Who is on the FUSE team?

FUSE is a collaborative and interdisciplinary team staffed with a therapist, nurse, psychiatric prescriber, and employment, substance use and recovery specialists. The team will provide:

- 24/7 support with someone on-call every day after business hours and on weekends.
- Services to participants in any setting in the community where support is warranted, including, but not limited to, participants' homes and places of employment.
- Client-centered continuous care for as long as participants need it.

Who We Are

About Us

The McLean County FUSE Team is led by a Program Manager and has oversight by McLean County, with a uniquely structured team designed through collaborative efforts with Chestnut Health Systems and Bridgeway.

Contact Us

P: 309.888.5700
F: 309.862.8202
W: www.mcleancountyil.gov

McLean County

MCLEAN COUNTY FUSE PROGRAM
200 W. Front St, Suite 500D
Bloomington, IL 61701

McLean County FUSE Program

Opening new doors for those who need it

Our goals:

- To help individuals reduce recidivism rates through improved behavioral health supports and daily contact
- To help individuals reduce usage of emergency departments when not medically or clinically necessary, through increased behavioral health treatment and a team accessible 24 hours per day
- To help individuals access housing and receive supports to remain stably housed

What is FUSE?

FUSE is a signature initiative of the Corporation for Supportive Housing to "help communities break the cycle of homelessness and crisis among individuals with complex medical and behavioral health challenges." While FUSE looks different in each jurisdiction, the model of linking individuals to housing and providing wraparound support services leads to better health outcomes and quality of life for participants.

FUSE - Frequent Users Systems Engagement

Who is eligible for FUSE?

Most FUSE participants will be identified by McLean County through their frequent intersections with the justice system and other high-need, high-cost systems of care such as the homeless system or the emergency medical system. Eligible participants must have intersected at least 2 of the systems, demonstrated frequent need over the past 18 months, and have a severe and/or chronic mental health diagnosis.

WHY FUSE?

By teaching coping and life skills while addressing and working *with* the mental health diagnosis, through multiple supports across systems, individual hospital stays, emergency department visits, and justice involvement can decline for individuals.

Community Support Team guided by the principles of Assertive Community Treatment

McLean County's FUSE Program has been designed to begin with 10 participants in the first year and scale by 10 additional participants each year following, until the program reaches 50 participants.

MCLEAN COUNTY FREQUENT USER SYSTEM ENGAGEMENT

Kevin McCall, Marita Landreth, and Nicole Kirstein

Mclean County Behavioral Health Coordination

McLean County, Illinois

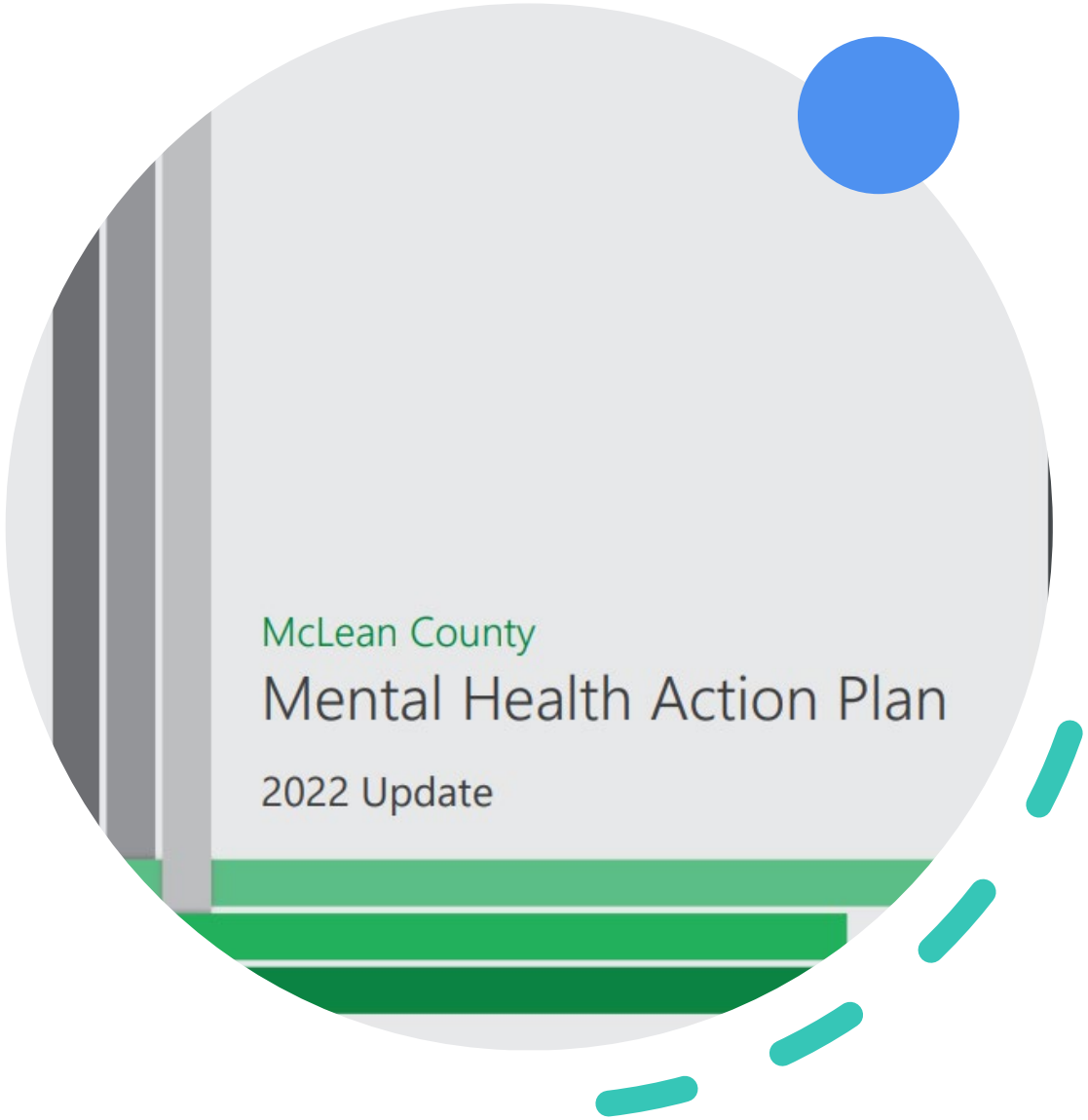
- Located In Central Illinois
- Home to: State Farm, Illinois State University, Rivian, Country Companies
- Population Approx. 175K
- Largest Geographical County in Illinois

