VERMILION COUNTY
MENTAL HEALTH 708 BOARD

43rd Annual Report

December 1, 2011 – November 30, 2012

Vermilion County Mental Health 708 Board

43rd Annual Report
December 1, 2011 – November 30, 2012

Including 2013 Needs Assessment and One and Three-Year Plan

October 1, 2013

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 the VCMHB 2013 Needs Assessment and One and Three-Year Plan, which were approved this year in this document and, as always, 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), which 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 2012, the 708 Board allocated $690,482 of local tax revenues to eight service providers. These providers furnished a wide variety of behavioral health services to thousands of county residents in need of crucial care. Local funding has been more critical then ever in light of the state's fiscal issues, which have resulted in late payments forcing many agencies to cut services and discontinue programs. Local funds were 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, I am proud to present this Annual Report, Needs Assessment, and One and Three-Year plan, 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,

Dee Ann Ryan

Dee Ann Ryan
Executive Director

BOARD OF DIRECTORS
2011 – 2012

Mrs. Kathy Vines – Chairman	**Hoopeston**
Mrs. Kay Smoot – Vice Chairman	**Fairmount**
Mr. Greg Lietz – Treasurer	**Danville**
Mr. Harsha Gurujal – Secretary	**Danville**
Ms. Kolleen Asaad	**Catlin**
Mr. Robert Boyd*	**Danville**
Mr. James Ostrander	**Georgetown**
Ms. Monica Butts	**Westville**

*** Vermilion County Board Member**

STAFF

Mrs. Dee Ann Ryan	**Executive Director**
Mrs. Nancy Martin	**Secretary**

VERMILION COUNTY BOARD
HEALTH AND EDUCATION COMMITTEE
2012-2014

Mr. Kevin Green – Chair	**2nd District**
Mr. Robert Boyd	**8th District**
Mr. John Criswell	**5th District**
Mrs. Ivadale Foster	**8th District**
Mrs. Cathy Jenkins	**4th District**
Mr. Dennis Miller	**6th District**
Mr. Orick Nightlinger	**5th District**
Mr. David Stone	**3rd District**
Mr. Bill Wright	**5th District**

VERMILION COUNTY MENTAL HEALTH 708 BOARD

DIRECTORS 2013

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.

Mr. Gregory Lietz	**21 years**
Ms. Kolleen Asaad	**8 ½ years**
Mrs. Kathy Vines	**7 years**
Mrs. Kay Smoot	**4 ½ years**
Mr. Harsha Gurujal	**3 ¼ years**
Mrs. Cathy Jenkins	**9 months**
Mrs. Linda Marron	**9 months**
Mrs. Cheryl Rotramel	**9 months**
Mr. Keith Souza	**9 months**

VERMILION COUNTY BOARD MEMBERS

John C. Alexander	**6th District**
Edwin Barney	**4th District**
Robert Boyd	**8th District**
John Criswell	**5th District**
Larry Davis	**9th District**
Mike Dodge	**7th District**
John Dreher	**7th District**
Ivadale Foster	**8th District**
Robert V. Fox	**6th District**
Craig Golden	**7th District**
Kevin Green	**2nd District**
Cathy Jenkins	**4th District**
Todd Johnson	**1st District**
Richard Dale Knight	**3rd District**
Chris Leigh	**1st District**
Michael T. Marron**	**2nd District**
Jim "Mouse" McMahon	**9th District**
Larry S. Mills	**7th District**
Dennis M. Miller	**6th District**
Charles Mockbee	**2nd District**
Chuck Nesbitt	**3rd District**
Orick "Corky" Nightlinger	**5th District**
Terry Stal	**4th District**
Bruce Stark	**9th District**
W. David Stone	**3rd District**
Daniel Walls, Sr.	**8th District**
Garold R. "Gary" Weinard*	**1st District**
Bill Wright	**5th District**

***County Board Chairman**
****County Board Vice Chairman**

VERMILION COUNTY MENTAL HEALTH 708 BOARD
FINANCIAL STATEMENT
MENTAL HEALTH ACCOUNT
December 1, 2011 through November 30, 2012

