# CCH Strategic Planning: Mental Health and Substance Use Disorder Service Line—Creation and Initial Action Plans

May 16, 2025
Tom Nutter, MD
CCH Chief Behavioral Health Officer



## Office of Behavioral Health and CCH Behavioral Health Services



**2022**- Seeded with APRA funding, the Office of Behavioral Health was created to become both a Behavioral Health Authority for Cook County and a Behavioral Health Service Line within CCH.

**Fall 2023**-Hiring of Chief Behavioral Health Officer (CBHO) and beginning of hiring Office of Behavioral Health team.

**2024**-To assure obligation of all ARPA funds, maximize impact, and ensure optimal stewardship of resources, much of the work of the Office of Behavioral Health has focused on projects external to CCH's systems of care:

- Behavioral Health Summit
- Stronger Together grantmaking process
- Workforce Symposium
- o Countywide Regional Strategic Plan, building partnerships with community agencies and governmental entities.

Though some efforts have been made to improve services with CCH's systems of care. Efforts to align and enhance behavioral healthcare within CCH are expanding in **2025**.

#### First Steps



- Survey—All staff working in behavioral health fields were surveyed in the fall of 2023 and again in 2024 to
  evaluate current working environment and perspectives on actions most needed to improve care.
- Clinical Leadership Meeting—Initiated in early 2024. Including leadership of Psychiatry, Psychology, Social Work, SUD, JTDC behavioral health, and Cermak behavioral health.
- o Regular individual meetings of CBHO with all CCH behavioral health clinical leaders initiated in 2024.
- o Strategic Planning Retreat including frontline leadership across all sites held Fall 2024.
- Information gathered at the Retreat utilized to craft two Action Plans: one for carceral settings (JTDC and Cermak) and one for non-carceral settings (hospitals and ACHN clinics).
- o Both action plans sent to all behavioral health staff for their review.
- Both action plans utilize the same strategic priorities.

#### Strategic Priorities of Both Action Plans



- I. Systemwide Alignment and Collaboration Across All Sites and Disciplines
- II. Workforce Recruitment and Development
- III. Access to Comprehensive, High Quality Behavioral Health Services
- IV. Innovation and Quality

#### **Alignment and Collaboration**



#### Create a Mental Health and Substance Use Disorder Service Line—

- Updating org charts to include new operations structures
- Establishing a communication committee and plan for sharing information across all teams and departments
- The Carceral Plan includes reorganization of programming to support shifts in census, housing assignments, and potential impacts of the 1115 Waiver

#### Create systematic processes for assessing programmatic and operational needs

- Develop service line committee and structure for evaluating space and other resource needs
- Develop resource lists for navigating CCH departments and processes (HR, Revenue Cycle Management, HIS, etc.)

#### Maximize revenue opportunities

- Annual mapping and evaluation of revenue streams to maximize fiscal performance
- Initiate regular meetings with Revenue Cycle Management to reconcile productivity with revenue
- Assist in design and implementation of 1115 waiver initiatives
- Assess opportunities for Department of Substance Use Prevention and Recovery (SUPR) licensing to ensure sustainability of SUD services (Non-carceral Plan)
- Explore value-based care opportunities (Non-carceral Plan)

#### **Recruitment and Workforce Development**



#### Improving recruitment and orientation experience

- Both plans include enhancing orientation processes for new staff.
- The Carceral plan includes improving collaboration with local universities and training institutions.

#### **Exploring opportunities to develop or enhance training programs including**

- Becoming an established internship site for Certified Peer Recovery Support Specialists.
- Expansion of JTDC psychology internships.
- Establishment of a clinical rotation for Psychiatry Forensic Fellows.

#### Development of educational opportunities/trainings to foster staff development including

- Offering LSW/LPC supervision as pathway to licensure (LCSW, LCPC).
- Supporting Recovery Coach Coordinators to complete CCH Frontline Leadership Program.
- Build out library of behavioral health trainings in LMS.

#### **Access to Comprehensive Services**



#### Non-carceral plan includes but is not limited to:

- Develop and implement an Intake & Access Clinic at Provident, to increase timely access to mental health services, centralize triage and enhance our ability to manage program/provider capacity
- Increase utilization of the Clinical Triage and Assessment Center (Opened 3/24/2025)
- Expand Utilization of the Lost to Care Alert System (LCAS) to proactively identify and reengage patients at risk of dropping out of care (will also be used for residents in re-entry following incarceration)
- Continuing to increase access to naloxone
- Evaluate opportunities to diversify and expand current array of BH treatment services as appropriate

#### **Carceral plan includes but is not limited to:**

- Optimizing workflows and communication for post-release behavioral health care, including those the Cermak Opioid Treatment Program (OTP)
- Optimizing the Use of the Receiving, Classification, and Diagnostic Center (RCDC) to assess individuals' specific mental health needs
- Explore opportunities for sustainability of the drug-count peer intervention program beyond current funding
- Assess providers interests and specializations as well as patient needs to support development of evidence-based psychotherapy (EBP) and other specialty clinics

#### **Innovation and Quality**



- o Enhance infrastructure for Continuous Quality Improvement (CQI) processes specific to BH
- Hire two Quality FTE (in process), one at OBH and one at Cermak
- Enhance BI dashboards and other performance monitoring processes to demonstrate impact and outcomes (Non-carceral Plan)
- o Enhance collaboration with internal partner departments such BI, Revenue Cycle, Health Research and Solutions Unit, Correctional Health Analytics team (Carceral Plan), County Care, et al.
- Develop operational & monitoring processes to successfully meet BH HEDIS measures (Non-carceral Plan)
- Evaluate opportunities to enhance technology use in gathering patient satisfaction surveys (Carceral Plan)
- Explore opportunities to pilot advanced technologies (including AI)

#### **Next Steps**



- Establish structure of operations team
- Identify responsible parties for all action items; establish timelines and formal work plans
- Establish interim reporting structures for all elements of Action Plans

### Thank you!