McLean County Government

- Located Centrally in Bloomington-Normal
- First Problem Solving Courts in the State of Illinois
- Historically Strong Interest in Behavioral Health

MCLEAN COUNTY GOVERNMENT BEHAVIORAL HEALTH TIMELINE

- 2014 – Two Work Groups – Community Need Assessments
- 2015 – Mental Health Action Plan
- 2016 – Shared Sales Tax Agreement - (1/4%)
- 2016 – Creation of BHCC Advisory Committee



BEHAVIORAL HEALTH COORDINATING COUNCIL

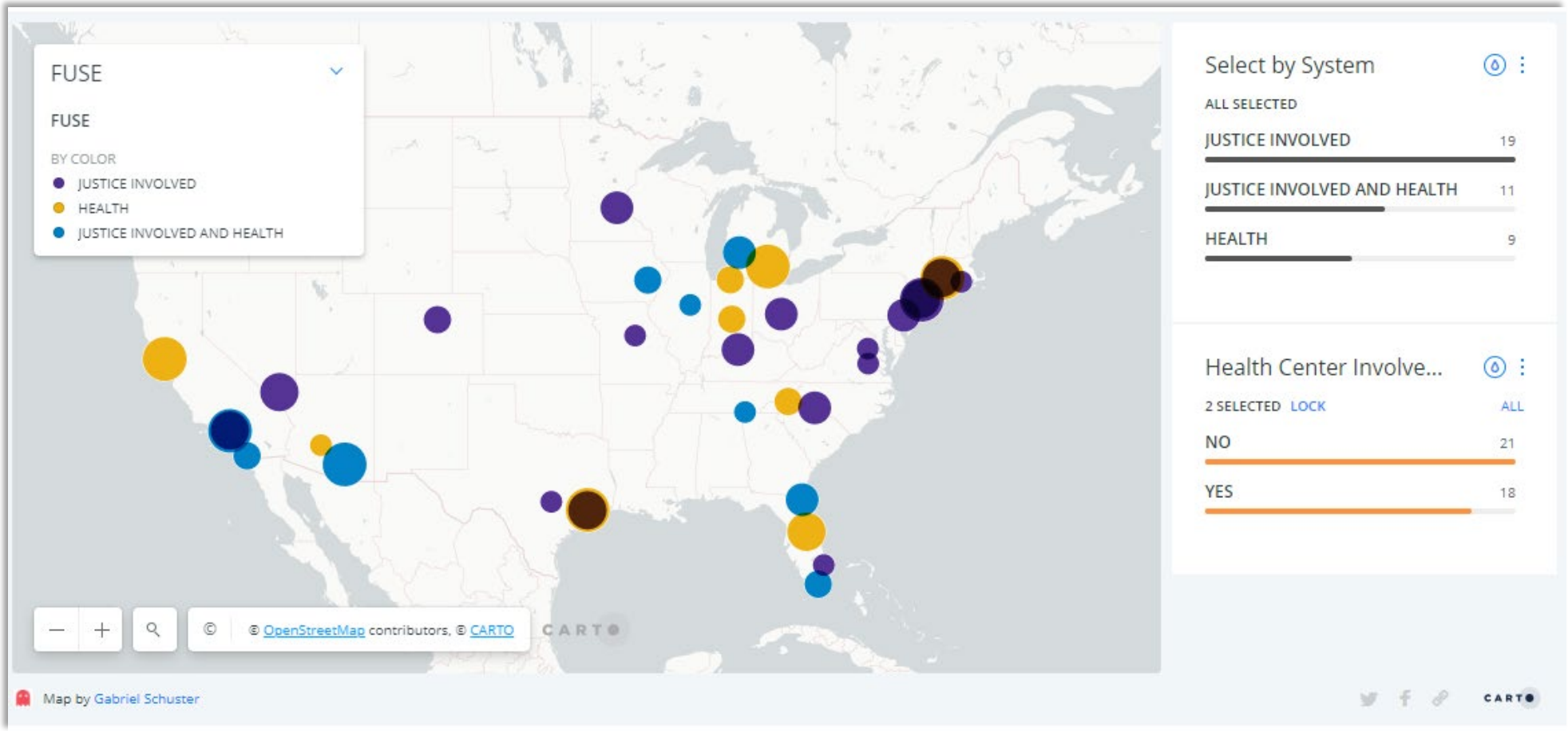
Behavioral Health Coordinating Council

Kristin Adams, Director, Agency Recruiting & Development, Country Financial
Stephanie Barisch, Director of Therapeutic Services, Center for Youth & Family Solutions
Joan Hartman, Executive Director, Center for Human Services
Donna Boelen, Council Member, City of Bloomington
Hon. Rebecca Foley, Circuit Judge, 11th Judicial Circuit
Lynn Fulton, President, OSF Healthcare St. Joseph Medical Center
Jeremy Hayes, Executive Director, Housing Authority of Bloomington
Mark Jontry, Regional Superintendent, Regional Office of Education #17
Colleen Kannaday, President, Carle BroMenn Medical Center
Kevin McCarthy, Council Member, Town of Normal
John McIntyre, Chairman, McLean County Board
Colleen O'Connor, Executive Director, NAMI Mid Central Illinois
Sonja Reece, McLean County Board of Health
Hon. Elizabeth Robb, Retired Chief Judge, 11th Judicial Circuit
Susan Schafer, Health Committee Chair, McLean County Board
Vacant, Illinois State University
Dianne Schultz, CEO, The Baby Fold
Dave Sharar, CEO, Chestnut Health Systems
David Taylor, Executive Director, United Way of McLean County
Eric Thome, Director of Health and Welfare, State Farm Insurance Companies
Lisa Thompson, Executive Director, Project Oz
Brian Wipperman, CEO, Marcfirst
Chris Workman, Executive Director, PATH

