

**Minutes of the  
Winnebago County Mental Health Advisory Committee  
Wednesday, May 14, 2014 @ 7:30 a.m.  
Rosecrance, 1021 N. Mulford, Rockford, IL**

**Present:** Angie Goral, Phil Eaton, Donny Parham, Carol Klint, Richard Kunnert, Matthew Toohey, Dr. Charles Smith

**Others Present:** Dave Peterson, Rick Pollack, Harlan Johnson, Dr. Penny Billman, and Mike Bacon

The meeting began at approximately 7:35 a.m.

**WELCOME AND INTRODUCTIONS**

A welcome was extended to all present. Everyone was well acquainted and thus there was no need for introductions.

**REVIEW OF April 9, 2014 MHAC Meeting Minutes:**

The minutes for the last meeting were a handout at today's meeting. Everyone was asked to take a minute to review these notes. There was a request for any changes or additions. There was a motion made by Richard Kunnert, seconded from Angie Goral and Carol Klint to accept the notes as presented with all members voting aye.

**COMMUNITY BEHAVIORAL HEALTH NEEDS ASSESSMENT (components and estimated costs):**

Mr. Bacon updated the Committee on the progress of the Proposed Assessment of Needs utilizing health systems research (at UICOM). Mr. Toohey and Mr. Bacon updated the Board on the chain of phone calls between parties in an effort to clarify the focus groups that are intended to be conducted (i.e. four different groups) as part of this assessment. There were additional questions and comments provided by Dr. Billman and Dave Peterson. It was a general consensus that this current draft contract before the Committee would be workable. There was a motion made by Matthew Toohey, seconded by Carol Klint, to accept this draft agreement as the document that should go forward for signature by the County. There was no further discussion, all members voted aye.

**OVERVIEW CRISIS STABILIZATION CENTER**

Mr. Eaton provided an overview of the plans and developing work being undertaken for the new Crisis Stabilization Center. This Center will house both the Triage Program and Short Term Crisis Residential Unit at a facility to be located at 605 Mulberry. The estimated opening for this facility will be in the later part of 2014. Each of the proposed services to be offered through this facility are closely linked and should be able to

efficiently offer both under one roof. The concept is to provide immediate response to individuals experiencing psychiatric crisis. Effective intervention should avoid unnecessary hospitalization and/or incarceration of individuals in crisis. While many of these clients are released to go home, others require a range of services from hospitalization to short term placement including the Rosecrance Crisis Residential Unit.

Those in attendance had a number of questions for Mr. Eaton. All expressed appreciation for the foresightedness of this initiative and the leadership in its development.

## **REPORTS COMMITTEES / COMMISSIONS**

There was a brief discussion about the recent Transform Rockford Meetings and the potential for this private sector driven effort to contribute to the long term needs of the community. Health/Behavioral Health Services must be an integral part of this.

## **INFORMATIONAL ITEMS / FUTURE DELIBERATION:**

- **PREVENTATIVE INTERVENTION – OPIOID RELATED OVERDOSES**

Naloxone (trade name Narcan) is a prescription drug that does not have abuse potential and provides an effective antidote for opioid overdose with timely administration of this drug and the provision of emergency care.

This type of emergency treatment is frequently limited by laws that predate the current overdose epidemic. As a result, there have been a number of legislative solutions proposed in various states and Illinois adopted a change in January 2010 that allows health care professionals acting directly or by standing order to prescribe and dispense opioid antidote or a person who is not otherwise licensed to administer an opioid antidote, may in an emergency administer to another person experiencing a drug overdose.

There is an interest on the part of WCHD and other community partners to highlight this overdose epidemic and to implement a number of intervention strategies that could include in part Naloxone access and use by EMS, law enforcement, and other persons interested in being a resource for emergency care. This is in essence a harm reduction strategy but does save and has already saved many lives in communities where such efforts have been initiated. Nearby, this includes DuPage County, with the DuPage County Health Department playing a key role in both training and dispensing of Naloxone.

- **HEALTH POLICY BRIEF – MENTAL HEALTH PARITY**

There was a brief discussion of the Health Affairs article on Mental Health Parity, the ACA defined coverage of Behavioral Health Services as one of the 10 Essential Health Benefits required. This Brief indicated that legislating Parity is not necessarily enough

to fix underlying problems for behavioral health disorders. Solutions must include eliminating the stigma at the same time that there is increased availability of high quality health care providers at both the primary care and specialty level of services.

**OTHER MATTERS: None**

**NEXT MEETING:**

There was a reminder of the next meeting, Wednesday, June 11, 2014.

**ADJOURNMENT:**

There being no other items of business, the meeting adjourned at approximately 9:05 a.m.

Respectfully submitted,

J. Maichle Bacon (Winnebago County Health Department)

Approved by the Mental Health Advisory Committee: \_\_\_\_\_  
DATE