COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS

Behavioral Health Strategic Planning

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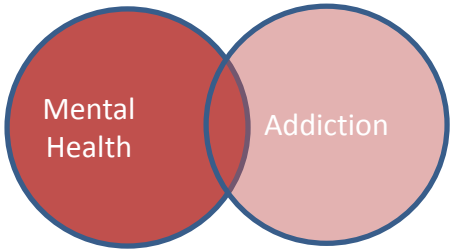
Prevalence of Mental Illness (NAMI)

(excluding substances unless specified)

One in five adults in America experience Mental Illness in last 12 mo.



Approximately **10.2m** Americans have co-occurring disorders.

Prevalence of Mental Illness (NAMI)

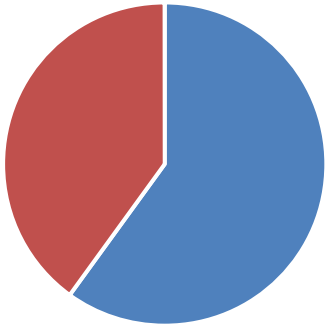
(excluding substances unless specified)

Approximately **26%** of homeless adults in shelters live with mental illness.

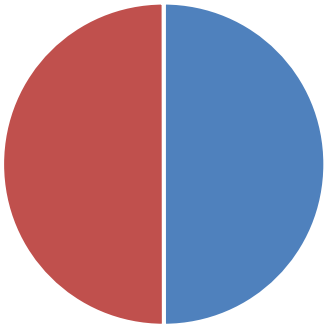
Approximately **24%** of state prisoners have a recent history of a mental health condition.

Treatment of Mental Illness in America(NAMI)

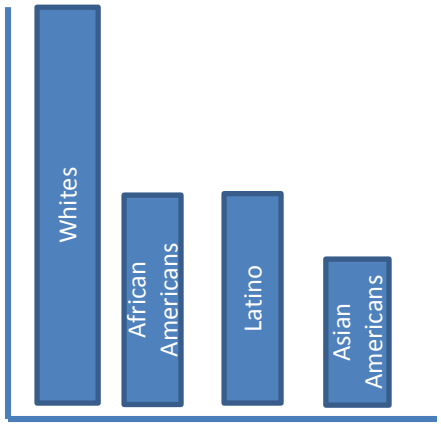
excluding substance abuse problems



Nearly **60%** of adults with mental illness did not receive mental health services within the last year.



Nearly **half** of youth aged 8-15 did not receive mental health services in the last year.



African American and Latinos used mental health services at about half the rate of whites in the past year, and Asian Americans at about 1/3 the rate.

Mental Health in the Community

- At Stroger, emergency room visits for psychiatric crisis increased by 19% from 2009-2012