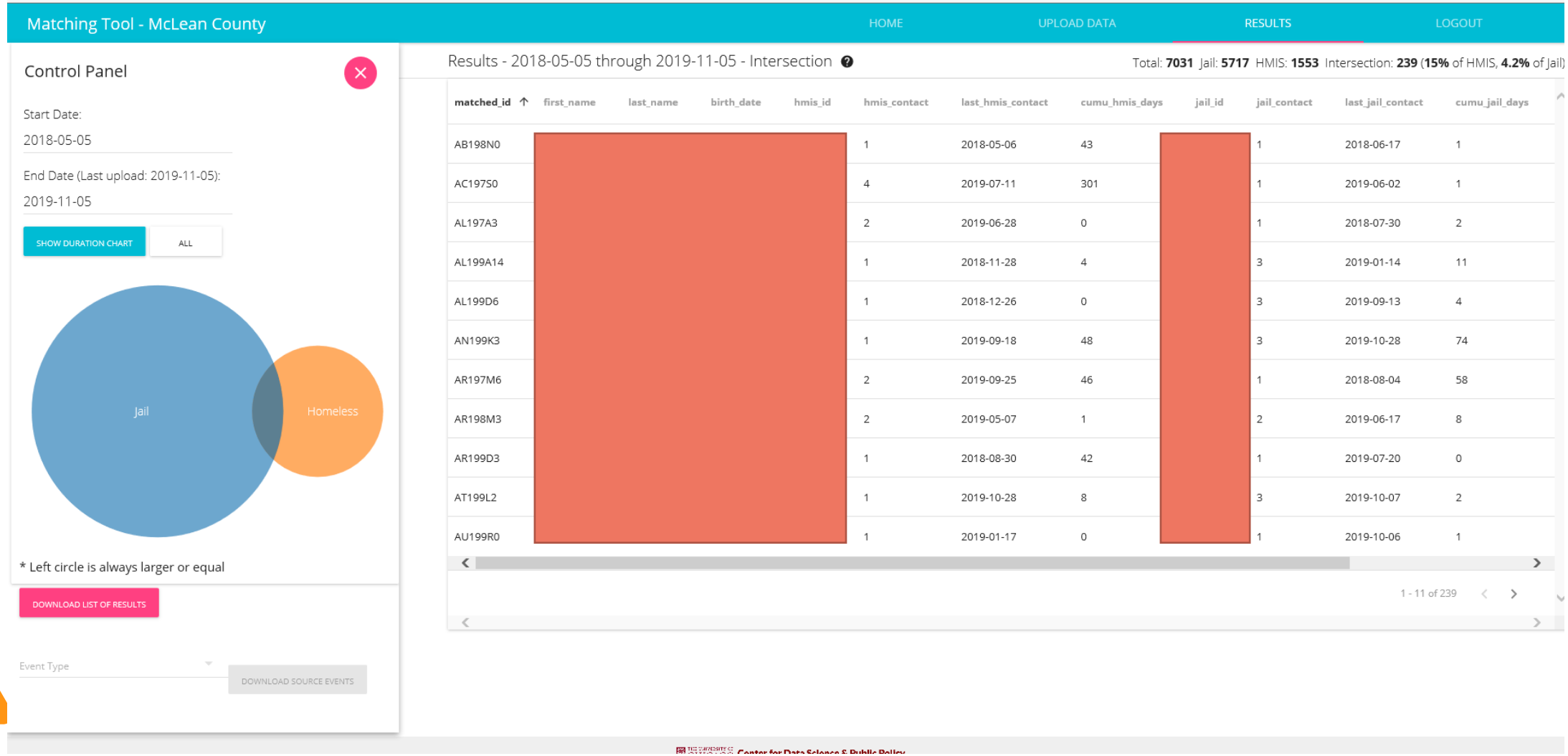
McLean County Government – Behavioral Health Timeline

- Creation of Department of Behavioral Health Coordination – 2016/17 – 2 employees by 2018
- Moving Into Service Delivery
- Development of Outreach Tool with University of Chicago
- McLean County Triage Center and FUSE Program - 2019

FUSE – Model and Tools



FUSE – Model and Tools



FUSE

- Why is this good for a government especially?
- How do we measure success?
- Cost avoidance measurements ongoing – Stevenson Center

FULL PROGRAM UPDATE

Data for July 2019 -December 2023 Data is based on 32 total clients served.

32 Clients served from July 2019 to December 2023

478.91 average number of days a client is active in the FUSE Program

Jail Contacts

3.75 average per person before FUSE → **.56** average per person since FUSE

ED Contacts

3.5 average per person before FUSE → **1.13** average per person since FUSE

Shelter Contacts

1.5 average per person before FUSE → **.53** average per person since FUSE

13 clients who have been housed while with FUSE after being unhousedd/ unsheltered (does not count for those who had housing prior to FUSE)

Total contacts across all systems

4x

higher on average before FUSE involvement vs total contacts on average after FUSE involvement

8.75 Total contacts prior to FUSE → **2.19** Total contacts after FUSE

2023 REPORT

Data for January 2023 - December 2023 Data is based on 23 total clients served.

