

VERMILION COUNTY MENTAL HEALTH 708 BOARD



47th Annual Report

December 1, 2015 – November 30, 2016

Vermilion County Mental Health 708 Board



**47th Annual Report
December 1, 2015 – November 30, 2016**

**Including 2016 Needs Assessment
and One and Three-Year Plans**

2017

TO THE CITIZENS OF VERMILION COUNTY,

The board of directors and staff of the Vermilion County Mental Health 708 Board present this Annual Report in accordance with 405 Illinois Compiled Statutes 20/3e, Paragraph (h) that requires an accounting of expenditures of the annual income received from Vermilion County Mental Health tax revenues. We are also presenting a copy of One and Three-Year Plans, which were approved this year, in this document. As always, we welcome your input.

From a historical perspective, Vermilion County funding of community services followed the 1963 Community Mental Health Centers Construction Act (PL 88-164). That act was passed as a result of the deinstitutionalization movement of the 1960s that was spurred by public outcries and concern by mental health professionals about horrible conditions of state mental hospitals and patients' civil rights. That movement, along with the advent of new psychiatric medications and the belief that patients would receive better, more humane treatment in their own communities, required community mental health center (CMHC) guarantees to provide five core elements of service: outpatient, consultation, education, partial hospitalization, and emergency intervention. Over the years, several major changes occurred, including a funding shift from federal to state, and the Olmstead Act of 1999, which affirmed the rights of people with disabilities, including those with mental illness, to live in community settings. Fully aware of the need to begin the development of a comprehensive network of community based services for people with mental illness and encouraged by the passage of the federal legislation, the Illinois General Assembly approved in 1963 House Bill 708, creating the Illinois Community Mental Health Act. The act, which provided for the levy of a local tax on property pursuant to approval of a referendum, mandated the appointment of a local mental health board to plan, fund, and monitor services for people with mental illnesses and developmental disabilities and people with substance abuse issues. The Vermilion County Mental Health 708 Board was established in 1968 as a result of House Bill 708 and a locally passed referendum.

With the decline and uncertainty of state funding in recent years for essential behavioral health services, it is more important than ever to maintain a safety net of local taxes for county services. During fiscal year 2016, the 708 Board allocated \$736,857.00 of local tax revenues to six service providers, a slight increase over the previous year. These providers furnished a wide variety of behavioral health services to thousands of county residents in need of crucial care. Local funds are often the only consistent funding source for several of the agencies and all that enabled them to make payroll and keep them from closing their doors.

On behalf of the Vermilion County Mental Health 708 Board, we are proud to present this Annual Report, which will guide our future planning and funding discussions. Please use it to learn about how your local tax dollars are supporting so many individuals and families in our county. I thank our nine member board of directors for making these accomplishments possible as they volunteered their time and expertise to administer the provisions of the Community Mental Health Act, House Bill 708.

On behalf of our board, we thank you for your support and interest.

Sincerely,
Jim Russell
Jim Russell, MS, LCPC
Executive Director

**BOARD OF DIRECTORS
2015 – 2016**

Mr. Chad Turner* - Chair	Danville
Mrs. Kay Smoot – Vice Chair	Fairmount
Mrs. Christina Budnovich – Sec/Treas.	Danville
Mr. Keith Souza	Danville
Mrs. Cheryl Rotramel	Danville
Mrs. Linda Marron	Fithian
Mr. David Harby	Fairmount
Mr. Mark Kracht	Danville
Ms. Anne Sachelli	Danville

*** Vermilion County Board Member**

STAFF

Mr. Jim Russell	Executive Director
Mrs. Jeri Arford	Administrative Assistant

**VERMILION COUNTY BOARD
HEALTH AND EDUCATION COMMITTEE
2015 - 2016**

Mr. Bill Wright - Chair	5th District
Mr. Kevin Green	2nd District
Mrs. Phearn Butler	8th District
Mr. Chuck Nesbitt	3rd District
Mr. Chad Turner	5th District
Mr. Daniel Walls, Sr.	8th District
Mr. Tom Morse	6th District

VERMILION COUNTY MENTAL HEALTH 708 BOARD

DIRECTORS 2016-2017

We are extremely proud of the dedication and commitment of our volunteer board of directors and wish to recognize them and their years of service on behalf of the citizens of Vermilion County.

Mrs. Kay Smoot	7 ½ years
Mrs. Linda Marron*	3 years
Mrs. Cheryl Rotramel	3 years
Mr. Keith Souza*	3 years
Ms. Christine Budnovich	2 ½ year
Mr. Chad Turner	2 year
Mr. David Harby	2 year
Mr. Mark Kracht	2 year
Ms. Anne Sachelli	1 year

*Term expired 12/2016

**VERMILION COUNTY BOARD MEMBERS
2016-2018**

Larry Baughn	1 st District
Wesley Bieritz	6 th District
Robert Boyd	8 th District
Phearn Butler	8 th District
John Criswell	5 th District
Darren Duncan	1 st District
Joe Eakle	3 rd District
Steven Fourez	3 rd District
Kevin Green	2 nd District
Craig Golden	7 th District
Adam Hart	4 th District
Frank Hoskins	9 th District
Todd Johnson**	1 st District
Marla Mackiewicz	4 th District
Michael T. Marron*	2 nd District
Charles Mockbee	2 nd District
Tom Morse	6 th District
Chuck Nesbitt	3 rd District
Nancy O’Kane	8 th District
Becky Stark	9 th District
Bruce Stark	9 th District
Chad Turner	5 th District
Crisi Walls	5 th District
Mitch Weaver	4 th District
Cari West-Monson	7 th District
Deanna Witzel	6 th District
AJ Wright	7 th District
Frank Hoskins	9 th District

*County Board Chairman
**County Board Vice Chairman

VERMILION COUNTY MENTAL HEALTH 708 BOARD
 FINANCIAL STATEMENT
 MENTAL HEALTH ACCOUNT
 DECEMBER 1, 2015 through NOVEMBER 30,2016

REVENUE:

County Mental Health Taxes	807,658.93
Interest Income	20.84
Misc. Revenue	2,500.00

TOTAL REVENUE 810,179.77

EXPENDITURES:

Salary-Personnel	3,590.00
Salary-Department Head	47,500.00
FICA	-
IMRF	-
Insurance - Liability	-
Office Supplies	-
Books/Periodicals	-
Travel Expense/Meetings	2,426.66
Telephone	1,697.24
Postage	17.61
Rent	-
Printing	-
Publications	78.54
Repair and Maintenance - Equipment	1,149.48
Contractual/Professional Services	736,857.00

FY14-15 Agency Grants

Crosspoint Human Services/Crosspoint YFRC	335,090.00
Hoopston Multi-Agency	42,874.00
Prairie Center Health Systems	186,396.00
WorkSource	118,565.00
Wraparound	35,500.00
VC Juvenile Detention Center Counselor	18,432.00

Total FY14-15 Grants 736,857.00

Dues/License Fees	3,537.00
Miscellaneous Services	-
Office Furniture/Equipment	-

TOTAL EXPENDITURES 796,853.53

YEAR END MENTAL HEALTH ACCOUNT BALANCE 518,576.86

TOTAL MENTAL HEALTH FUNDS 518,576.86

VERMILION COUNTY 708 MENTAL HEALTH BOARD

Demographic Detail --All Agency Report

VCMHB Fiscal Year -- December 31, 2015 - November 30, 2016

	Hoopeston	WorkSource	VCJDCContacts	Complex Ser.	Prairie Ctr.	CrossPoint
Male Clients	254	96	145	38	376	1123
Female Clients	531	73	21	23	177	1548
White Clients	625	128	*	33	366	2029
Black Clients	13	36	*	25	169	477
Hispanic Clients	79	3	*	1	14	21
Asian Clients	0	0	*	0	0	9
Other Clients	9	2	*	2	4	183
Reside Danville		132	NA	41	345	1646
Reside N. Co.	785	19	NA	2	64	250
Reside S. Co.		13	NA	13	59	409
Reside W. Co.		5	NA	5	21	151
Reside Other		0	NA	0	64	251
Age Under 6	34	0	0	0	0	101
Age 6-12	128	0	7	11	2	181
Age 13-17	33	0	156	49	150	179
Age 18-35	131	96	3	1	240	976
Age 36-64	176	66		0	159	1092
Age 65+	278	7		0	2	142
#Medicaid/State Grant		102			445	
#Self Pay-SI. Scale		7				8
# Insurance		0				19
VCMH Funded		60	166	61	81	
Total Clients	785	169	166	61	553	2,671
Community Intervention					142	
<u>If Medicaid Billing is Capped:</u>						
Medicaid Cap						
Medicaid Billed						
				Total	695	