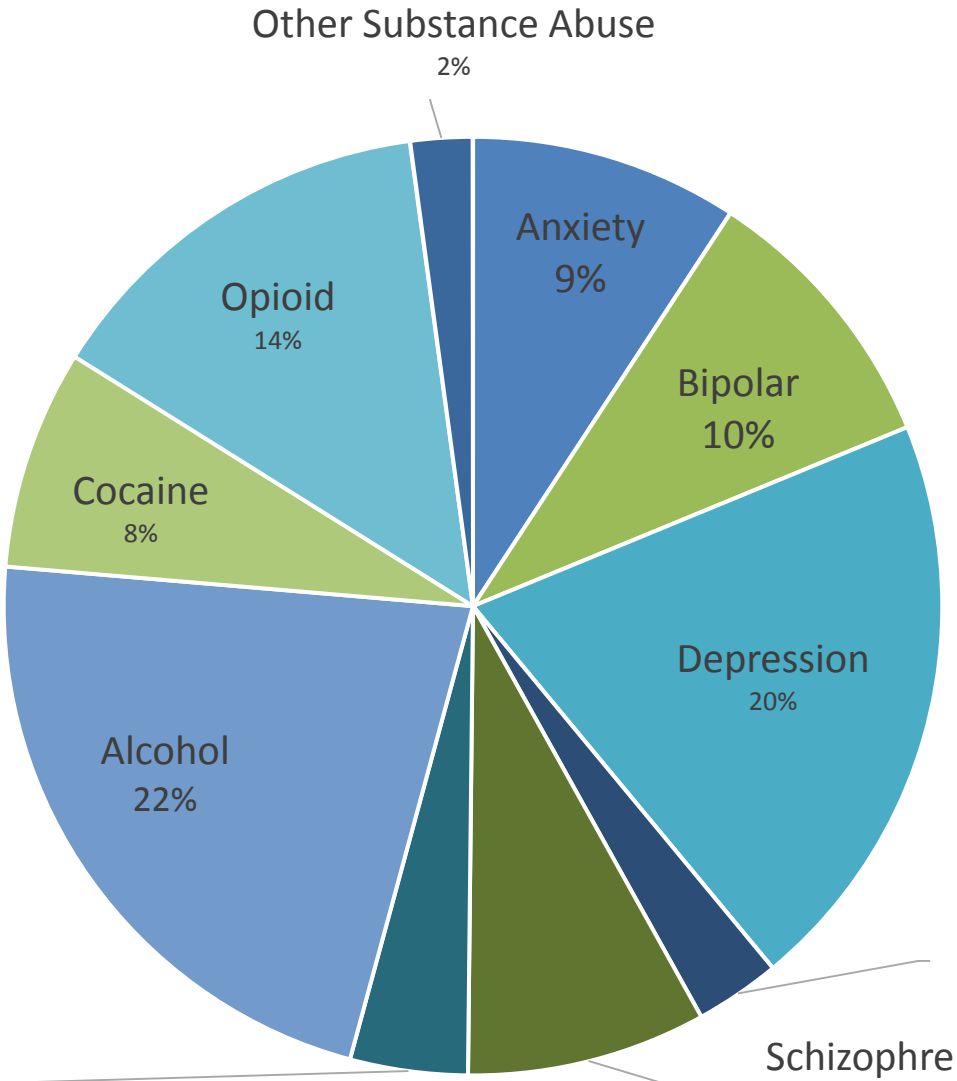
- After the closure of several city mental health clinics in 2013, 37% more people discharged from emergency rooms for psychiatric treatment

Mental Health in the Community

- Roughly 23% (excluding substances) of detainees in the Cook County jail present with mental illness.

- The FY2016 proposed Illinois budget, which includes significant cuts to Medicaid and publically funded mental health services will continue to impact behavioral health services and individuals living with serious mental illness.

Stroger ED Visits by Behavioral Health Diagnosis, January 1, 2013 – April 1, 2015



N= 21,029

Substance Abuse Figures
Trend: Rising

- Since 2008, overdose deaths eclipsed Motor Vehicle deaths in the US. (Source: Centers for Disease Control and Prevention --- CDC)

- Stroger Hospital: 14% of emergency room visits and 16% of inpatient visits are attributed to the growing problems of addiction.

Substance Abuse Figures
Trend: Rising

- In 2015 there were 603 deaths related to opiates in Cook County, and 413 related to heroin. (Source: Cook County Medical Examiner's Office)

- Nearly 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making it the fourth leading preventable cause of death in the United States. (Source: National Institute of Alcohol Abuse and Alcoholism).

CountyCare Members: Top Diagnoses, Cost, and IP/ED Utilization April, 2015 – March, 2016

Rank	Diagnosis/Conditions	Cost	Emergency Visits	Inpatient
1	Obstetrics - Pregnancy	$ 5,940,337	992	565
2	Infectious diseases - Septicemia	$ 5,285,748	377	258
3	Neonatology - Uncomplicated neonatal management	$ 3,884,071	50	68
4	Cardiology - Ischemic heart disease	$ 4,602,994	506	235
5	**Psychiatry - Psychotic & schizophrenic disorders**	**$ 4,255,078**	**849**	**449**
6	**Psychiatry - Mood disorder; depressed**	**$ 4,194,657**	**841**	**407**
7	Neurology - Cerebral vascular disease	$ 3,068,562	262	142
8	**Psychiatry - Mood disorder; bipolar**	**$ 3,931,450**	**918**	**466**
9	**Psychiatry - Organic drug or metabolic disorders**	**$ 3,430,224**	**692**	**898**
10	Late effects; environmental trauma & poisonings - Late effects & late complications	$ 3,341,096	319	149
22	**Chemical dependency - Opioid or barbiturate dependence**	**$ 1,839,541**	**272**	**105**
25	**Chemical dependency - Alcohol dependence**	**$ 1,793,410**	**576**	**209**