REVENUE:		
County Mental Health Taxes		763,773.49
Interest Income		24.74
Administrative Fees for LAN #25 Flex Funds		2,474.03
TOTAL REVENUE		**766,272.26**
EXPENDITURES:		
Salary-Personnel		10,207.29
Salary-Department Head		46,331.00
FICA		4,325.21
IMRF		5,693.44
Insurance - Liability		65.00
Office Supplies		618.16
Books/Periodicals		-
Travel Expense/Meetings		2,174.84
Telephone		1,843.03
Postage		1,000.00
Rent		3,672.00
Printing		-
Publications		426.32
Repair and Maintenance - Equipment		1,356.15
Contractual/Professional Services		700,626.50
FY11-12 Agency Grants		
Crosspoint Human Services/Crosspoint YFRC	316,184.00	
Hoopeston Multi-Agency	31,019.00	
Prairie Center Health Systems	170,041.00	
WorkSource	104,834.00	
Wraparound	35,500.00	
Peer Court	5,250.00	
Aunt Martha's	3,750.00	
VC Juvenile Detention Center Counselor	23,904.00	
Total FY11-12 Agency Grants	**690,482.00**	
Dues/License Fees		3,956.50
Miscellaneous Services		215.37
Office Furniture/Equipment		387.49
TOTAL EXPENDITURES		**782,898.30**
YEAR END MENTAL HEALTH ACCOUNT BALANCE		**480,967.85**
YEAR END PETTY CASH BALANCE		293.27
TOTAL MENTAL HEALTH FUNDS		**481,261.12**

VERMILION COUNTY 708 MENTAL HEALTH BOARD

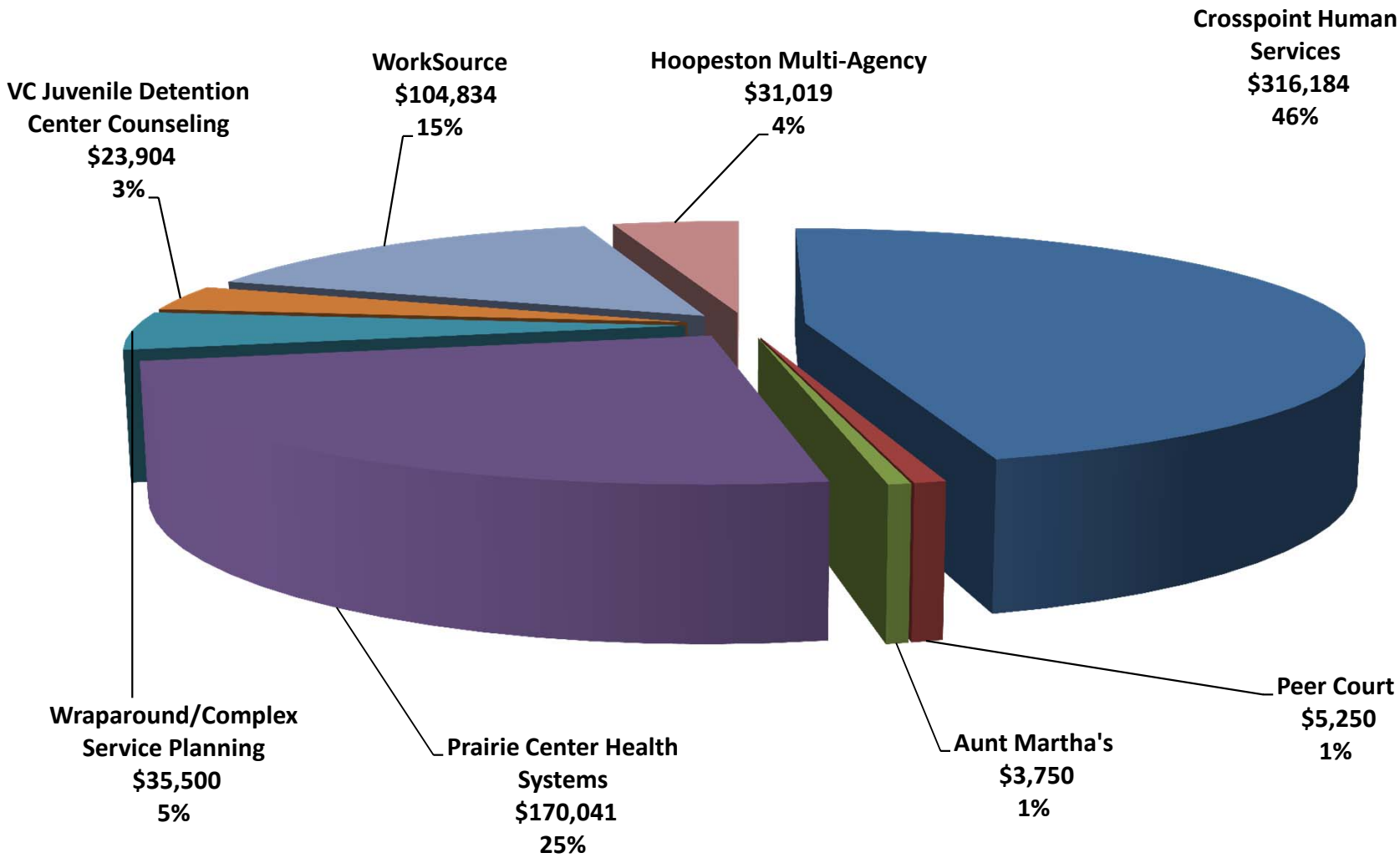
FISCAL YEAR -- December 1, 2011 - November 30, 2012

