/Health Department/Law and Justice Center

## Data Map (5-year)

Heat Map Data - Normal Only



1. Illinois State University
2. Northbrook Dr – Multiple Apartment Complexes
3. Motel 6/BP Gas Station

## Data Map (5-year)

Heat Map Data - McLean County (excluding Bloomington-Normal calls)



1. Heyworth
2. LeRoy
3. Lexington

## Appendix L - Budget Needs Projection - County Special Mental Health and Public Safety Fund

Pledged revenues for the purpose of Community behavioral health initiatives, services and programs consistent with the McLean County Mental Health Action Plan. All expenses are projected and subject to the approval of the County Board through the annual budget process.

### Revenue

<b>Account Description</b>			
<b>Revenue</b>	<b>Budget Year 2022</b>	<b>Budget Year 2023</b>	<b>Budget Year 2024</b>
BHCC Forum	\$7,200	\$5,000	\$6,000
Shared Sales Tax - Town	\$440,906	\$449,724	\$458,718
Shared Sales Tax - City	\$571,007	\$582,427	\$594,075
St. of I Medicaid	\$130,000	\$260,000	\$500,000
Federal/State Grants	\$0	\$0	\$0
Fund Balance Transfer	\$883,586	\$1,187,009	\$729,281
<b>Revenue Total</b>	<b>\$2,032,698</b>	<b>\$2,484,159</b>	<b>\$2,288,074</b>

### Expense

<b>Account Description</b>			
<b>Expense</b>	<b>Budget Year 2022</b>	<b>Budget Year 2023</b>	<b>Budget Year 2024</b>
<b>McLean County Government</b>			
EJIS system update	budgeted separately	budgeted separately	budgeted separately
Grant Writer	\$0	\$75,000	\$75,000
Trauma Informed Community Initiative	\$89,444	\$92,127	\$94,891
<b>Justice Involved</b>			
Safe Passages Marketing	\$0	\$15,000	\$10,000
Safe Passages Data Collection	\$0	\$25,000	\$25,000
Recovery Court Marketing	\$0	\$15,000	\$10,000
Recovery Court Data Collection	\$0	\$10,000	\$5,000
<b>Collaboration and Coordination</b>			
BHCC Forum	\$18,700	\$20,000	\$20,300
Stevenson Center Data Evaluation	\$0	\$50,000	\$50,000
Contract with DEI consultant	\$0	\$40,000	\$40,000
Train the Trainer MHFA - older adults	\$0	\$10,000	\$10,000

## Expense

<b>Account Description</b>			
<b>Expense</b>	<b>Budget Year 2022</b>	<b>Budget Year 2023</b>	<b>Budget Year 2024</b>
<b>Crisis</b>			
Triage/ Crisis Response	\$922,387	\$968,506	\$1,016,932
Frequent Utilizer Systems Engagement	\$427,167	\$448,525	\$470,952
Crisis System/Triage/Fuse Marketing	\$0	\$15,000	\$10,000
<b>Youth (21 and under)</b>			
Wraparound Services	\$0	\$75,000	\$75,000
AIOP/Bridge Academy	\$500,000	\$250,000	\$0
Expansion of Embedded Schools Project	\$0	\$100,000	\$100,000
Expansion of Heartland Peer Curriculum	\$0	\$0	\$0
<b>Access to Medical Services</b>			
APN prescriber	\$36,000	\$36,000	\$36,000
Telepsych provider	\$39,000	\$39,000	\$39,000
Cost Sharing on Psychiatric staff	\$0	\$100,000	\$100,000
<b>Housing</b>			
Supporting Housing	\$0	\$100,000	\$100,000
<b>Expense Total</b>	<b>\$2,032,698</b>	<b>\$2,484,159</b>	<b>\$2,288,074</b>

The 2022 Mental Health Action Plan includes 54 recommended goals for the following three year period. The projected budgetary needs included in this Appendix represent the 13 out of 54 goals that included a fiscal component. Goal recommendations were not prioritized in any rank order.

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