CCHHS Behavioral Health 2015

Limited Behavioral Health Infrastructure

- Fantus
  - Limited Outpatient Psychiatry
- Stroger
  - Inpatient units – Psychiatrist Consultation Service
  - Emergency Department – Services provided by outside group
- Oak Forest
  - Outpatient Psychiatric Services
- Cermak
- CORE

CCHHS Behavioral Health Strategies 2015/2016 – A Year of Transition

2016: Integration of Behavioral Health

Primary Medical Home Model

2016: Community Based Partnerships:

Behavioral Health consortium

2016: Crisis Expansion:

Community Triage Center

2017: Resume oversight of ED for Psychiatry

2016/2017: DOP Specialty Expansion:

Fantus/MAT

Expanded Regional Outpatient Centers

Stroger/OFHC

Cermak

CORE

Behavioral Health Integration in Primary Care

Why and where?

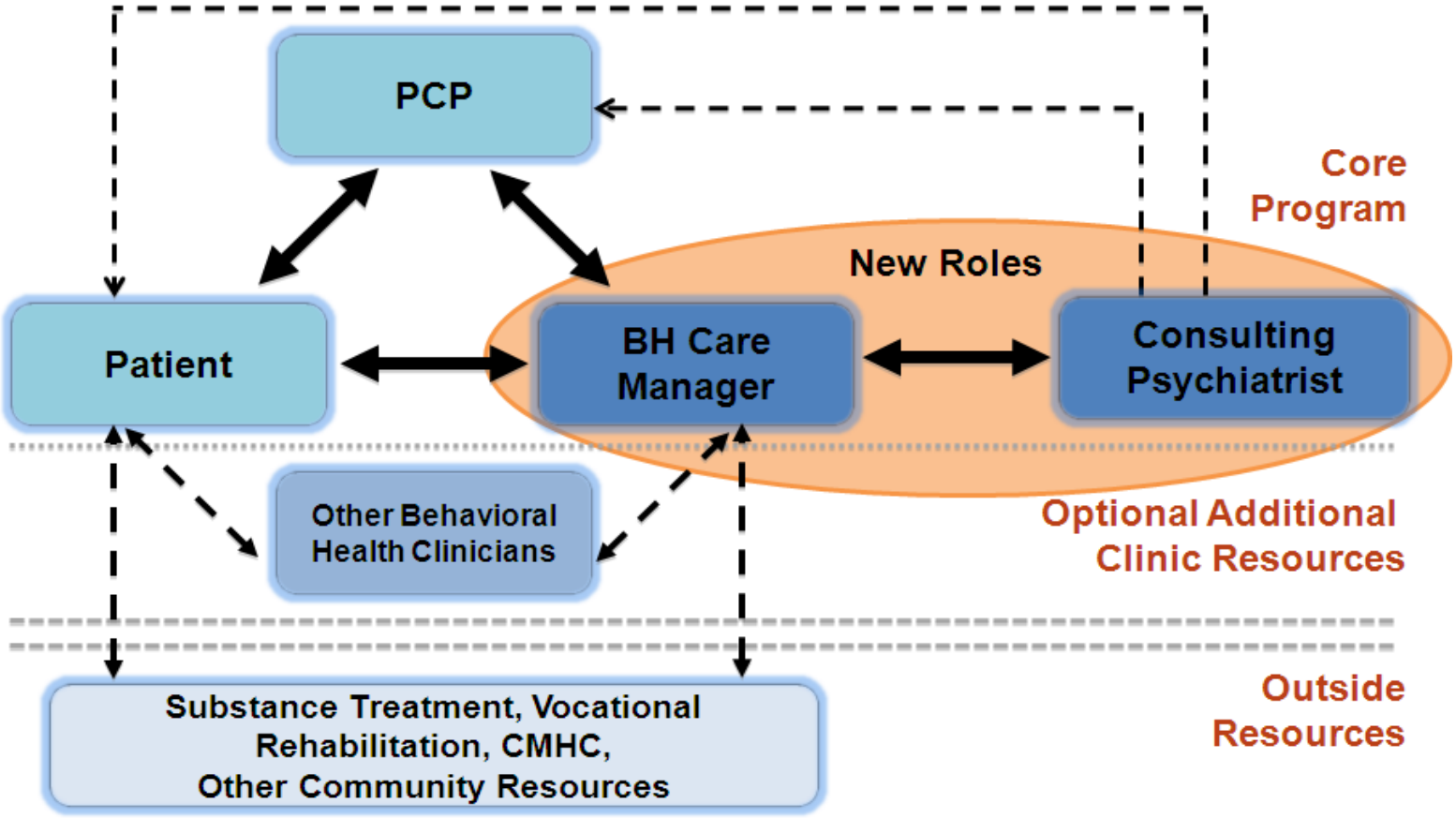
- Most individuals seeking "behavioral health" treatment for depression/anxiety or substances are seen in an emergency department or by their Primary Care Physician (PCP) first.