	Crosspoint Human Services	Hoopeston Multi-Agency	Prairie Center Health Systems	WorkSource	Wraproud/ CSP	VC Juvenile Detention Counseling
Male Clients	819	249	393	93	56	111
Female Clients	1,025	543	178	54	27	9
Gender Unspec.	-	-	-	-	-	
White Clients	1,273	664	374	116	57	
Black Clients	221	9	176	26	28	
Hispanic Clients	-	114	16	4	1	
Asian Clients	-	-	3	-	-	
Other Clients		5	2	1	-	
Race Uspecified	-	-	-	-	-	
Reside Danville	998	-	390	112	47	
Reside N. Co.	148	792	54	20	4	
Reside S. Co.	249	-	71	14	34	
Reside W. Co.	88	-	17	1	1	
Reside Other	28	-	39	-	-	
Age Under 6	7	157	-	-	2	
Age 6-12	94	102	-	1	36	
Age 13-17	116	81	120	2	45	
Age 18-35	674	111	293	75	3	
Age 36-64	633	115	157	65	-	
Age 65+	30	226	1	4	-	
Total Clients	**1,844**	**792**	**648**	**147**	**86**	**120**

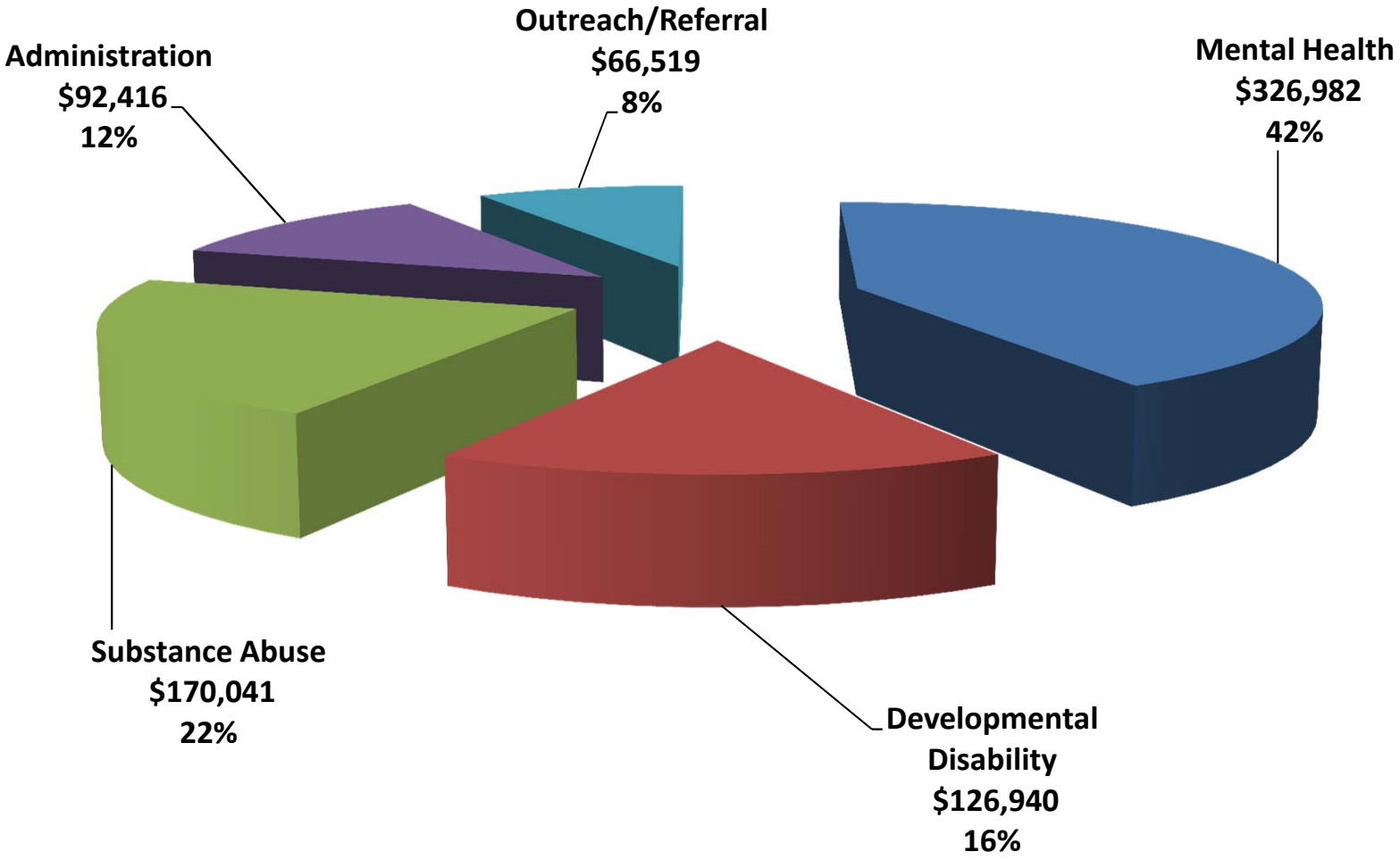
Note: North County is Hoopeston, Rankin, Rossville, Bismarck, Alvin, Henning, Potomac, East Lynn, all N. rural
South County is Tilton, Belgium, Westville, Georgetown, Ridge Farm, Olivet, and all south rural
West County is Oakwood, Catlin, Jamaica, Sidell, Fairmount, Muncie, Fithian, all west rural.