23 Total clients served in 2023

16 Current FUSE clients

575.48 average number of days a client is active in the FUSE Program

Jail Contacts

3.22 average per person before FUSE

.43 average per person since joining FUSE

ED Contacts

3.7 average per person before FUSE

.55 average per person since joining FUSE

Shelter Contacts

1.7 average per person before FUSE

.22 average per person since joining FUSE

8 active clients are currently housed

Total contacts across all systems

7x

higher on average before FUSE involvement vs total contacts on average after FUSE involvement for 2023

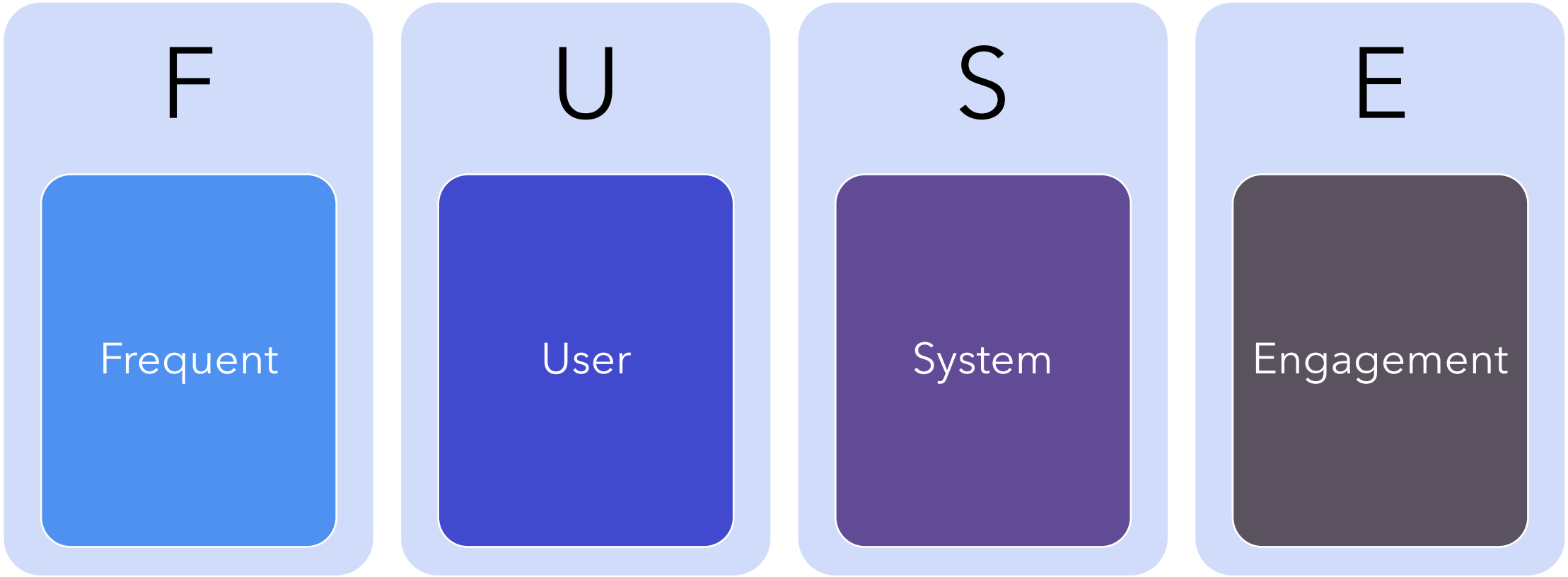
7.96 Total contacts prior to FUSE