- A fully integrated, comprehensive, structured, care coordinated model works best to address psychosocial determinants in primary care

How?

- Effective Screening/Diagnosing
- Effective Intervention
- Warm Handoff/Co-managing
- Interventions (Problem-Solving Treatment, Behavioral Activation
- Cognitive Behavioral Therapy, Motivational Interviewing, Referral (Care Coordination and Enabling Services)

Primary Care Integration Model



Behavioral Health Consortium

- CCHHS already established (3/2016) a Consortium of Behavioral Health providers who collaborate to achieve:
  - A single point of contact (telephone 24/7) for behavioral health patients (not only CountyCare).
  - A network of resources available to provide a diverse array of Behavioral Health services

- The consortium is led by Community Counseling Centers of Chicago (C4) and will include these partners:
  - Metropolitan Family Services
  - Human Resources Development Institute (HRDI)
  - Habilitative Systems, Inc. (HIS)
  - South Suburban Counsel on Alcoholism and Substance Abuse
  - Family Guidance Centers Inc.
  - CCHHS

Crisis Expansion 1

Community Triage Center (CTC Pilot)

- A 24/7 triage center to evaluate and refer individuals who are in an active behavioral health crisis will open in July, 2016
- Primary services offered: mental health crisis assessments, brief health assessments, and referrals for treatment, case management and follow-up

Crisis Expansion 2

DOP to enter Stroger Emergency Department

- Spring of 2013 DOP moved out of ED. DOP will return to the ED to perform crisis evaluations
- Increased oversight and guidance to the emergency room team
- Direct control of triage and referral to the most appropriate level of care
- Quicker administration of emergent and non-emergent treatment to improve patient care
- 24/7 coverage to the emergency department with ability to cover the hospital for emergencies as well
- Enable patients in care to be completely documented in CCHHS electronic medical record (currently minimally done by outside agency)

Specialty Expansion in DOP

- Historically, the DOP has been a psychiatrist-driven model with an insufficient number of therapists
- Patients require expanded acute outpatient services
- Outpatient psychiatric social workers can extend services, preferred model
- Psychiatric trained, LCSW social workers will be hired

Substance Abuse Treatment Expansion

March 2015

Naloxone training conducted at the Stroger ED.

December 2015:

Medication Assisted Treatment (MAT) program established in Fantus Clinic to treat patients with substance addiction problems.

March 2016

3 local FQHC's (Federally Qualified Health Clinics) were awarded 3 separate Health Resources and Services Administration (HRSA) MAT grants. CCHHS has partnered with these clinics to train and implement MAT clinics at those locations.

Summer 2016:

We are well under way to expand Naloxone training into the jail.

FY2017:

DOP will partner with Family Community Medicine to implement MAT in most ACHN clinics.

Principle Objectives & Behavioral Health

#1: Improved Health Equity	o **Establish continuum of behavioral health services** Integration of Behavioral Health (BH) into Primary Care Medical Home Consortium of community BH partners Crisis services expansion Outpatient specialty care expansion
#2: Provide High Quality, Safe & Reliable Care	o Screen/assess at all points of care o Initiate and provide BH treatment in appropriate setting using care management/coordination approach o Engage and maintain patients in care through outreach
#3: Demonstrate Value, Adopt Performance Benchmarking	o Use evidence based treatment o Track treatment outcomes o Monitor and track Emergency Department and inpatient care
#4: Develop Human Capital	o Create staffing levels appropriate to patients' needs o Work with community partners to train potential support staff to work in various settings, e.g. outreach staff
#5: Lead in Medical Education & Clinical Investigation	o Expand training opportunities for students and residents o Participate as appropriate for population served in clinical investigations o Obtain contract and grant funding to support new treatment and services

Questions?