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.

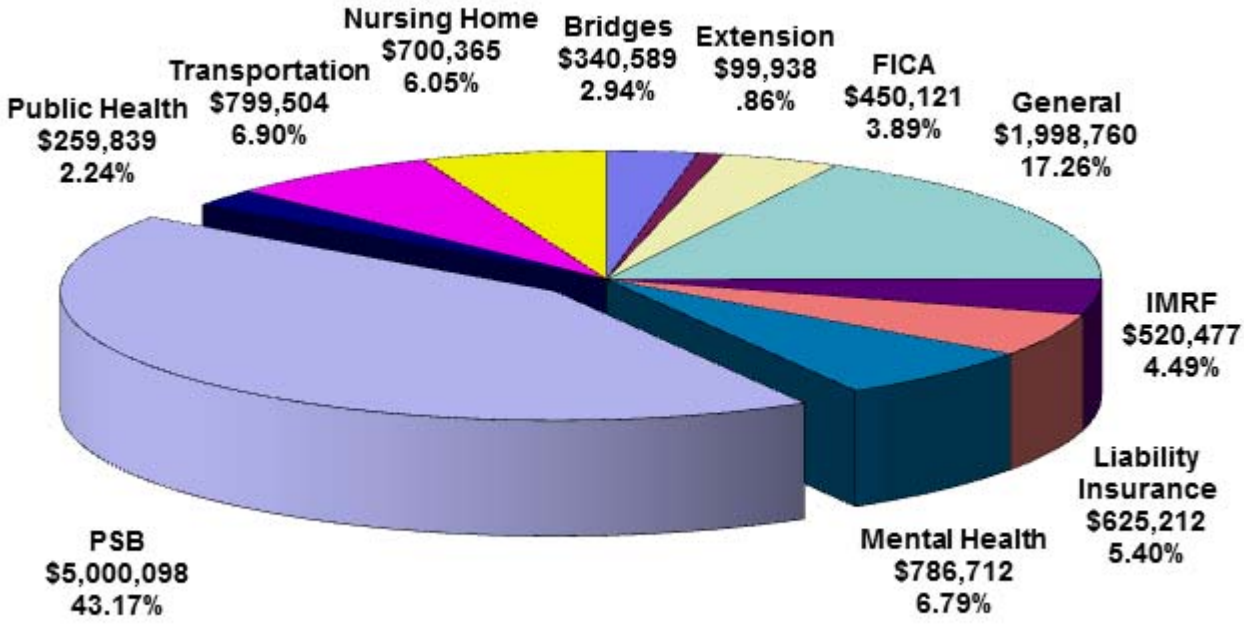
Vermilion County Mental Health 708 Board
Agency Allocations FY 2012



Vermilion County Mental Health 708 Board
Expense Breakdown FY 2012



Vermilion County's Portion of Tax Dollar
Estimated 2012 Extended in 2013



CROSSPOINT HUMAN SERVICES

210 Avenue C, 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 serving Vermilion County. It is governed by a voluntary board of directors representing Vermilion County with consumer participation.

Crosspoint believes 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 Case 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, and Employment Development and Placement.

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 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 Public Aid, Vermilion County Mental Health 708 Board, United Way, donations, fees, and private contracts with long term care providers.

For specific information on programs and services, contact their office, (24 hours a day, 7 days a week) at 442-3200, by FAX at 442-7460, and by TTD at 442-8471 (8:30 a.m. – 5:00 p.m. Monday through Friday).

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
7 Member Voluntary Board of Directors

Crosspoint Human Services provides a domestic violence shelter, 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.

In 2009, Crosspoint began receiving funding from 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: Marcie Sheridan
10 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 various 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, CRIS Senior Services for transportation, United Fund of Grant Township, East Central Illinois Community Action Agency, local donations, and private contributions through corporate grants. The Department of Human Services sponsors the Teen REACH Program, which is an after school program for 8-17 year olds. The Multi-Agency hosts fundraising efforts all year to make up for cutbacks in funding.

The Multi-Agency also provides transportation for senior citizens and disabled citizens five days a week the year round, as per demand.