1.09 Average Contacts in 2023

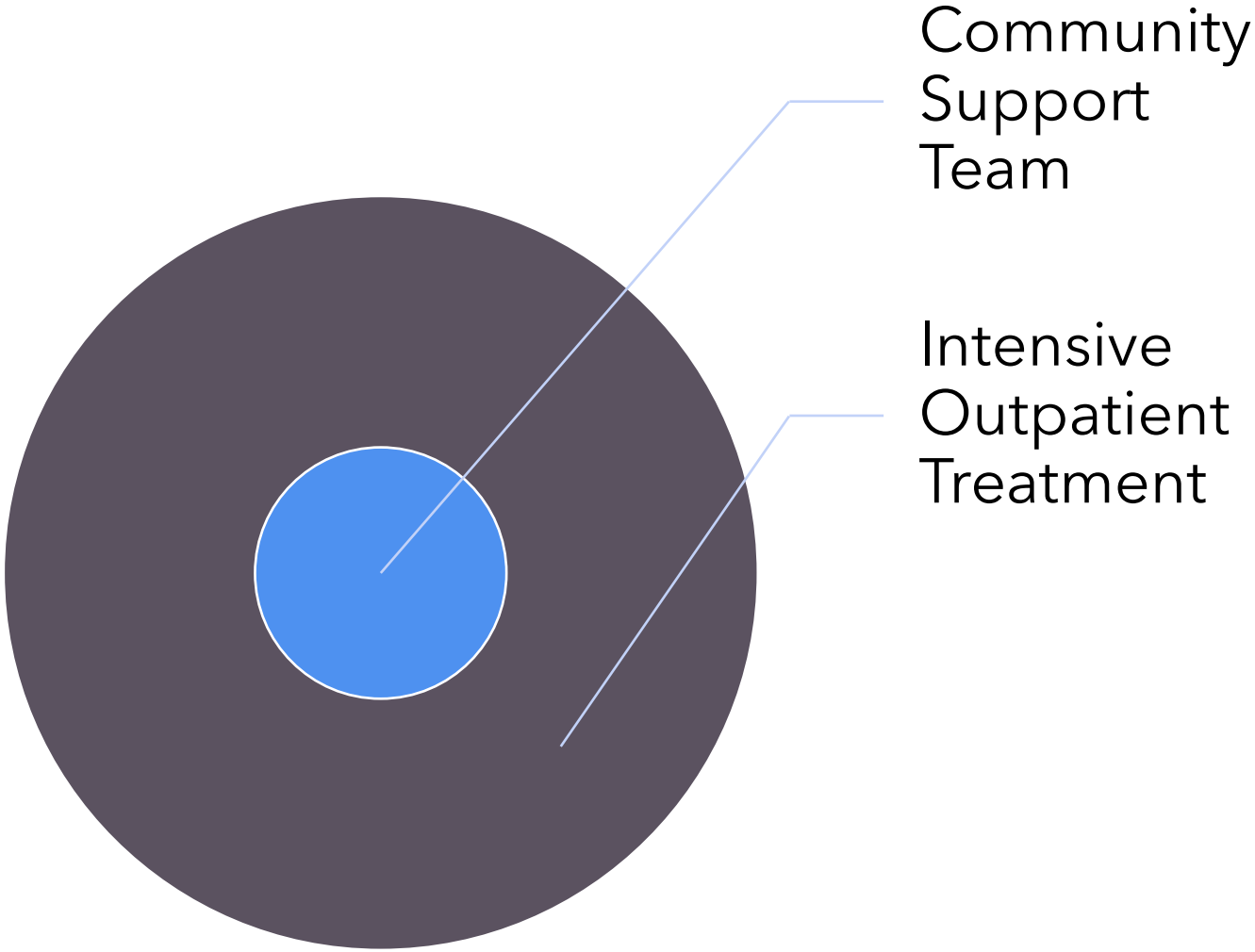
Wins of the Year

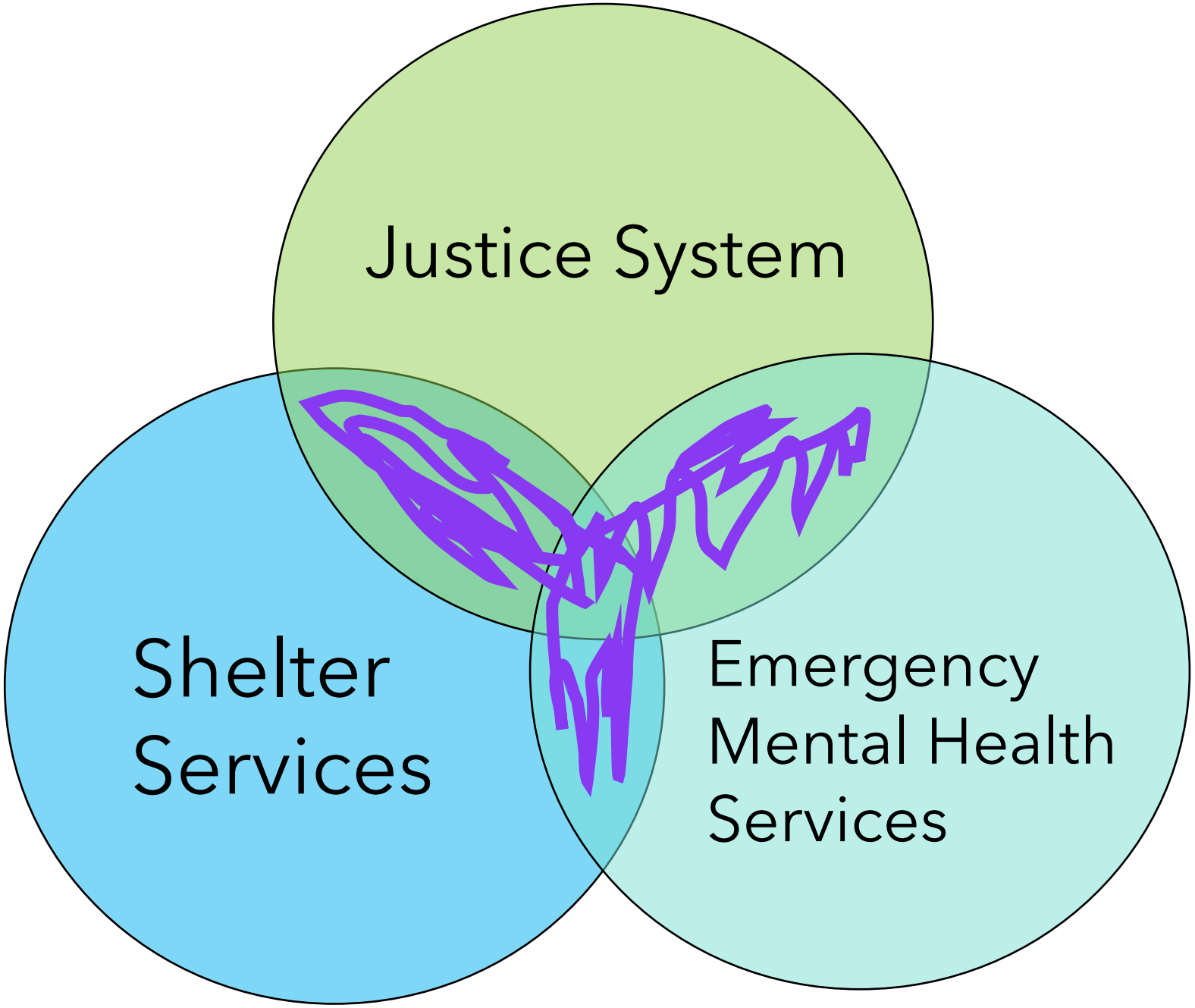
- Able to offer bus passes to current clients
- Cured of long-time Hepatitis C diagnosis
- Previous substance use struggle is 4 months sober
- Self-employed and feels fulfilled in their work
- Used to use a walker is able to walk without any mobility devices
- Lost all their toes to frostbite when unhoused last winter - obtained 10 prostetic toes
- 10 Clients were employed during 2023
- Baptized and developing a spiritual community
- Travel via airplane to see mother
- 3 clients satisfied all court requirements

What does FUSE stand for?