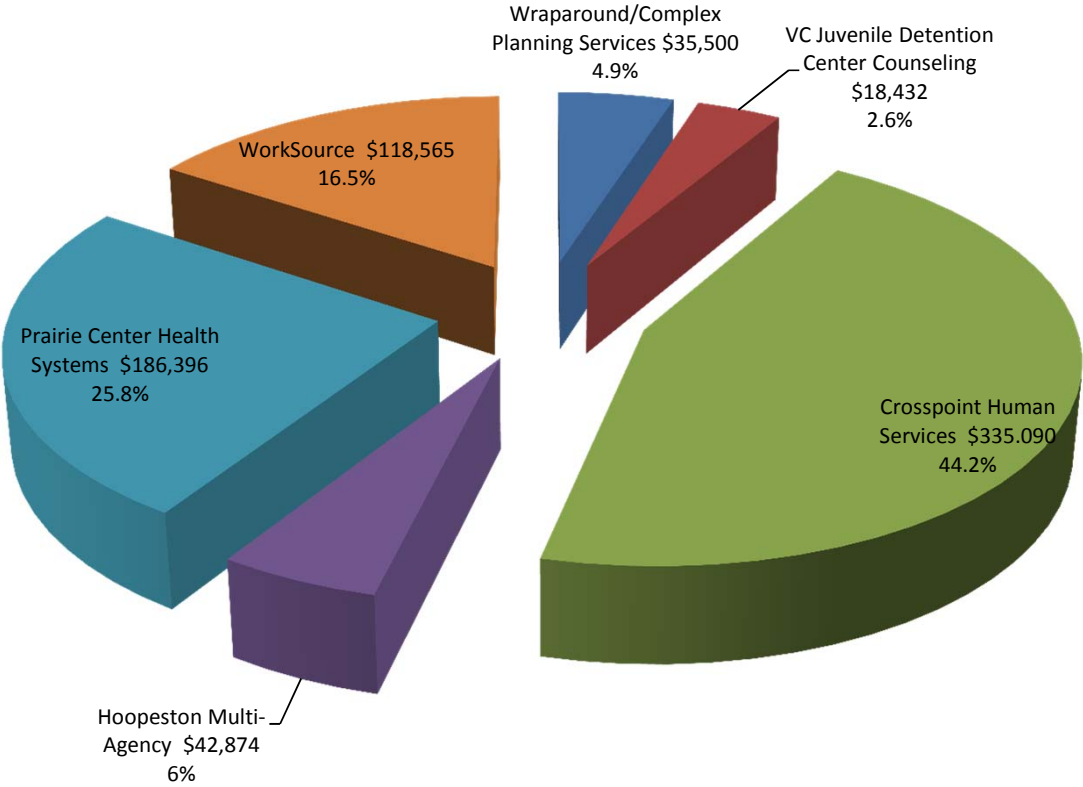
Note: North County is Hoopeston, Rankin, Rossville, Bismarck, Alvin, Henning, Potomac, East Lynn, all N. rural

South County is Tilton, Belgium, Westville, Georgetown, Ridgefarm, Olivet, all south rural

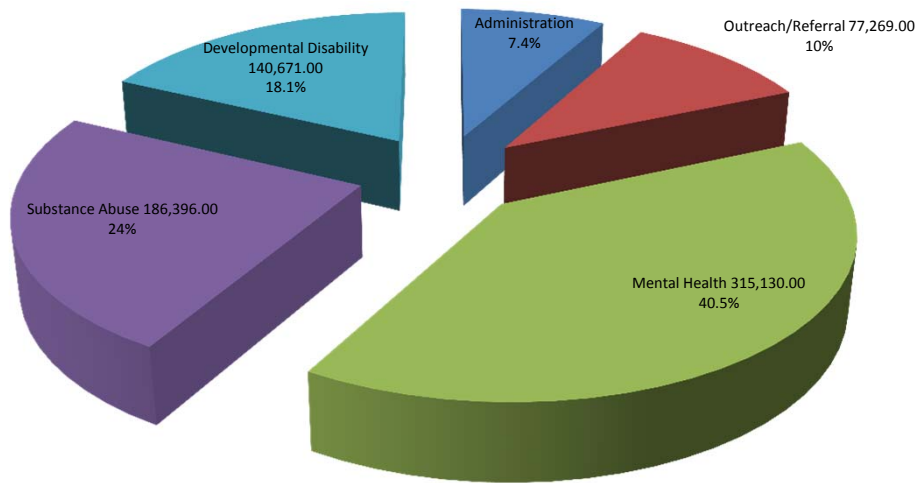
West County is Oakwood, Catlin, Jamaica, Sidell, Fairmount, Muncie, Fithian, all west rural.

The VCJDC Numbers count total contacts, not individual clients.

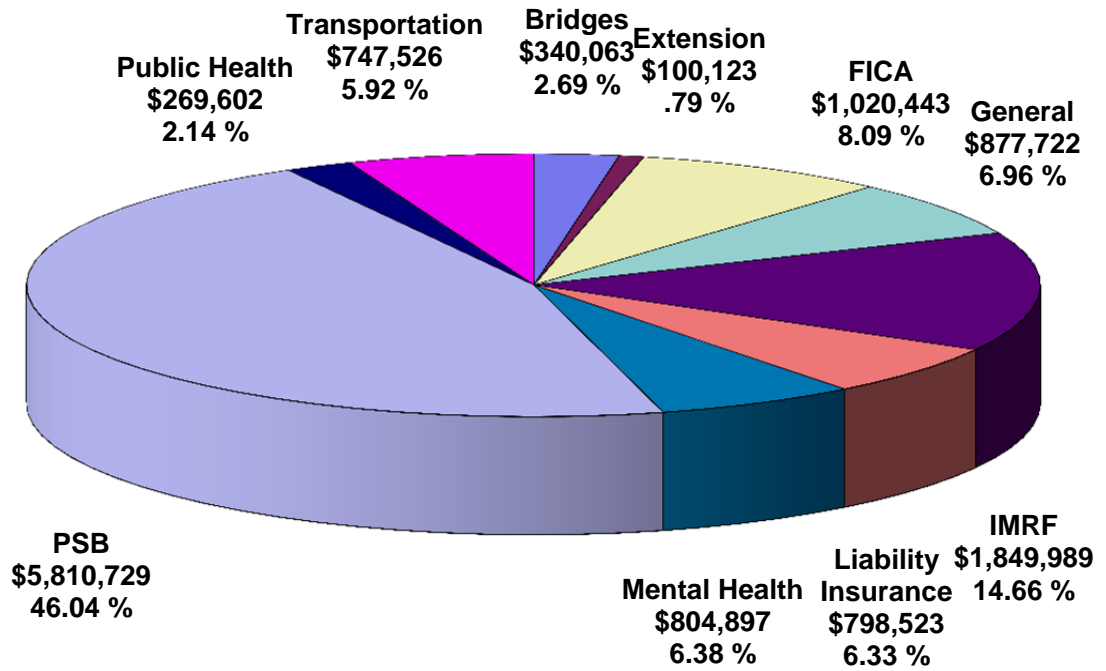
AGENCY ALLOCATION 2016



Vermilion County Mental Health 708 Board Expense Breakdown FY 2016



VERMILION COUNTY'S PORTION OF TAX DOLLAR



CROSSPOINT HUMAN SERVICES

**210 Avenue, Danville IL 61832
217-442-3200**

**Executive Director: Thom Pollock
15 Member Voluntary Board of Directors**

Crosspoint Human Services was formed in 1980 by combining the services of the Vermilion Mental Health and Development Center incorporated in 1955 and the Retarded Children's Center incorporated in 1964.

Crosspoint is a private, not-for-profit Illinois corporation governed by a voluntary board of directors representing Vermilion County with participation of persons served.

Crosspoint's Vision is that all people should have every opportunity to realize their highest possible level for a productive and healthy life in their community. It is Crosspoint's mission to provide quality human services in a competent and reliable fashion to individuals, families, and the community. Services are available to persons of any age, without regard to race, religion, national origin, handicap, or ability to pay. Crosspoint is an equal opportunity employer.

Crosspoint serves persons experiencing emotional, familial, or marital stress, or more severe, acute, or chronic psychiatric disabilities. Other persons served experience developmental delays or mild to profound developmental disabilities. Some experience both mental and developmental disabilities. Each of these three groupings has some individuals who abuse drugs. That behavior exacerbates an already difficult situation in treatment.

Crosspoint services include Care Coordination, Crisis Intervention, Counseling, Therapy, Social and Daily Living Skill Training, Psychotropic Medication/Prescription Administration, Medication Counseling Training, Money Management through Representative Payee Services, Occupational, Physical, and Speech Therapy, Housing, Transportation, Community Education and Consultation, Psycho Social Rehabilitation, Employment Development and Placement, Intensive Behavioral Support Services, Suicide Prevention Coordination, and Specialized Services for Children and Families in Crisis.

Crosspoint is licensed by the Department of Public Health to operate a community living facility, is licensed by the Illinois Department of Human Services to provide Medicaid Mental Health Services, Community Integrated Living Arrangements and Day Training, and is nationally accredited by the Council on Accreditation of Services for Families and Children, Inc.

Crosspoint is funded by the U.S. Department of Housing and Urban Development, Illinois Department of Human Services, Illinois Department of Health and Family Services, Vermilion County Mental Health 708 Board, Danville Area United Way, donations, fees, and private contracts with long term care providers and health insurance companies.

For specific information on programs and services, contact their office, (24 hours a day, 7 days a week) at 217-442-3200, by FAX at 217-442-7460, and by TTD at 217-442-8471 (8:30 a.m. – 5:00 p.m. Monday through Friday). To assure immediate access to treatment Crosspoint encourages walk-ins, no appointment necessary.



CROSSPOINT HUMAN SERVICES

**Programs formerly operated by
YOUR FAMILY RESOURCE CONNECTION**

201 North Hazel St., Danville, IL 61832

217-446-1217

**Executive Director: Thom Pollock
15 Member Voluntary Board of Directors**

Crosspoint Human Services provides a domestic violence shelter and temporary housing, for women and their children who are escaping an abusive home environment. Support services, including assistance with securing an Order of Protection, are available free of charge. Crosspoint is also part of a statewide network of 30 domestic violence agencies committed to the prevention and elimination of violence against women and children.

Crosspoint provides a residential program, transitional housing for women and their children who are homeless. Women work toward individualized goals while in this program and work together with their counselor to obtain permanent housing.

Crosspoint operates a child day care center for children ages birth to five years of age. The center provides education, recreation, balanced nutrition, and socialization for the children.

Crosspoint is funded by the Illinois Coalition Against Domestic Violence, the Illinois Attorney General's Office, Federal Crime Victim Assistance Funds, the Illinois Department of Human Services, the Vermilion County Mental Health 708 Board, the Danville Area United Way, and community contributions.

For specific information on services and programs, contact the office at 217-446-1217 or by FAX at 217-443-6845. The Crisis Hotline is staffed 24 hours a day at 217-443-5566 or 1-888-549-1800.