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 with a free bag of clothing for every member of the family until the youngest child turns four years old. The shop is available for emergency situations, such as floods, fires, tornadoes, and evictions. They sometimes have furniture to give in emergency situations, and they share surplus clothing with the Salvation Army and the V.A. Hospital.

PRAIRIE CENTER HEALTH SYSTEMS

128 N. Vermilion St., Danville, IL 61832
217-477-4500

Bruce A. Suardini, Chief Executive Officer
15 Member Voluntary Board

Alcohol and drug dependency and their consequences are leading causes of personal and family suffering and community problems resulting in major health and societal costs. Prairie Center Health Systems, Inc. exists to directly help those affected by this disease and to inform, educate, and train others on the major impact of this disease, if left untreated.

The mission of Prairie Center Health Systems, Inc. is to provide the highest quality of prevention, intervention, and treatment services for alcoholism and chemical dependency, other addictions, and associated conditions to individuals, families, and communities in East Central Illinois. Our organization addresses this mission through the services of its comprehensive treatment system facilities in Champaign, Urbana, and Danville.

Our organization offers a full array of treatment services for adults, including assessment, residential treatment, extended care, intensive outpatient, outpatient, and aftercare services. The agency also offers a DUI assessment and risk education program, specialized correctional services, intensive case management services, HIV counseling and testing, toxicology, a youth outpatient program, and a comprehensive prevention program. All residential services are provided at our Champaign facility.

Our organization provides outpatient, intensive outpatient, and prevention services at its Danville facility and in schools and homes throughout the county. For specific information on programs and services located in Vermilion County, please contact Susan Perkins, Clinical Supervisor, at 477-4500.

All clients are treated with dignity and respect. In all circumstances, our professional staff offers hope in guiding clients toward change and improving the quality of their lives in recovery. Prairie Center's agency-wide purpose is to help people improve their lives. Individuals who participate in Prairie Center treatment services on an on-going basis are given the opportunity to improve social, emotional, psychological, cognitive, and family functioning, and attain the recovery they seek. Since recovery needs are different for each person, a team of professionals helps each client develop a personalized plan to treat all aspects of the disease. Since our founding in 1968 in Champaign, Illinois, our organization has been a leader in the treatment of alcoholism and other drug dependency in East Central Illinois and has successfully assisted thousands of men, women, and young people back into productive, healthy, and sober lives.

Prairie Center Health Systems, Inc. is funded by the Illinois Department of Human Services, the Illinois Department of Children and Family Services, the Vermilion County Mental Health 708 Board, United Way of Danville, federal grants, private and public contracts, client fees, and income received from investments and private contributions.

WORKSOURCE ENTERPRISES

3715 North Vermillion, Danville, IL 61832
217-446-1146

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

WorkSource has provided developmental day programming training, employment preparation, home-based services, and community job placement to persons with disabilities in Vermilion County since 1971.

Consumers, if they choose, can earn wages based on either the current hourly minimum wage, day rate wage, or piece rate wages based on the 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%.

Employment and vocational training opportunities 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 Enterprises has been accredited by The Commission of Accreditation of Rehabilitation Facilities and the 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 at 217-446-1146, Ext. 23 or Crystal Meece regarding subcontract work at (217) 446-1146, Ext. 14.

WRAPAROUND PLANNING

Barbara Chatman, Coordinator
101 W. North Street
Danville, Illinois 61832 217-474-1431

WRAPAROUND Planning is a process supported by the Child and Adolescent Local Area Network (LAN). LAN #25 covers all of Vermilion County. The Vermilion County Mental Health Board identified the need to have a coordinator for this initiative and has funded the WRAPAROUND Coordinator position since 2008. The Child and Adolescent Local Area Network is the cooperative involvement of parents, social service agencies, churches, and other community agencies and programs to help children and their families. The main purpose of the LAN is to prevent children from being removed from their homes by "wrapping" all available resources around the family – and if needed, by developing individualized supports that will enhance that child and family's ability to be successful.

A WRAPAROUND Team forms – always with the family in the driver's seat – to help define and refine family strengths, culture, vision, and needs; to prioritize those needs and create a plan; and to then carry out the plan – one prioritized need at a time – until the formal plan is no longer needed because the vision of the family has been realized.

Target Population for WRAPAROUND Planning are children between the ages of 3-21 and their families who are:

- **Experiencing severe emotional and behavioral difficulties, and/or**
- **At risk of being removed from home, school, or community, and/or**
- **Returning from out-of-home placement such as psychiatric hospitalization, residential placement, Detention or Youth Corrections, and/or**
- **Having school difficulties and in need of service referral and coordination, including suspension, expulsion, truancy or exhibiting behaviors that put the child at risk of those actions.**

Once the team has met and identified the child's and the family's strengths and needs, a plan is developed which identifies all possible interventions that the team feel might help the child and family. For those interventions already available in our community, referrals for services are made. For those interventions either not currently available or not accessible to the family, funding from the state may be may accessed. Both the Illinois Department of Children and Family Services and the Illinois State Board of Education have allocated funding to the LAN to meet these needs. A sub-committee of the LAN, the Family Resource Committee, meets weekly to review WRAPAROUND plans, to offer additional resource suggestions and to approve funding when needed.