What kind of program is FUSE?




Justice System
Shelter Services
Emergency Mental Health Services

How we get participants

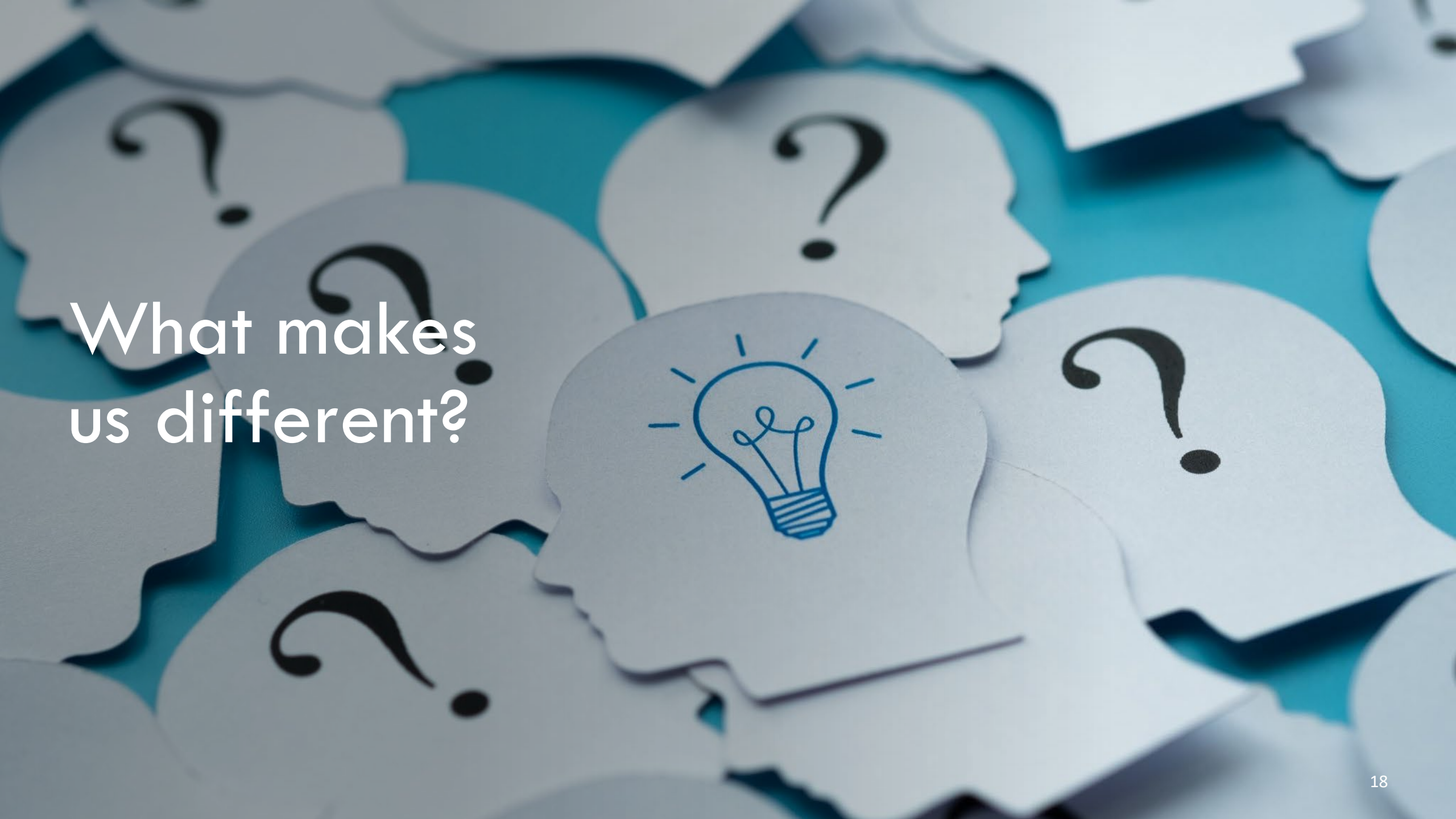
Screening

- McLean County Shelter stays in last 1.5 years?
- McLean County ED visits for psych/substance in last 1.5 years?
- McLean County arrests in last 1.5 years?

HIPPA and Information Sharing

- How do we deal with confidentiality?
- What do we do when data from our tool is missing?
- Outside referral sources?

What makes us different?



Similar Programs

Center for Human Services

LifeCIL

Lifelong Access (MarcFirst)