HOOPESTON MULTI-AGENCY

**206 South First Street, Hoopeston, IL 60942
217-283-5544**

**Executive Director: Dana Schaumburg
Eight Member Voluntary Board of Directors**

The Hoopeston Multi-Agency Service Center provides local access to federal, state, county, and private social service agencies for residents of northern Vermilion County. Access to social service agencies is accomplished through information and referral.

The Multi-Agency also provides office space and other supportive services for various agency representatives, such as counselors and caseworkers, to provide social services in northern Vermilion County. Space is also available to rent for private parties, showers, anniversaries, job fairs, and church functions.

For specific information on programs and services, contact the office directly at 217-283-5544.

The Multi-Agency is funded by the Vermilion County Mental Health 708 Board, United Fund of Grant Township, East Central Illinois Community Action Agency, local donations from businesses and individuals, and by various Foundation grants. The Multi-Agency also hosts fundraising efforts all year for specific programs.

The Multi Agency provides a host site in the northern Vermilion County for the state's Teen Reach program. The program is administered by Project Success of Vermilion County and is currently open to youth in 6th – 8th grades. The program provides year-round tutoring and mentoring for youth at risk, runs five day days a week, and provides life skills, homework assistance, and snacks.

The Multi-Agency also provides transportation for senior citizens and disabled citizens five days a week year round. This is the primary public transportation service in Hoopeston. Another program is the Senior Center that hosts more than ninety-six seniors and fifty-five disabled, all low income. The senior activities include: Women's and Men's coffee days, card game clubs, recreational bus trips, and dances.

The Thrift Shop, open daily from 9:00 A.M. to 3:00 P.M., is a source of revenue and a great place for low-income families to shop. The Healthy Moms/Healthy Kids program provides low-income, single or married moms and dads with a free bag of clothing for every member of the family until

the youngest child turns four years old. The Thrift Shop is available for emergency situations, such as floods, fires, tornadoes, and evictions. It sometimes has furniture to give in emergency situations and shares surplus clothing with the Salvation Army and the V.A. Hospital.

PRAIRIE CENTER

1222 E. Voorhees, Danville, IL 61834

217-477-4500

Gail Raney, Chief Executive Officer

15 Member Voluntary Board

For nearly 50 years, Prairie Center has been providing comprehensive prevention, intervention, and treatment services for those impacted by alcoholism and drug addictions. Our work focuses on healing not only the individuals dealing with addiction, but the families and communities across East Central Illinois they are a part of as well.

Substance abuse is a leading public health issue impacting tens of thousands of people and their families in the region. In addition to the deep toll that addiction has on personal lives – including on relationships, jobs, and health – families are also impacted when someone close to them has a dependency issue. Substance abuse also has a profound and substantially negative impact on law enforcement, jails and courts, health care, and educational systems.

Prairie Center offers a full array of treatment services including assessment, outpatient, intensive outpatient, residential, and aftercare services. Additionally, we provide DUI assessment and risk education programs. Specialized correctional services, intensive case management services, toxicology testing, a youth outpatient program, and comprehensive prevention and education programming are also offered.

Our services are confidential and our trained team of professionals helps each client develop a unique and personalized plan to treat all aspects of the disease and circumstance. And while Prairie Center does accept insurance and Medicaid, we do not turn people away for a lack of coverage or funds. If you want help, our doors are open for you regardless of circumstances.

Prairie Center, which has offices in Champaign, Urbana, and Danville, is funded by the Illinois Department of Human Services, the Illinois Department of Children & Family Services, the Vermilion County Mental Health 708 Board, United Way of Danville, United Way of Champaign County, federal grant funding, private and public contracts, client fees, insurance reimbursements, and private contributions.

If you or someone you know or love has a substance abuse problem, please know you are not alone. Each year we touch over 20,000 lives impacted by this disease. If you or someone close to you needs help, contact our Danville office at 217-477-4500 or contact@prairie-center.org. Please note that not all services and programs we offer are available at all of our locations.

WORKSOURCE ENTERPRISES

**3713 North Vermillion, Danville, IL 61832
217-446-1146**

**President and CEO: Frank L. Brunacci
11 Member Voluntary Board of Directors**

WorkSource Enterprises offers a Developmental Day Program along with a Home-Based Services Program. WorkSource's Vocational Program is comprised of employment preparation and community job placement. All programs have been developed for persons with disabilities in Vermilion County, since 1971.

WorkSource's Consumers participating in our Developmental Day Program have as part of their ISP a small work component , if they choose, where they can earn wages based on either the current hourly minimum wage, day rate wage, or piece rate wage based on a commensurate wage rate. The commensurate rate is the amount earned based on the number of pieces completed and compared to the industrial norm of 100%.

Our Vocational Program/Employment Placement Programs are available at WorkSource's main location and at several scattered sites throughout Vermilion County. WorkSource has janitorial locations throughout Vermilion County that include the Salt Kettle Rest Area and other various janitorial and production locations throughout the community. WorkSource helps and place 19-22 persons with disabilities, working competitively, each year.

WorkSource Enterprises has been accredited by The Commission on Accreditation of Rehabilitation Facilities and Currently the Illinois Department of Human Services in the following program areas:

- **Adult Day Training**
- **Employment Services Coordination**
- **Employment Transition**
- **Comprehensive Vocational Evaluation**
- **Employee Development**
- **Organizational Employment**
- **Job Support and Job Site Training**
- **Community Job Placement**

In addition to the Vermilion County Mental Health Board 708 grant dollars, WorkSource receives revenues from various other state and local funding and charitable sources. For specific information on programs and services, please contact Todd Seabaugh at 217-446-1146, Ext. 23 or Crystal Meece regarding subcontract work at (217) 446-1146, Ext. 14.

VERMILION COUNTY COMPLEX SERVICE PLANNING PROCESS

(This process is undergoing revision that is not yet complete at the time of this printing.)

Danville, Illinois 61832

Vermilion County families have access to a new process designed to help when families are struggling with children with intensive emotional or behavioral issues. The Vermilion County Complex Service Planning (CSP) process was developed and supported by the Vermilion County Mental Health 708 Board and is designed to help families coordinate services when traditional siloed services are not meeting the need of their families. Many of the children involved in this planning process have either been referred to the juvenile justice system, the child welfare system, have been frequently hospitalized, are being considered for residential placement, or are in the process of “stepping down” from residential treatment and need a very intensive, coordinated service plan to insure that all local and community resources are available to the child and family.

Just as in the traditional Wraparound Process, the CSP process is based on System of Care principles and values, including:

- Interagency collaboration
- Child and family partnership
- Individual strength-based care
- Community based services and supports
- Cultural competence
- Accountability to results

The process begins with a referral from either the family itself or from a community service provider. The CSP Coordinator will schedule an appointment with the parents (and child, if appropriate) to discuss current services; identify additional resources the family wants to include in the planning process; and to complete intake paperwork and sign releases.

The CSP Coordinator will help the family complete either the Child and Adolescent Needs and Strengths (CANS) assessment or the Family Advocacy and Support Tool (FAST) assessment, which is a version of the CANS. Both of these assessments are communication tools designed to help the family “tell their story.” The results of the assessments help to identify the issues the family feels are “high need” and to help identify the strengths of their child and family – all information critical in developing a coordinated plan of services.

Next, a meeting date is set and invitations are sent out to current and/or potential service providers. At the first meeting, family members and service providers are asked to summarize what services have been provided in the past, discuss any roadblocks that may have prevented success, and develop a coordinated plan of interventions – many times involving multiple agencies and additional service providers.

At the close of each meeting, a summary of the new coordinated plan, or a list of the tasks that will need to be accomplished in order to complete the new service plan, is reviewed and given to each participant with their specific assignments. The date, time, and place for the next meeting are set. The coordinating meetings continue as the new plan for service evolves and is carried out. The team usually meets more frequently in the beginning of the process and less frequently as the plan progresses. The plan is reviewed at each meeting and modified as needed. The family remains in control at all times – with the family making the decision to end the process once they feel that services are “working” for them and the issues are being addressed.

To make a referral or for more information, please call the Complex Service Planning Coordinator at

VERMILION COUNTY JUVENILE DETENTION CENTER COUNSELING

**Kleppin & Associates
101 W. North St.
Danville, Illinois 61832
217-721-2686 or MKleppin92101@yahoo.com**

Juveniles who are detained in the Juvenile Detention Center have had access to a service designed to assist the juveniles' adjustment to the facility's expectations, monitor and address mood and behavior, assist staff in assessment of risk of harm, and assist youth to be more successful when they leave VCJDC.

The goals of the program include stabilizing the youth, reducing the risk of self-harm or harm to others, and strengthening willingness and skills to decrease illegal, inappropriate, harmful behaviors after release.

The Vermilion County Mental Health 708 Board provides funding for an associate therapist, contracted and supervised through Kleppin & Associates, to provide counseling for juveniles whose mental health needs are not otherwise met at the Detention Center.

The therapist meets regularly with VCJDC staff and other providers to identify recipients for this service. Staff at the VCJDC are also able to provide her with updates for those who have longer stays at the facility.

**VERMILION COUNTY MENTAL HEALTH 708 BOARD
2017-2019 PLANNING YEARS**

THREE YEAR GOALS:

- GOAL 1:** Continue to examine the impact of the Affordable Care Act and Illinois Medicaid expansion as related to changes on populations served by local funding.
- GOAL 2:** Promote knowledge regarding when and where to refer for services and treatment for mental health, developmental disabilities, and substance abuse disorders to increase access and combat stigma within Vermilion County.
- GOAL 3:** Assist, where possible, in working out the “bugs” between children’s behavioral health services and the CHOICES Care Coordination and System of Care Pilot Project.
- GOAL 4:** Work in cooperation with providers of services for adults and children with substance abuse issues in identifying opportunities and obstacles in the changing treatment world.
- GOAL 5:** Offer assistance to school districts in developing mental health in schools and in applying for federal funding for violence prevention and school safety.
- GOAL 6:** Continue cooperation with efforts in providing Mental Health First Aid training throughout the county.
- GOAL 7:** Continue to promote collaborative efforts by community providers to produce better coordinated systems of care and to integrate behavioral health with primary care and Medical Homes, especially in light of the Transformation Plan proposed by the State of Illinois.
- GOAL 8:** Continue work with local agencies and systems to improve transition services for persons moving from childhood to adult services or from acute or residential care to the home/community.
- GOAL 9:** Continue effort to educate the county board and the general public regarding the need for expanded behavioral health services and the impact of lack of treatment toward other high costs systems such as jails and hospitals.
- GOAL 10:** Continue work with the local VA Illiana Health Care System to assist returning veterans who are experiencing behavioral health issues by sharing information about community programs and partnering to engage families of veterans.