For additional information on this process, for WRAPAROUND Planning forms, to access the committee to inquire about available resources to help a child, or to set an appointment for approval of funding of a plan, please contact the coordinator at 217-474-1431 or at the Vermilion County Mental Health Board office at 217-443-3500.

VERMILION COUNTY COMPLEX SERVICE PLANNING PROCESS

Barbara Chatman, Coordinator
101 W. North Street
Danville, Illinois 61832 217-474-1431

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 either the Complex Service Coordinator at 217-474-1431 or the Vermilion County Mental Health Board at 217-443-3500.

Vermilion County Mental Health 708 Board

Needs Assessment

And One and Three-Year Plan

2013

Perspective on the Vermilion County Mental Health Board Needs Assessment By Executive Director Dee Ann Ryan – September 2013

This needs assessment is being published with the disclaimer that it likely does not present an accurate picture of the real need and penetration of services for the disability areas for which the Vermilion County Mental Health Board is required to allocate 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 and there is a lack of coordination of planning, allocation, and information between the state and local levels. This situation is different from most other states, where state funding is allocated through the counties or local entities and is not likely to change in Illinois due to political reasons. Even though I try very hard to attend state meetings and attempt to gather information from state funded providers, 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 and that the poor have much higher rates of mental illness, which then entraps them in poverty. Those who are poor are 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 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 is 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 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 many children who will repeat the cycle.

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.

We have a huge opportunity to respond to the healthcare and behavioral healthcare needs in our community with the approaching Affordable Care Act and Medicaid expansion. Sorting through that and making decisions relating to what we pay attention to and allocate local resources to will be very different in the coming years but should be viewed as a mission to heal a broken county and not to put a bandage on a symptom.

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VERMILION COUNTY MENTAL HEALTH 708 BOARD
2014-2017 PLANNING YEARS

THREE YEAR GOALS:

GOAL 1: **Examine the impact of the Affordable Care Act and Illinois Medicaid expansion as related to changes on populations served by local funding.**

GOAL 2: **Assure local funds prioritize adequate services for the non-Medicaid eligible populations and others whose services have been limited.**

GOAL 3: **Increase knowledge and access to information 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 communities.**

GOAL 4: **Increase the availability and timeliness of assessment and treatment options for court involved youth.**

GOAL 5: **Interface children's behavioral health services with the CHOICES Care Coordination and System of Care Pilot Project.**

GOAL 6: **Analyze the continuum of services for adults and children with substance abuse issues, and determine which programs can be developed or expanded with Medicaid or private insurance.**

GOAL 7: **Assist school districts in developing mental health in schools programs and in applying for federal funding for Mental Health First Aid training, violence prevention, and school safety.**

GOAL 8: **Expand Mental Health First Aid training throughout the county.**

GOAL 9: **Promote collaborative efforts by community providers to produce better coordinated systems of care and to integrate behavioral health with primary care and Medical Homes.**

GOAL 10: **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 11: **Make a concerted effort to influence 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 12: **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 (2013-2014)

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: **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: **Work with behavioral health provider agencies to develop a cost analysis on effectiveness of behavioral health services toward reducing other high county costs.**

Objective 4: **Present needs assessment and funded agency needs to the VC Health and Education Committee and to the full county board in a effort to increase awareness of the critical need for a healthy human service infrastructure.**

Objective 5: **Work with community mental health agencies in developing more expertise in responding to the juvenile court needs for assessment and treatment.**

Objective 6: **Work with local mental health and substance abuse agencies in developing a joint program for people with both mental health and substance abuse issues.**

Objective 7: **Review and revise VCMHB funding priorities after analyzing the impact of the Affordable Care Act and Medicaid Expansion.**

Objective 8: **Partner with VA Illiana Health Care Systems to promote the formation of a new NAMI chapter in Vermilion County in order to increase family engagement and support.**

Objective 9: **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.**

Vermilion County Mental Health 708 Board
Needs Assessment 2013

Section I

INTRODUCTION

INTRODUCTION

The Vermilion County Mental Health 708 Board has been proudly serving the residents of Vermilion County for over 25 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, and while these services were never adequate to meet the needs, they have diminished greatly over the past 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.