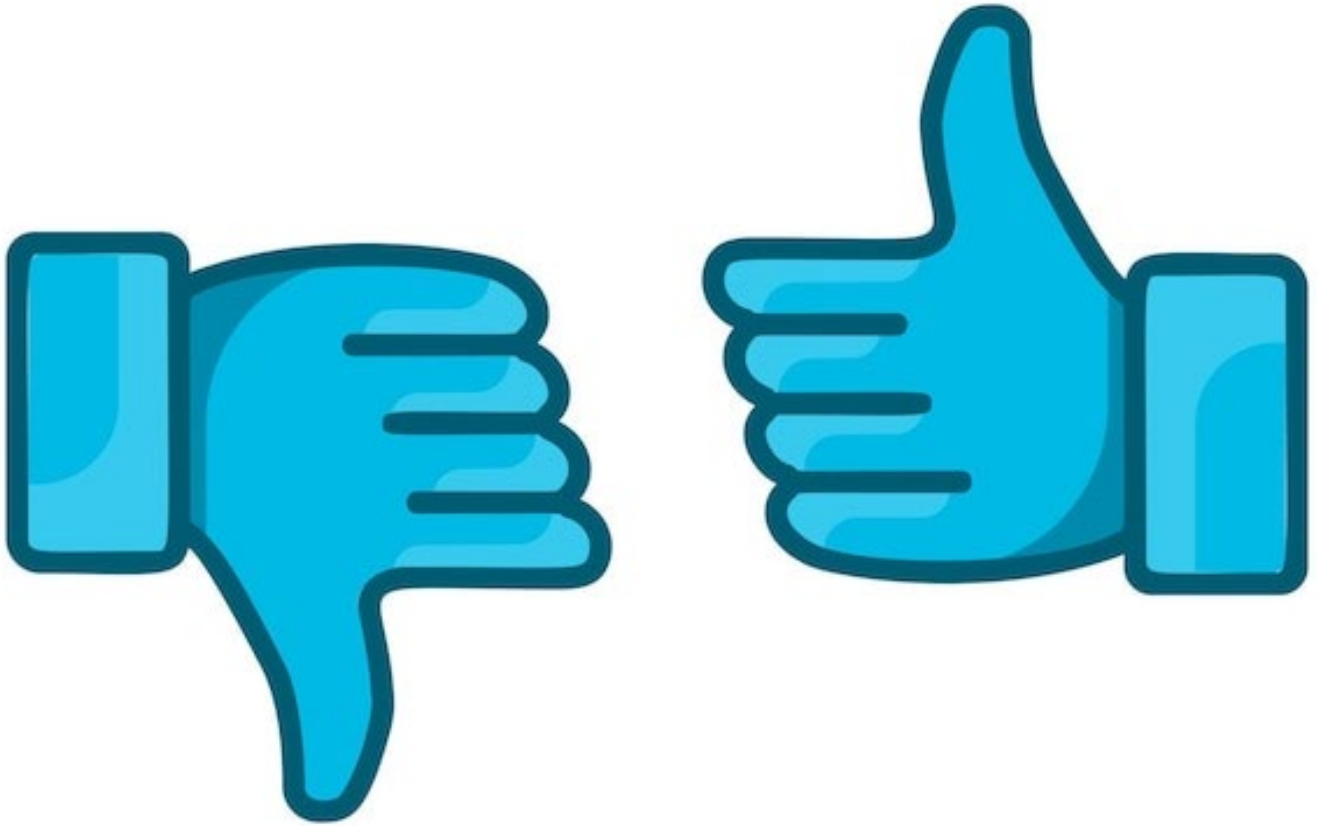
LIFE CENTER FOR INDEPENDENT LIVING

Lifelong ACCESS
Services needed. Barriers removed.

MARCFIRST

Bridgeway

What makes us different?



What makes us different?

What makes us different?

What makes us different?

What makes us different?

What makes us different?

What makes us different?

Trauma Informed Care

Flexible schedules for staff and appropriate call-in policies

Trauma Informed Care

Flexible cancellation and no show policies

Trauma Informed Care

Allowing space for intense emotions

Trauma Informed Care

Creating healthy boundaries and modeling emotional regulation

Trauma Informed Care

Thoughtful use of language and accountability for mistakes

Trauma Informed Care

Acknowledgement of privilege and systemic barriers

Trauma Informed Care

Nurturing an open environment where criticism is met without defensiveness

What makes us different?

Counselor

Peer Recovery Support Specialist

Case Manager(s)

Nurse

Psych Provider

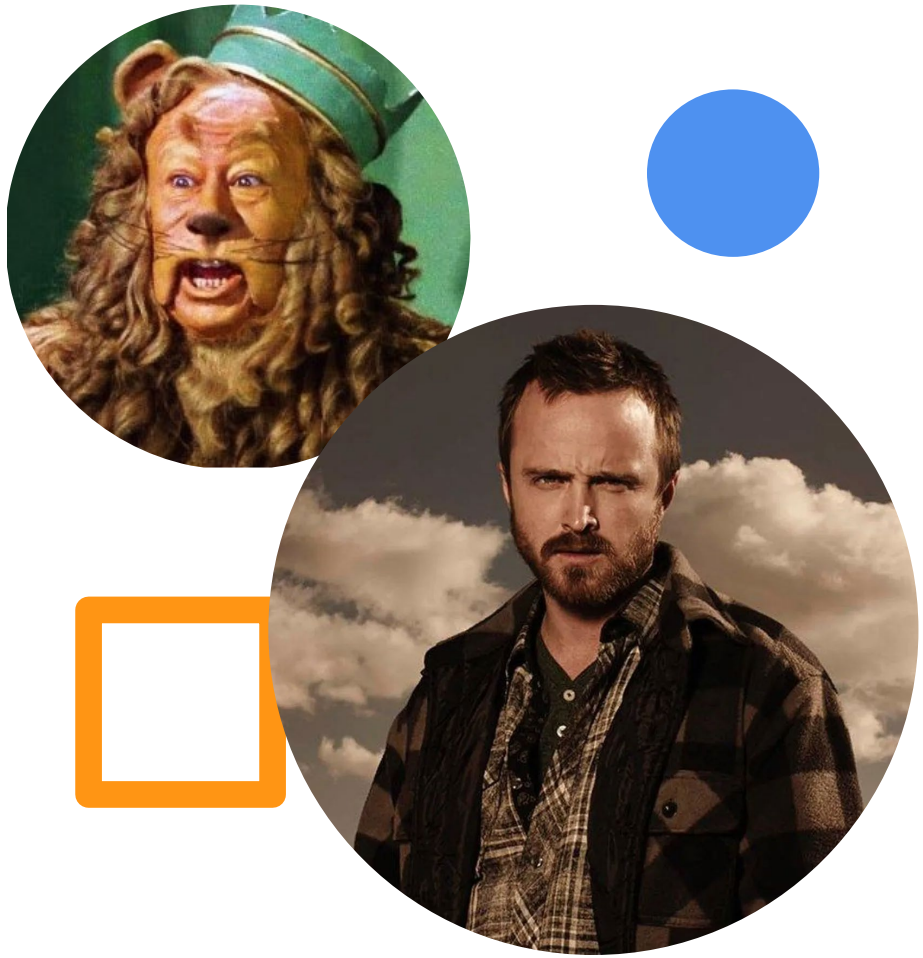
Administrative Assistant

Counselor

- Manages the program
- Provides therapy and can diagnose
- Is able to be creative with therapy provision
- Coordinates outreach and candidate acceptance
- Engages in “supervision” with staff
- Coordinates interns as applicable