ONE YEAR OBJECTIVES (2017-2019)

ONE YEAR OBJECTIVE (YEAR 2017)

- Objective 1:** Review funding priorities during the allocation process with an emphasis on the non-Medicaid population and others whose services have been limited or diminished by state funding cuts or changes.
- Objective 2:** Continue work with District 118 on a concerted school mental health initiative and offer assistance to other school districts within the county on program planning and applying for federal funding.
- Objective 3:** Further develop partnerships with behavioral health provider agencies, medical providers, and the criminal justice system to develop needed services that will also reduce other high county costs, and look for sources of funding in addition to the state.
- Objective 4:** Continue to update the Vermilion County Health and Education Committee and the full county board in an effort to maintain awareness of the critical need for a healthy human service infrastructure.
- Objective 5:** Work with community mental health agencies in developing more services in responding to the juvenile court needs for assessment and treatment.
- Objective 6:** Work with local mental health and substance abuse agencies, in light of anticipated changes, in developing a treatment program for people with both mental health and substance abuse issues.
- Objective 7:** Continue to partner with VA Illiana Health Care System to share community services information and provide local community stakeholders with specific contact information for inquiring about VA services.
- Objective 8:** Continue to work on improving relationships and cooperation among service providers, other government departments, and this office in a concerted effort to meet the needs of the county.

Vermilion County Mental Health 708 Board Needs Assessment 2016

- I. Introduction**
- II. Prevalence and Service Utilization**
- III. Consumers' Needs Survey**
- IV. Providers' Needs Gaps Assessment**
- V. Vermilion County I-PLAN/"I Sing the Body Electric"**
- VI. Historical Local Funding and Service Patterns**

Perspective on the Vermilion County Mental Health Board Needs Assessment

By Executive Director Jim Russell, MS, LCPC – November 2016

This needs assessment is being published with the disclaimer that it likely does not present an accurate picture of the real need or provision of services to the clients and/or consumers for which the Vermilion County Mental Health Board allocates county tax dollars. Local funding accounts for only a small portion of the service provision, as state and federal dollars are distributed to local agencies for the same populations. There continues to be a lack of coordination of planning, allocation, and information between the state and local levels, and even between some of the state agencies. Due to the fractured nature of funding services in Illinois and the current political climate, it is next to impossible to determine how much of an impact local funding plays in the big picture since state funding is based on historical allocations rather than need.

What can be said for certain is that Vermilion County has a high poverty and unemployment rate that lends itself to higher rates of mental illness. Those who are poor are often subjected to physical and sexual abuse, psychological trauma, fear and danger, unhealthy lifestyles and neighborhoods, and the personal consequences of high risk behaviors. Those who are unemployed often resort to substance abuse and sometimes violence due to anger, desperation, and boredom. Mental illness and substance abuse can blind people to seeing opportunities and potential services which can help them make a better life for themselves and their families. In Vermilion County, this blindness appears generational and makes a needs assessment far from accurate in depicting the real challenges of the community as far as providing services.

It is also widely known that women are more likely than are men to be poor (16% vs. 13% in the United States), and it is estimated that approximately half of all poor women may have one or more mental illnesses. Vermilion County has a high incidence of young, poor, single mothers with children who will repeat the cycle, unless the cycle is broken.

The facts of the relationship between mental illness, substance abuse, and poverty are made clear through the input of this needs assessment. Participants are clearly asking for anger management and substance abuse services, as those issues are creating legal and financial complexities. They are expressing signs of being socially isolated and asking for social support groups and direction on how and where to access help. Poverty is a real consideration in making determinations about limited resource allocations, and the true need can never be assessed. When looking at the work through a lens of cause and effect, it is important to understand that it often takes more than money to solve the problem and that no amount of resources will defeat the cycle. It will take leadership, collaboration, and innovation.

It was hoped that the Affordable Care Act and Medicaid expansion would both be able to address these problems. That hope has not yet been realized, as financial and coverage questions still impact those programs. Continuing to sort through that and making decisions about allocations of local resources is a challenge that looks like it will remain for some time. But, it is a challenge that we will seek to face together.

Section I

INTRODUCTION

INTRODUCTION

The Vermilion County Mental Health 708 Board has been proudly serving the residents of Vermilion County for over forty years. Pursuant to the Illinois Community Mental Health Act, the citizens of Vermilion County opted to provide locally funded services for mental health, developmental disabilities, and substance use disorders over and above services from the State of Illinois. While the state funding was never adequate to meet the needs, that funding has diminished greatly over the past few years.

The Community Mental Health Act (405 ILCS 20/) mandates that local mental health authorities not only administer local funds to ensure service provisions to its residents but are also responsible for planning and coordination of services within the local behavioral health system. This is accomplished by participating with local networks and collaborations of agencies, advocates, and stakeholders who have impact on the delivery of local services.

The Community Mental Health Act also requires the development of a One and Three-Year Plan to be published as a result of a needs assessment. Historically, state agencies have not interfaced well with community mental health authorities and have not requested input through a local assessment. There has been little attention to utilizing local data to determine state funding, and the state allocations are most often based on historical funding and political pull. It remains to be seen if the method of Illinois funding will relate to community demographics and data based on the needs assessments in the future due to new mandates with Medicaid Reform and Budgeting for Outcomes.

The last Needs Assessment was published in September of 2013. This assessment is being done in preparation for the next Three-Year Plan.

PURPOSE OF NEEDS ASSESSMENT:

The primary goal of the Needs Assessment study is to present the current state of behavioral healthcare needs in Vermilion County which might guide recommendations toward system improvement and funding priorities. The objectives of the assessment are:

- 1.) To ascertain the prevalence of mental health, substance abuse, and developmental disabilities within Vermilion County.
- 2.) To examine consumer characteristics and utilization patterns within the service delivery system.
- 3.) To discover the perception from a wide range of sources as to the size and nature of the service needs as well as the availability and accessibility of existing programs within the county.
- 4.) To define current community demographics and environmental trends that may be contributing to capacity, access, and system issues.

METHODOLOGY:

Two surveys that were used in the last Needs Assessment were used again in this effort. Built into the surveys were opportunities to express suggestions for improvement and expanded service needs. The overall tone of the surveys was geared toward encouraging participation in system building and taking responsibility for personal health. One assessment tool was offered

in a paper/pencil format and distributed to service providers and other interested community partners, and another was distributed by cooperating agencies to consumers.

Other sources of information were:

- 1.) Extrapolation of local data from state and national prevalence sources
- 2.) Estimates from federal publications about the impact of the implementation of the Affordable Care Act on behavioral healthcare delivery
- 3.) Vermilion County adolescent data from the 2014 ISBE survey, I Sing the Body Electric, a project sponsored by Presence United Samaritans Medical Center Foundation

It needs to be noted that mental health, substance abuse, and developmental disability in any community are largely funded by state and federal sources, and local funding often is used only for filling the service gaps where other funding cannot be used due to federal/state regulations or for populations and levels of disabilities outside of federal/state targets. There is little sharing of information with federal and state purposes, and often data is not available at those levels. Equally lacking are any data pertaining to outcomes or benefits of services. With ongoing Illinois Medicaid reform and the advent of the Affordable Care Act, there is hope for better data collection and sharing and more accountability for outcomes, but that hope is not yet realized.

Systemic planning for services and allocations of funding is especially difficult when the array of services is directed and funded by multiple sources. Often, local funds are the only flexible source agencies have in filling critical gaps and making ends meet for underfunded state services. Because state and federal funding is a moving target and not reliable, what makes sense to fund one year may not make sense the next, and a board's best consultants are the directors of the agencies providing the services. While the information and data presented in this community assessment help to paint a picture of current needs and issues, it needs to be kept in mind that local funds are limited as far as influencing adequate systemic coverage and that making allocation decisions based on the data cannot be scientific. Further, each disability area has enormous needs, and participants in each system are passionate about advocating for their piece of the tax levy.

The demographics for Vermilion County as of the 2015 U. S. Census estimates are as follows:

- Vermilion County has a population of 79,282
- City of Danville (largest city) population is 32,483
- Vermilion County's youth population is 24.0%
- 19% of Vermilion County's residents live below the poverty line.
- Vermilion County's unemployment rate is 7.5% (Bureau of Labor Statistics Apr. '16).
- 83.1% of Vermilion County's residents are Caucasian
- 13.5% of Vermilion County's resident are African American
- 4.4% of Vermilion County's residents are Hispanic, Asian, or Native American
- The median household income in Vermilion County is \$42,548.

All prevalence extrapolations in this report will be based on these demographics.

Section II

PREVALENCE AND SERVICE UTILIZATION

PREVALENCE AND SERVICE UTILIZATION

Mental Illness: Several studies with well accepted methodologies ranging from the Epidemiological Catchment Area studies in the 80s to the NIMH 2012 estimates have found that about one in five adults is affected by a mental illness at some point in his or her life. The cause of psychiatric illnesses can be a complex combination of biological, psychological, and social problems. However, research over the years has shed increasing light on the biological causes, revealing that a majority of mental illnesses are brain disorders with a biochemical basis that can often be very effectively treated with medication. In addition to a variety of different therapies, breakthrough medications continue to be developed that assist recovery with new hope for individuals previously unresponsive to treatment.