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:

In order to save the expense of contracting for the development and carryout of a comprehensive needs assessment, the executive director worked with ACMHAI (Association of Community Mental Health Authorities) in the development of a web-based survey which was financed through the association. This collaboration allowed a think tank of executive directors from community mental health boards from around the state to discuss and formulate questions which would capture pertinent information across many domains, such as access, stigma, client comfort zones, and understanding of services offered, as well as satisfaction with the current

service delivery system from consumers, stakeholders, and providers. Built into the survey were opportunities to express suggestions for improvement and expanded service needs. The overall tone of the survey was geared toward encouraging participation in system building and taking responsibility for personal health. The assessment tool was offered in both a web-based and a paper/pencil format, and similar questions were used in focus group discussions and then entered into the system by the facilitator.

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 2012 ISBE survey, I Sing the Body Electric, a project sponsored by Presence United Samaritans Medical Center Foundation
4.) A juvenile court focus group to discuss needs and gaps in the juvenile justice system
5.) A LAN 25 FOCUS group to discuss gaps and needs
6.) Participation in the Vermilion County I-Plan development.

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 recent Illinois Medicaid reform and the advent of the Affordable Care Act, there is promise of better data collection and sharing and more accountability for outcomes.

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.

At a recent town hall meeting to discuss mental health needs and violence prevention measures following the Sandy Hook school shootings, there were several mentions of maintaining a local in-patient psychiatric unit or crisis stabilization as a primary need in the community. Participants strongly emphasized the importance of not removing a people from their local support system in order to receive inpatient psychiatric treatment. They constantly reaffirmed the importance of family and friends and the connections with local therapeutic resource as significant elements in recovery from acute episodes of mental health disorders. Participants highlighted the transportation difficulties in getting the person to an out-of-county treatment facility as well as family and friends traveling back and forth to the treatment facility during a person's inpatient stay. This need has been expressed often since the closures of the adolescent psychiatric unit and the adult psychiatric units of the St. Elizabeth (Sager) campus of the local hospital.

While the VCMHB is in no position to provide funding for psychiatric hospitalization or crisis respite facilities, it is critical to continue to advocate at the state level that our local clients receive services close to home where families can participate in their recovery and that there are seamless transitions between inpatient and community services.

The demographics for Vermilion County as of the 2010 U. S. Census are as follows:

- Vermilion County has a population of 81,625
- City of Danville (largest city) population is 33,939
- Vermilion County's youth population is 24.4%
- 21.7% of Vermilion County's residents live below the poverty line.
- Vermilion County's unemployment rate is 12.1%.
- 82.5% of Vermilion County's residents are Caucasian
- 13% of Vermilion County's resident are African American
- 5.1% of Vermilion County's residents are Hispanic, Asian, or Native American
- The median household income in Vermilion County is $50,042.

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 Department 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 2012

	Vermilion County 2012
Total Population	80,727
Number of adults	61,030
Prevalence Rate 21%	12,816
Estimated Number Served	Crosspoint – 2,532 Center for Children's Services – 128

Estimated from 2012 U.S. Census and VCMHB Annual Report

Table 2: PREVALENCE EMOTIONALLY DISTURBED YOUTH 2012

	Vermilion County 2012
Total Population	80,727
Number of Youth	19,697
Prevalence Rate 21%	4,136
Estimated Number Served	Crosspoint – 215 Center for Children's Services – 827

Estimated from 2012 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 or 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 unchartered 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 person 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 2005 and projections for 2010 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 2012

	Vermilion County 2012
Total Population	80,727
Number of Youth and Adults*	80,727
Prevalence Rate 1.7 % Prevalence rates w/autism 16%	1,372 12,916
Estimated Number Served	WorkSource – 70 Adults Crosspoint – 111 Adults Crosspoint – 100 Children in Early Intervention

*Excludes children age 3-12, who are served by the schools
Estimated from 2012 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 2012

	Vermilion County 2012
Total Population	80,727
Number of Adults	60,545
Prevalence Rate 10%	6,545
Estimated Number Served	426 (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 2012

	Vermilion County 2012
Total Population	80,727
Number of Youth	19,697
Prevalence Rate 10%	1,970
Estimated Number Served	222 (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

WEB-BASED NEEDS SURVEY

Web Based Needs Survey

The web based needs survey was targeted to two populations: 1.) the general population within the Vermilion County area, and 2.) providers and stakeholders in the social services network. Despite being offered through the Vermilion County website for three times as long as originally intended and being promoted heavily each time by the executive director, this option for providing feedback was very underutilized. There was a notable lack of input by community mental health providers (especially in the children's area) and the developmental disability area.

Overall results indicate that there is an acknowledgement of anger issues in Vermilion County likely due to poverty, unemployment, and substance abuse. These anger issues likely lead to problems with police, schools, and employment. There seemed to be high consensus that services do work when they are available but that there are many barriers to access, such as costs, transportation, waiting lists, lack of follow through by providers, lack of information as to where to get services, etc. It will be essential to closely monitor the emergence of the newly eligible populations through the Affordable Care Act (ACA) and Medicaid Expansion in order to shepherd people who have never had a funding source for treatment into appropriate services.