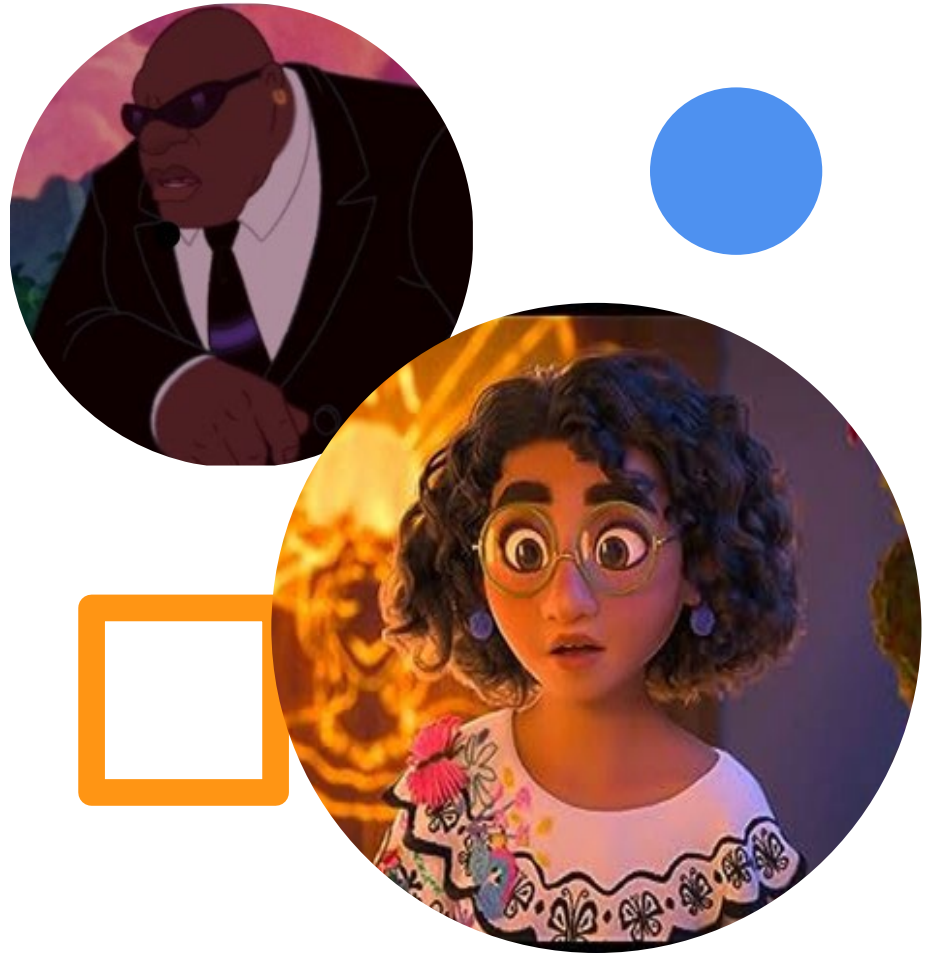
Peer Recovery Support Specialist

- Someone with lived experience in mental health and/or substance use recovery
- Interacts with clients as case manager but with a different perspective
- Requires organization to be trauma-informed to be supported



Case Managers

- Maybe skill focused, such as substance use, employment specialist, legal advocate
- Assists with standard day-to-day tasks with clients
- Good with collaboration, problem solving



Psych Provider

- Prescribes medications and provides diagnosis
- Currently hired through a contracted telehealth provider service, but working toward partnering with a local entity

Administrative Assistant

- Answers phones
- Handles billing, filing, etc
- Assists with flow of people in and out of office
- Sets the tone

FUSE Overview

- County Government operated through shared sales tax
- Focused on relieving ED, LEA, Jail, and Shelter entities
- Requirements to entry with qualitative considerations
- An opportunity to focus on people and not billing
- A team of compassionate individuals
- Exploring expansion through outside funding – continuing to grow and examine community impact

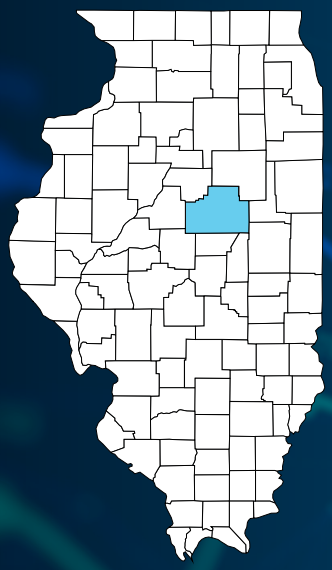
Questions and Contact Information

- Kevin McCall – Director of Behavioral Health Coordination
  - Kevin.McCall@mcleancountyil.gov
- Nicole Kirstein – FUSE Program Supervisor
  - Nicole.Kirstein@mcleancountyil.gov
- Marita Landreth – FUSE RN
  - Marita.Landreth@mcleancountyil.gov

BUILDING DATA-DRIVEN JUSTICE

McLEAN COUNTY, ILLINOIS

POPULATION:
169,572[1]



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.

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

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.

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.

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.

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

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.*

[1] 2010 Census

[2] 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.