Mental health programs and services provided by the state serve children and adults across the lifespan who have or are at risk for having a behavioral health disorder. With limited resources and a responsibility to provide a safety net for those most in need, IDMH (Illinois Division of Mental Health) prioritizes services and supports for adults with serious mental illnesses and children with serious emotional disorders and their families, especially those without the resources to secure treatment and support independently.

The term “serious mental illness” is used to describe the unique needs of individuals who are age 18 and older who have been diagnosed with a mental illness resulting in impairment of emotional or behavioral functioning that interferes with their ability to live in the community without supportive treatment. Using the federal definition and methodology for determining the prevalence rate of serious mental illness, it is estimated that more than 526,000 adults in Illinois – 5.4 percent of the adult population – had a serious mental illness in 2012. Of the 100,377 adults who received DMH funded community-based services, approximately 95 percent were diagnosed with a serious mental illness. Thus, it is estimated that DMH provided funding for services to approximately 20 percent of Illinois adults with a serious mental illness. As stated above, however, other agencies and private practitioners also provide funding for and services to individuals with serious mental illness.

The term “serious emotional disorder” is used to describe the unique needs of children and adolescents under age 18 who have, in the past year, been diagnosed with a mental, emotional, or behavioral disorder resulting in functional impairment that substantially interferes with or limits the child’s role of functioning in family, school, or community activities. Using the federal definition and methodology for determining the prevalence rate of serious emotional disorder, it is estimated that nearly 175,000 children and adolescents in Illinois – 7 percent of the population under 18 – had a serious emotional disorder in 2012. DMH supported community-based services for 35,670 children and their families, approximately 20 percent of those diagnosed with a serious emotional disorder. In addition to individuals served in the community, 8,393 adults were admitted to DMH state hospitals in FY 2012. Nearly all were diagnosed with serious mental illness, and many also received community mental health services purchased by DMH.

The recent Surgeon General's Report indicates that only 50 percent of those experiencing a severe psychiatric disorder will actively seek and receive professional help. Children who have a Serious Emotional Disorder are at especially high risk for not receiving mental health treatment. The Surgeon General's Report estimates that only 30 percent of these children will receive mental health treatment services they need. In response, the President's Commission on Mental Health 2003 urged improved mental health screening, assessment, and referrals. The State of Illinois Children's Mental Health Act and the Children's Mental Health Act of 2003 require screening, assessment, and treatment of children in crisis which are being achieved through the SASS (Screening, Assessment, and Support Services) Program.

The following tables depict the number of clients currently served and those who can be expected to be served by the public mental health system. By reviewing this information, a determination can be made as to what degree of service now being provided is meeting the needs of county residents.

Table 1: PREVALENCE MENTALLY ILL ADULTS 2015

	Vermilion County 2015
Total Population	79,282
Number of adults	60,254
Prevalence Rate 21%	12,653
Estimated Number Served	Crosspoint – 2,713 Center for Children's Services – 188

Estimated from 2015 U.S. Census and VCMHB Annual Report

Table 2: PREVALENCE EMOTIONALLY DISTURBED YOUTH 2015

	Vermilion County 2015
Total Population	79,282
Number of Youth	19,028
Prevalence Rate 21%	3996
Estimated Number Served	Crosspoint – 177 Center for Children's Services – 1176

Estimated from 2015 U.S. Census and VCMHB Annual Report

Developmental Disabilities: The term developmental disabilities is used in many ways with varying meanings. Disabilities may be of many types – physical, emotional, sensory, cognitive

challenges, or problems with learning ability. One common concept is that developmental disabilities are conditions that interfere with normal development.

The most common conditions usually classified as developmental disabilities include mental retardation, autism, cerebral palsy, epilepsy, and other neurological conditions. Developmental disabilities are also seen as having an effect on an individual's functional abilities, often creating a need for services to assist in performing daily living skills.

The federal definition of developmental disabilities is important as the basis for many governmental programs. PL 95-602 originally passed in 1970 and later amended as the Developmental Disabilities Assistance and Bill of Rights Act, defines a development disability as "severe, chronic disability of a person that

- (a) Is attributable to a mental or physical impairment or combination of mental and physical impairments
- (b) Is manifested before the person attains age 22
- (c) Is likely to continue indefinitely
- (d) Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency, and
- (e) Reflects the person's need for a combination and sequence of special interdisciplinary or generic care treatment or other services which are lifelong or extended duration and are individually planned and coordinated."

Developmental Disability, as defined in the Illinois Mental Health Code, means a "disability which is attributable to (a) an intellectual disability, cerebral palsy, epilepsy or autism; (b) any other condition which results in impairment similar to that caused in intellectually disabled persons. Such disability must originate before the age of 18 years, be expected to continue indefinitely, and constitute a substantial handicap." A "substantial handicap" is defined as a physical and/or mental disability of such severity that, alone or in connection with social, legal, or economic constraints, specialized services are required over an extended period of time directed toward in individual's social, personal, physical, or economic habilitation or rehabilitation.

For the first time in history, due to medical advances and better treatment, people with developmental disabilities such as Down Syndrome are living normal life spans. The average life span of an individual with Down Syndrome has increased from nine years in the 1920s to 65 years or greater. And the rapid increase in the number of children with autism foreshadows a time when these children will grow into adulthood and require adult oriented services.

With these phenomena, however, has come uncharted territory for service providers, caregivers, and the wide community to understand and address the unique issues the developmentally disabled face as they age. In addition to medical care and employment, persons with developmental disabilities have unique needs for housing and residential options as well as for supportive services such as personal assistants. Housing with the required supports and assistance forms the basis of stability for the lives of these persons.

As persons with developmental disabilities grow into adulthood, they seek opportunities to be as independent as possible. While many of these persons continue to live with their families, an increasing number are seeking more independent living arrangements. As they age, persons with developmental disabilities who have continued to live with their parents are often outliving their parents who have historically functioned as their primary caregivers.

Both of these developments have led to a need for residential and other options geared to persons with developmental disabilities as they move from young adulthood through their middle and senior years.

Just as communities are providing ongoing services to developmentally disabled children and developmentally disabled adults through in-school programming, day programming, workshops, and the like, the need for residential and other supports will grow more acute with the graying of the disabled population.

- Table 3 presents the prevalence and demand rates and numbers served by our system in 2015 and projections for 2015 adults and children having a developmental disability. The Illinois Governor's Council on Developmental Disabilities identified the prevalence rate of developmental disabilities at 1.7 per 100 population, while the ARC Advocacy Agency cites an estimate of 1.6 percent of the population

**Table 3: PREVALENCE ADULTS AND CHILDREN WITH A DEVELOPMENTAL DISABILITY
2015**

	Vermilion County 2012
Total Population	79,282
Number of Youth and Adults*	79,282
Prevalence Rate 1.7 %	1,356
Prevalence rates w/autism 1.6%	1269
Estimated Number Served	WorkSource – 161 Adults Crosspoint – 108 Adults Crosspoint – 92 Children in Early Intervention

*Excludes children age 3-12, who are served by the schools
Estimated from 2015 U.S. Census and VCMHB Annual Report

For children 0-3 these estimates are likely conservative in that prevalence rates for children under age 6, which may include “delays” v. disabilities, can be estimated as high as 3.89% (Department of Human Services). With the growth of diagnoses of autism, the percentage of prevalence for children may be as high as 16%. It must be noted that the majority of children in the county ages 0-3 with a developmental disability are served by Child and Family Connections, which is a solely state funded service and not represented in these numbers.

Substance Abuse Disorders:

Treatment of substance abuse disorders must be founded upon the belief that human suffering and social and economic loss caused by the illness of alcoholism, addiction to controlled substances and the abuse and misuse of alcohol and other drugs are matters of grave concern to the people of the county. It is imperative that community based organizations have resources to be able to empower individuals and communities through local prevention efforts and to provide intervention, treatment, rehabilitation and other services to those who misuse alcohol or other drugs (and, when appropriate, the families of those persons) to lead healthy and drug-free lives and become productive citizens in the community.

Estimates of the impairment rate of chemical dependency among youth are often higher than those for adults; however, 10 percent is the commonly accepted prevalence rate and so is used for this report. Table 4 estimates and projects prevalence of abuse of alcohol and drugs among our county's adult population and Table 5 estimates and projects prevalence of abuse of drugs and alcohol among our county's youth population. Concern over increased chemical dependency among teens is heightened by the observation that early involvement and/or use of alcohol or other drugs is a high predictor of negative/addictive use of chemicals in later life. Alcohol, particularly, is often considered the "gateway" to abuse of other chemicals for many adolescents.

Table 4: PREVALENCE CHEMICALLY DEPENDENT ADULTS 2015

	Vermilion County 2015
Total Population	79,282
Number of Adults	60,254
Prevalence Rate 10%	6,025
Estimated Number Served	416 (Prairie Center only)

Estimated from U.S. Census and MHB Annual Report

(Several other local agencies have Illinois Department of Alcohol and Substance Abuse – DASA Contracts)

Table 5: PREVALENCE CHEMICALLY DEPENDENT YOUTH 2015

	Vermilion County 2015
Total Population	79,782
Number of Youth	19,028
Prevalence Rate 10%	1,903
Estimated Number Served	119 (Prairie Center only)

Estimated from U.S. Census and MHB Annual Report

(Several other local agencies have Illinois Department of Alcohol and Substance Abuse – DASA Contracts)

Section III

CONSUMERS' NEEDS SURVEY

Consumers' Needs Surveys

Surveys for this Needs Assessment were distributed in a variety of ways. Some were sent to provider agencies and partners by e-mail with a request to ask consumers of services to fill them out. Copies were also hand delivered to several locations, with the same request. The response to the survey has been minimal. Even though they were assured of anonymity, respondents were hesitant to participate. Some mentioned a concern that somehow the information they provided could be used against them in some way. Others expected some type of reward, prize or gift for participating. As a result, there were only **57** responses returned. Even though there was a small number, the responses were in many ways similar to one another and similar to the survey responses in 2013. Some participants did not answer every question.

Demographics

Overall, a total of **57** surveys were collected through focus groups. The majority, 55-60%, of the people surveyed were from Danville proper. This percentage was a slight change from the last assessment, when 80 to 90% of the respondents were from Danville. Each section of the county was represented, even though not with large numbers.

Race

The race demographic of participants was largely Caucasian – 70%. The demographic for race in Danville proper is Caucasian 62.5%; Black or African American 30.2%; Latin or Hispanic 6.5% as compared to Vermilion County, which is Caucasian 82.7%; Black or African American 13.7%; Latin or Hispanic 4.8% (US Census Bureau 2015).

Age

The age of participants was all adults, mostly between 18 and 65. There were no natural settings to interview groups of parents of children.

Gender/Education

The gender of the participants across the three focus groups was 64% female and the largest single group for educational level 12th grade or GED.

Payment for Services

Payment for services among participants was 60% Medicaid; 14% Medicare; 22% private insurance; 2% were self-pay; and 8% reported not being charged for services.

Mental Health Beliefs

Beliefs about behavioral health issues and services were measured using the following statements:

1. Treatment can help people with mental illness to lead normal lives: 88% either strongly agreed or agreed.
2. Mental illness is a sign of personal weakness: 10% either strongly agreed or agreed. 70% disagreed, a big change since the last survey.

3. Mental illness can be caused by biological imbalances: 67% either strongly agreed or disagreed.
4. Children's mental health is essential to health, academic success, and well-being: 85% either strongly agreed or agreed.
5. Mental illness can be caused by environmental factors: 72.5% either strongly agreed or agreed.
6. Substance Use Disorder is a disease that should be treated like other medical conditions: 41% either strongly agreed or agreed; 38% either strongly disagreed or disagreed; and 21% did not know. This also showed a big change from the last survey, with the first group decreasing by a large margin.
7. People with developmental disabilities can lead self-directed, successful lives: 80% either strongly agreed or agreed.
8. People with developmental disabilities can function as members of their communities and families: 81% either strongly agreed or agreed.
9. Alcoholism is a disease which should be treated like other medical conditions: 53% either strongly agreed or agreed; 31% either strongly disagreed or agreed; and 16% did not know. This answer also revealed a decrease with the first group.

Self Help/Support Groups Utilized

Out of the participants, the following self-help groups were utilized:

- Al-Anon
- Alcoholics Anonymous
- Alzheimer's
- Autism Network
- Church
- Depression and Bipolar
- Down Syndrome
- Narcotics Anonymous
- National Alliance for Mental Illness

Suggestions for Other Support Groups

- Anger management for bipolar children
- Autism Spectrum support groups/social groups
- Families of sex offender support group
- Groups for adults with developmental disabilities
- Health services system
- Jobs for those with disabilities
- Parental groups with "mental retardation" discussion
- Promise House
- PTSD Therapy Group
- SIDS support group
- Special Olympics events

Services Needed in Danville Area Households

The 71 the participants suggested the following commonly needed services in Vermilion County:

- Anger management counseling
- Autism spectrum related services
- Behavioral health services for children
- Bereavement services or help coping with death

- Community education about mental health
- Community education about substance abuse
- Counseling and support services for senior citizens
- Counseling for adults with emotional problems
- Counseling for families and children in crisis
- Domestic violence services
- Eating disorders treatment
- Mental health emergency/crisis assistance
- Mental health services for children with emotional problems
- Mental health services for veterans and military families
- Peer groups for people with a disability
- Person with developmental disability employment and training
- Person with developmental disability housing and independent living
- Prevention services
- Respite services for adults
- Respite services for children
- Sex offender treatment
- Sexual assault victim support
- Substance use (alcohol, drugs) treatment for adults
- Substance use (alcohol, drugs) treatment for youth
- Support for coping with daily living
- Support for families coping with a mentally ill family member

Benefits of/Impediments to Service

Among the 71 participants, the following impediments to services were noted:

- Cost of treatment
- Lack of funds for co-pay
- Didn't know where to go for services
- Transportation to get to services
- It is too difficult to determine which agency to go to
- The wait for help is too long
- Others might have a negative view of me using mental health services
- Lack of insurance to help pay for cost of treatment
- Services did not help

And the following benefits of services:

- Deal more effectively with daily problems
- Better able to deal with stress and crisis
- Doing better in social situations
- Feeling better about problem or situation
- Better able to deal with crisis and stress
- Doing better in social situation and dealing with others

Feeling better about problem or situation
 Better able to control our lives
 Getting along better with family
 Doing better in school/work

Satisfaction and Coordination

- Reasons for not being satisfied with services and results
 - Respect needed from staff
 - Not seeing their family
 - Would like more information available
 - Would like more tolerant attitude, “less critical, kind and approving”
 - Can’t afford medications without medical card or insurance
 - Lack of transportation to additional support groups in Champaign

- Were services coordinated between more than one provider
 - Yes: Average 41%
 - No: Average 29.5%
 - N/A: Average 20%

- Were services coordinated with medical doctor
 - Yes: Average 46.5%
 - No: Average 14.5%
 - N/A: Average 36

Important Considerations:

- Since all of the participants in these focus groups are already engaged in services, little information can be obtained from these responses regarding access issues, waiting time for services, or lack of being able to access services due to no source of funds.
- It is also important to note that in all groups, the majority of all participants live in Danville proper which is disproportionate to the ratio of Danville to outside Danville population ratio.
- Anger management issues seemed to be a dominate request for both treatment and support groups as were services for domestic violence. This corresponds to arrest data in recent years for Vermilion County being largely domestic violence offenses for both adults and children.
- Lack of support and education groups for parents of children with emotional or other behavioral disorders was noted often in needs responses and also was obvious when the student nurses could not locate a gathering of parents to hold a focus group with.

WEB BASED NEEDS SURVEY:

In the last Needs Assessment, done in 2013, a web based survey was used. However, the response to that effort was minimal. A decision was made this year to not use that method.

Section IV

SERVICE PROVIDERS' NEEDS/GAPS ASSESSMENT

PROVIDERS' NEEDS/GAPS ASSESSMENT

SUMMER OF 2016 VERMILION COUNTY PROVIDERS' GAP/NEEDS ANALYSIS

A survey for service providers throughout Vermilion County was shared this year. Responses came from a total of fifty-two professionals representing ten different agencies/organizations. In an environment of higher workloads, more paperwork, and anxiety about job security because of the state budget issues, it is easy to understand why some did not take the time to participate. Results of identified needs, not in any particular order, follow:

EARLY CHILDHOOD: Early Childhood mental health services.
Pre-natal mental health counseling – pre-natal anti-smoking programs.
Early childhood screening for social and emotional issues.
Better community services referral pathways for primary care.
Social interaction and support groups for new moms/teen moms.
Affordable childcare.
Early intervention for children with developmental disabilities.

MIDDLE CHILDHOOD: Conflict Resolution and/or Peer Mediation programs in schools.
Homeless programs for teens and fathers with children.
Autism services and parent support.
Better community services referrals for primary care.
Support groups for children of addicted parents.
More screening for emotional disorders in schools and primary care.
Respite programs for parents of children with emotional/development disabilities.
More suicide and self-harm prevention programs.
More multiple agency service planning.
Local residential programs for children with mental illness and/or developmental disabilities.
Parent empowerment and support groups.
Behavioral skills training in home and community settings.
More access to psychiatric care.
More affordable youth activities.
More access to dental care.

ADOLESCENT/TEENS: (Same as most of above.)
AlaTeen groups.
More teen substance abuse treatment.
More services for teens in the criminal justice system.
More services for teen parents.
Support groups for teens living in chaotic and/or addicted homes.
More paying or “rewarded” work experiences; more job training.
Mental Health & Substance Abuse Residential treatment facilities.

SOME TRENDS:

The respondents were asked to identify the top five problems in the county. A list of choices was provided. The top issue, by a large margin, was substance abuse. Second to that was inability to meet basic needs. The third problem identified was a lack of residential treatment programs for both mental health and substance abuse issues. Domestic violence was identified as number four, and homelessness came in at

number five. This does not constitute a scientific survey, but it does provide a glimpse into what service providers see.

Another question asked to list five service priorities for Vermilion County. Far and away the need for psychiatric services was number one. Job training, placement and support was number two. Number three was more counseling services. The fourth was being able to get the right kind of help when you needed it, or identifying the agency providing the needed service. More training for service providers was the fifth priority.

Respondents were asked to identify three factors that make it difficult for people to get the services they need. Number one was transportation; number two was cost of treatment; and number three was lack of availability of needed services.

State funding provides support for most of the services provided, either through Medicaid, grants or other forms of revenue. Most respondents believe that navigating the service system in the county is more difficult than it needs to be. Most believe their agencies/organizations are making a credible effort to address cultural issues and differences. They were split almost 50/50 on the question of adequate collaboration among providers.

Marketing and advertising were two issues that repeated in the survey. There were comments about people not knowing where to go for what services. There were also comments about the agencies who are doing good work, that never get positive comments about it. These comments seem to indicate that the social service field in the county needs to do a better job at public relations. At the same time, confidentiality issues were recognized as a factor to be considered in any publicity.

Section V

VERMILION COUNTY IPLAN / “I SING THE BODY ELECTRIC”

VERMILION COUNTY IPLAN/ I SING THE BODY ELECTRIC

The data in this section comes from surveys conducted by the Vermilion County Health Department, Presence United Samaritans Medical Center, and I Sing The Body Electric. The Vermilion County Mental Health 708 Board gratefully acknowledges the permission to use this information. In 2012 the Vermilion County Health Department produced their IPlan. During the spring of 2014, the Vermilion County Health Department and Presence United Samaritans Medical Center worked together on a community health assessment required of the hospital. An Executive Assessment Committee was formed. The committee also reached out to more than 40 key stakeholders, and their work outlined a number of risk factors and contributing factors impacting the prevalence of substance abuse in Vermilion County. Barriers and prevention strategies as well as better utilization of community resources were also discussed. Over the course of several months the following concerns from the IPlan were confirmed as still the most pressing issues:

- 1.) Top Three Personal Health Concerns – Cancer, Obesity, and Alcohol/Drug Use
- 2.) Top Three Community Health Concerns – Alcohol/Drug Use, Teen Pregnancy, and Obesity
- 3.) Top Three Most Important Risky Behaviors – Drug Abuse, Alcohol Abuse, Unsafe Sex

Due to alcohol and drugs being in all concern areas in the 2012 IPlan, the Community Advisory Board committed to working with the Vermilion County Health Department on the following goals with measurable outcomes by 2017:

- Increase by 10% the proportion of at risk adolescents who, in the past year, refrained from using alcohol for the first time.
- Increase by 10% the proportion of at risk adolescents who, in the past 30 days, refrained from using alcohol.
- Decrease by 10% the proportion of at risk adolescents who report binge drinking (having five or more drinks of alcohol in a row) in the past 30 days.
- Reduce by 10% the proportion of adolescents in Vermilion County who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.
- Increase by 10% the proportion of adolescents who perceive great risk associated with consuming five or more alcoholic drinks at a single occasion one or twice a week.
- Increase by 10% the proportion of a risk adolescent who in the past year refrained from using marijuana for the first time.
- Increase by 10% the proportion of at risk adolescents who, in the past 30 days. refrained from smoking marijuana.
- Increase by 10% the proportion of adolescents who perceive great risk with smoking marijuana once per month.

These goals were chosen primarily because of the group's belief that prevention for adolescents is the best way to reduce the future epidemic of adult disease.

Vermilion County has distinct and historical data for this population from the “I Sing the Body Electric County Survey” since 2002. “I Sing the Body Electric” is an outreach program of Presence United Samaritans Medical Center Foundation which has now administered eight biennial Youth Risk Behavioral Surveys. The 2014 survey involved high school students – 3,682 of them – from 12 high schools in Vermilion County who expressed their attitudes and reported their health behaviors through the Behavior Survey which was completed in May 2014. Nearly 2,000 high school students in Vermilion County took part in this phase. They were asked questions about substance abuse, nutrition, drinking and driving, weight control and body image, depression and suicide, safety at school, violence, sexuality behavior, and tobacco use. The survey revealed some encouraging trends, but also an alarming number of suicide attempts. According to those students, the top five (5) health risks that they face are:

1. Teen Sexuality
2. Alcohol Use
3. Drug & Tobacco Use
4. Body Image
5. Bullying, Physical Fighting, Carrying Weapons

Specific continuing and new concerns relating to behavioral health in the 2012 survey were:

- One in four teens (27.8%) had their first drink of alcohol at 13 or 14 years of age; a majority of teens who do so smoked their first whole cigarette at 13 or 14 and first tried marijuana at those ages .
- Teen abuses of over-the-counter medications show dramatic decreases. Less than one out of ten teens (9%) report abusing over-the-counter cough and cold medicines, a 29.1% drop since 2012.
- Prescription drug abuse is also on the decline among VC teens. One in eight youth (12.8%) report taking prescription drugs not prescribed for them, a 21.5 decrease from 2012.
- Depression (feeling sad or hopeless almost every day for two weeks or more in a row so that they stopped doing some of their usual activities) was reported by 36.3% of the respondents, a slight decrease since 2012.
- Nearly one fourth (22.8%) report deliberate self-harm (cutting or hurting oneself on purpose). These 2014 numbers reflect a slight downward trend from 2012.
- Rates of VC youth attempting suicide (17.7%), a 50% increase over 2012.

Section VI

HISTORICAL LOCAL FUNDING AND SERVICE PATTERNS

HISTORICAL LOCAL FUNDING AND SERVICE PATTERNS

The table on the following page is a compilation of data from VCMHB funded agencies for 2015.

**VERMILION
COUNTY 708
MENTAL
HEALTH**

Section VI

FISCAL YEAR -- December 1, 2015 - November 30, 2016

	Crosspoint	Hoopeston	Prairie Center	WorkSource	Complex Service Planning	Contacts: * VC Juvenile Detention Counseling
	Human Services	Multi-Agency	Health Systems			
Male Clients	1123	254	376	96	38	145
Female Clients	1548	531	177	73	23	21
Gender Unspec.	-	-	-	-	-	
White Clients	2029	625	366	128	33	
Black Clients	477	13	169	36	25	
Hispanic Clients	21	79	14	3	1	
Asian Clients	9	-	0	0	0	
Other Clients	183	9	4	2	2	
Race Unspecified	-	-	-	-	-	
Reside Danville	1646	-	380	345	41	
Reside N. Co.	250	785	77	64	2	
Reside S. Co.	409	-	66	59	13	
Reside W. Co.	151	-	20	21	5	
Reside Other	251	-	50	64	-	
Age Under 6	101	34	-	-	-	
Age 6-12	181	128	2	-	11	7
Age 13-17	179	33	150	-	49	156
Age 18-35	976	131	240	96	1	3
Age 36-64	1092	176	159	66	-	
Age 65+	142	278	2	7	-	
			Comm. Inter. 142			
Total Clients	2671	785	695	169	61	166

Note: North County is Hoopeston, Rankin, Rossville, Bismarck, Alvin, Henning, Potomac, East Lynn, all N. rural		
South County is Tilton, Belgium, Westville, Georgetown, Ridge Farm, Olivet, and all south rural		
West County is Oakwood, Catlin, Jamaica, Sidell, Fairmount, Muncie, Fithian, all west rural.		
Vermilion County tax levied funds supplement state, federal, and personal and private contributions of the above listed agencies to enable the services provided to Vermilion County residents.		

***The new counselor at VCJDC did not use the same reporting methods as before. Those numbers indicate contacts rather than individual clients.**

Local funding from the Vermilion County tax levy has been level for five of the past six years due to the desire of the County Board to not raise the county portion of the property tax. There was a slight increase in 2016 due to an increase in assessed values. The fact that funding has been kept level does not indicate that the needs have not increased, as it is known that when the economy is poor, service needs escalate due to depression, stress, and substance abuse. The table below depicts the historical funding levels of the VCMHB for the past 10 years. This table has been updated through Fiscal Year 2015.

VERMILION COUNTY MENTAL HEALTH BOARD

REVENUE COMPARISONS

Fiscal Years 2006 through 2016

	FY 06	FY 07	FY 08	FY 09	FY10	FY11	FY12	FY13	FY14	FY2015	FY2016
Estimated Levy	700,000	732,910	777,031	786,434	786,434	786,434	786,434	786,434	786,434	786,434	804,881
Revenue											
Actual Levy	695,678	730,540	761,737	778,001	777,931	784,292	763,773	782,927	786,434	786,434	807,658
Revenue											

Vermilion County Agency Specific Data and Trends

Primary public providers of each of the three disability areas, Substance Abuse (Prairie Center), Developmental Disabilities (WorkSource) and Mental Health (Crosspoint and the Center for Children Services), were asked to develop data and narratives on utilization and trends in their disability areas as well as the impact of state funding cuts on the provision of services in terms of program cuts or increased waiting list time frames.

Prairie Center Vermilion County

Summarized DATA for 708 Board

By Susan Perkins, MS Ed, LCPC Clinical Director

1. Prairie Center Treatment Data

- ***Unduplicated numbers of individuals served in Vermilion County 708 Board Fiscal Year 2015 (ending 11.30.15):***

Adults Served: 427

*Youth Served: *166 *(88 at Juvenile Detention Center)*

Total: 593

Primary Referral Sources:

- 1. Criminal Justice: Probation, Courts,*
- 2. Corrections: Parole*
- 3. Child Welfare agencies*
- 4. Self*

- ****Prairie Center Top 5 Primary Substances Used (Adult and Youth combined) in order (from DASA State Fiscal Year 2015):***

1. Alcohol 27.9%

2. Marijuana 32.8%

3. Heroin and Other Opiates 18.9%

4. Cocaine and Crack 8.3%

5. Methamphetamine 7.1%

54.6% of the individuals reported secondary substance use

- **Increase in Prevalence (Adult and Youth combined):**
Heroin

The report of Heroin and other Opiates combined as primary substances was 18.9%, which is 2.9% higher than in 2014.

Primary Substance Use

The number of admitted clients that reported primary substance use 30 days prior to the assessment was 61.5% in 2015, which is 14.4% higher than in 2014.

Secondary Substance use

The number of admitted clients that reported secondary substance use 30 days prior to assessment was 31.1%. This is an 11.2% increase from 2014. Therefore, more individuals are reporting use of two substances within 30 days of admission for services.

***This information was obtained from Illinois Department of Human Services, Division of Alcoholism and Substance Abuse Provider Performance and Outcome Reports SFY 14 and 15.**

2. Vermilion County Youth Substance Abuse Prevalence Data

A. I Sing the Body Electric data (Vermilion County Survey conducted every two years by County High Schoolers)

Alcohol:

- **In 2014:** 64% of high school seniors surveyed reported using alcohol in the past year and 39% of seniors surveyed used alcohol in the past 30 days.
- **In 2012:** Alcohol ranked Number one health concern (underage drinking)
- Ranked Number one or two from 2002-2010
- **2014:** Shows that the majority of youth that tried their first sip of alcohol were age 14 and under. 2012 results were similar in that the greatest risk of first time use of alcohol was age 13 or 14. The survey says an alarming finding is the jump in the percentage in age of first use from 8.5% (age 11 or 12) to 23.3% (age 13 or 14), and those who use before age 15 are 4 times more likely to develop dependence or addiction and have a higher incidence of alcohol abuse than those who begin drinking at age 21.

Drugs

- **2014:** 39% of high school seniors surveyed reported using marijuana in the past year. 23% of the seniors surveyed used marijuana in the past 30 days.
- **The following is from the 2012 Survey:**
- Drugs ranked as number 2 health concern. Has been one of the top 4 health concerns since 2002.
- As with alcohol use, greatest risk of first time use is age 13 or 14 but there is a decline in this age group in the percentage who have tried marijuana for the first time compared to previous surveys.
- The survey concludes that although there is a decline, there are still too many youth using marijuana as 1 in 6 females use marijuana and 1 in 4 males.
- Inhalant use has almost no decrease National trends show about a 22% decrease over 10 year period (200-2011) Vermilion county use is steady as data reflects only a 1.4% decrease over 10 years.
- As with the other drugs age of risk of first use is age 13 or 14
- Prescription Drugs are on the rise
- There was an increase from the last two surveys on the percentage of youth taking drugs that were not prescribed to them. (1 in 6 youth)
- No other information was available from the survey as far as age of first use.
- Over the counter Drugs (like cough suppressants) has increased
- 1 in 8 teens report abuse of OTC drugs which is a 42% increase since last survey and over 100% increase since 2008.
- Synthetic drugs (no comparative data)
- 1 in 5 have tried a synthetic drug (such as Bath salts or K2)

The Above information was taken from 2002-2014 | Sing the Body Electric County Surveys conducted every other year with 2014 web citation as <https://iys.cprd.illinois.edu/>

3. Local Drug Arrests, Crime and Related Prevalence

Drug Arrests

- *From 2002 to 2011, drug arrests increased for controlled substances (other than Cannabis which are cocaine, crack, methamphetamine, and heroin) by VMEG by 36% and also increased by non VMEG law enforcement also; 91% were felony arrests.
- 99% of the cases resulted in prosecution. The number convicted and sentenced was slightly higher during this same time period and the number who was sentenced to prison was slightly higher.

***This information was obtained from an August 2012 Report from the Illinois Criminal Justice Information Authority: Collaborating to Fight Crime: Multi-jurisdictional Task Forces. A Profile of the Vermilion County Metropolitan Enforcement Group**

Crime data

- *From 2009 – 2014, Danville’s crime rate has been significantly higher (over double) the state crime rate. The Danville crime rate is much higher than the Illinois average crime rate and is much higher than the national average crime rate.*

<http://www.usa.com/danville-il-crime-and-crime-rate.htm>

- Heroin arrests and amount seized
- *Increased 2012-2013 from 31 to 45 arrests*
- *2014: arrests decreased to 25; however, the amount of heroin seized increased to 69.9 grams (the total grams seized in 2012 was 37.7 grams and in 2013 was 33.1 grams).*

Methamphetamine (labs

2012: 77 labs (second highest in the state)

2014: 105 labs (highest number of labs in the state)

<https://www.youtube.com/watch?v=DZNOmehzVg8>

<https://will.illinois.edu/news/story/meth-use-on-the-rise-again-in-illinois>

http://www.commercial-news.com/news/local_news/drug-numbers-on-rise/article_0846f9ae-6a50-54d6-963d-432f8d556d7e.html

- **Needs Assessment Data from 2002 for 708 Board from Brown Consulting (Behavioral Service Consultants)**

The Executive Summary cited that the number one annual economic cost to the community was alcohol/drug abuse. Specifically that the estimated annual cost is “substantial” at approximately 1.49 billion or over \$1,057 per person. And that the productivity impact represents the greatest cost associated with alcohol/drug abuse. Since the drug and alcohol problem continues, I believe substance abuse remains the number one economic cost and that the cost per person have also increased since this assessment.

4. National and State Trends and Access to Treatment

National Trends

- According to a 2015 report on *Key Substance Use and Mental Health Indicators in the United States* from SAMHSA, an estimated 27.1 million Americans aged 12 or older were current (past month) illicit drug users, meaning that they had used an illicit drug during the month prior to the survey interview. **The most commonly used illicit drug in the past month was marijuana, which was used by 22.2 million people aged 12 or older.** This number has continued to increase. An estimated 6.4 million people reported misusing psychotherapeutic drugs in the past month, including 3.8 million people who were misusers of prescription pain relievers. Thus, the number of current misusers of pain relievers was second to marijuana among specific illicit drugs. Smaller numbers of people in 2015 were current users of the other illicit drugs.
- According to 2013 report on nationwide trends on substance use from the National Institute on Drug Abuse, Marijuana is still the most commonly used illicit drug in America. This was also noted in a 2011 survey from the Substance Abuse Mental Health Services Administration (SAMHSA) stating that from 2007 to 2011 the rate of marijuana use by individuals increase from 5.8% to 7.0% (increased to 18 million users).
- Despite the dangers associated with heroin use, its use has increased in recent years. The estimate of current heroin use in 2015 among people aged 12 or older was higher than the estimates in most years between 2002 and 2009, but it was similar to the estimates between 2010 and 2014.
- In 2015, an estimated 21.7 million people aged 12 or older needed substance use treatment, which means that about 1 in 12 people (8.1 percent) needed substance use treatment. About 1.3 million adolescents aged 12 to 17 in 2015 needed treatment for a substance use problem in the past year, representing 5.1 percent of adolescents. About 5.4 million young adults aged 18 to 25 in 2015 needed treatment for a substance use problem in the past year, representing 15.5 percent of young adults. Stated another way, about 1 in 6 young adults needed substance use treatment. In 2015, about 15.0 million adults aged 26 or older needed substance use treatment in the past year. This number represents 7.2 percent of adults in this age group.
- In 2015, 14.0 percent of people aged 12 or older (3.0 million people) who needed substance use treatment received treatment in the past year. Among people in specific age groups in 2015 who needed substance use treatment, 11.2 percent of adolescents aged 12 to 17, 10.4 percent of young adults aged 18 to 25, and 15.5 percent of adults aged 26 or older received substance use treatment in the past year. These percentages represent 141,000 adolescents, 563,000 young adults, and 2.3 million adults aged 26 or older who needed and received substance use treatment in the past year.

<https://www.drugabuse.gov/publications/drugfacts/nationwide-trends>

<http://archive.samhsa.gov/data/NSDUH/2k11Results/NSDUHresults2011.pdf>

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.htm#illicit01>

- **5. State Data**

- **Treatment Admissions**

Highest for heroin and other opiates

- *There were 18,144 treatment admissions in Illinois in 2015. The percentage of admissions for heroin has increased from 2014. According to the data, the highest admissions were for heroin and other opiates at 35%; marijuana at 20.6%; and alcohol at 16.6%.*
- *There were 27,882 admissions for treatment in Illinois in 2014. According to the data, the highest admissions were for heroin and other opiates at 31.1%; marijuana at 23.7%; and alcohol at 18.3%.*
- *This data shows that although heroin and other opiate use is not as pervasive as alcohol or marijuana, the need for treatment is high because of the seriousness of the drug.*

<http://www.dasis.samhsa.gov/webt/quicklink/IL15.htm>

6. Decrease in Prairie Center services

Prior to significant state cuts for treatment in 2008, Prairie Center had a staff in Vermilion of 27 staff (80% treatment staff) and the staffing was cut to 16 staff. As a result we are forced to serve the most severe people and eliminate some prevention services and early intervention services (for adults). Prairie Center permanently closed the detoxification unit in Champaign, Illinois. In addition, Prairie Center has reduced hours of operation in order to save costs. The continued cuts amount to about 29% in cuts state wide since 2008.

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DEVELOPMENTAL DISABILITIES – WorkSource Enterprises and Crosspoint Human Services

Funding and services for children with developmental disabilities has historically been delivered by schools for school aged children, so this section will speak to Adult consumers. Also, many of the housing opportunities and services are provided by privately owned group homes in the county, and we do not have data on utilization.

WorkSource Enterprises operates a developmental training program which offers skills training and work experiences either on site or in the community. Program capacity for that program is approximately 70 clients per year. WorkSource would like to expand vocational services for people with any disability and hire additional job coaches. WorkSource has not had increases in funding for over 10 years. There is a growing population of people diagnosed with Autism or Asperger's syndrome who may not have Medicaid eligibility due to inability to obtain social security benefits. Again, the Affordable Care Act and the Illinois Medicaid expansion for adults with up to 138% of federal poverty levels, which will make it possible for expanded Medicaid coverage for adults will change the landscape of who and what services can be funded with public funds.

Crosspoint Human Services also operates a developmental training program which serves 111 adults. They also serve 100 youth with developmental disabilities or delays in the Early Intervention program. This program serves children before they reach school age. Crosspoint operates two group homes for adults with developmental disabilities.

MENTAL HEALTH – Crosspoint Human Services and Center for Children Services/Aunt Martha's Health Systems

Crosspoint Human Services and Center for Children Services/Aunt Martha's offer mental health services to children through a large array of services and programs. Crosspoint reports working with 215 youth age 17 and under with mental health issues in 2013 and Center for Children Services reports working with 827 youth age 17 and under.

Crosspoint reports working with 2,532 adults ages 18 and over and Center for Children Services reports working with 128 adults ages 18 and over. Aunt Martha's Health Systems had until June 1, 2013 worked with 450 adult psychiatric clients. Crosspoint Human Services has affirmed that their two full-time psychiatrists would be able to absorb that client load.

As mentioned several times in this report, all numbers of clients served are those served by public mental health agencies through either Medicaid, Medicare, or by some private insurance. It is unknown how many people with mental health, substance abuse or developmental disabilities may be served by private agencies or physicians.

HOMELESS SERVICES/DOMESTIC VIOLENCE SERVICES –Crosspoint Human Services

Many people with substance abuse, mental health, and/or developmental disabilities find themselves homeless or victims of crime or domestic violence. Crosspoint Human Services operates a transitional housing and a domestic violence shelter and reports in 2013 serving 220 people in the transitional housing program and 488 women and children in the domestic violence program. There has been dialog at the Continuum of Care meetings and among other community stakeholders and government and faith leadership about the serious gaps for family shelter and shelters specifically for men with children.