Participants indicated a strong desire for more support groups, whatever their issues, and also that they need guidance in accessing services, as the system is fragmented and hard to understand. There is potential for working with the new Health Navigator positions which will be a part of the ACA rollout to train the navigators in assisting people with behavioral health issues in accessing appropriate treatment.

Substance abuse issues were often cited as reasons for issues in the county as far as safety, health, and justice, as well as over-utilization of jails for people with co-occurring substance abuse/mental health issues. There is a great need for programs which treat both mental health and substance abuse at the same time, as clients are often passed from one system to another due to their dual diagnoses. The need for prevention and early intervention services were cited as sorely lacking, especially since state funding for prevention/early intervention has been decimated in recent years. There was also concern over the county's growing problem with heroin, which is caused by the tightening up on prescription medication availability for misuse.

Many participants from the developmental disability world expressed concern about the lack of services for the DD population, especially as they are now living longer and their parents are dying or becoming unable to care for them in the homes. Services for older people with developmental disabilities are critically necessary since state agencies are closing residential facilities.

Several participants from the mental health world expressed peer support and models of recovery as sorely lacking in the community. The local providers need to look into models of recovery-oriented care and utilize funding and educational opportunities offered by the state.

Overall, participants from all disability areas expressed the need for more coordination and collaboration among service providers. Some of this will be alleviated for children with the new CHOICES Care Coordination project for children with severe emotional disorders and with the advent of care coordination in other disability areas, but it needs to be an ongoing focus of attention for the VCMHB to encourage collaboration.

Survey Results for Service Recipients and Families:

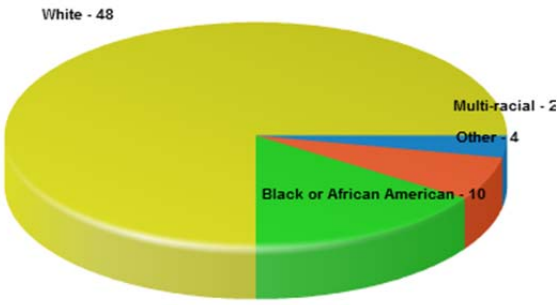
Acquiring Data

- 64 total surveys collected

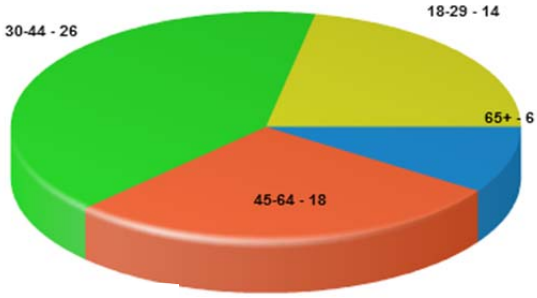
Demographics

- City
  Danville: 84%
  Georgetown: 5%
  Armstrong: 1.5%
  Catlin: 1.5%
  Hoopeston: 1.5%
  Ridgefarm: 1.5%
  Rossville: 1.5%
  N/A: 3.5%

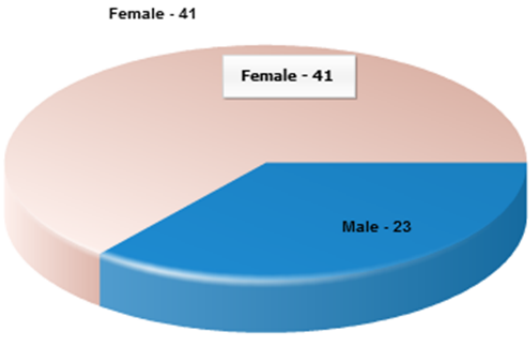
- Race
  White: 75%
  Black or African American: 16%
  Multiracial: 2%
  Other: 6%



- Age Range
  18-29: 22%
  30-44: 41%
  45-64:28%
  65+: 9%



- Gender
  Male: 36%
  Female: 64%



- Education Range
  8th Grade or Less: 3%
  9th – 12th Grade, No Diploma: 11%
  High School Diploma or GED: 39%
  Some College Courses: 20%
  Associate Degree: 6%
  Bachelor's Degree: 16%
  Graduate Degree: 5%

Payment for Services

Medicaid: 36%
Medicare: 17%
Private Insurance/HMO/PPO: 17%
Pay fully or partially myself: 17%
Not charged: 3%
Other: 5%

Mental Health Beliefs

Treatment can help people with mental illness to lead normal lives

- 86% strongly agree or agree.

Mental illness is a sign of personal weakness

- 69% strongly disagree or disagree.

Mental illness can be caused by biological imbalances

- 69% strongly agree or agree.

Children's mental health is essential to health, academic success, and well-being

- 80% strongly agree or agree.

Substance Use Disorder is a disease that should be treated like other medical conditions

- 81% strongly agree or agree.

People with developmental disabilities can lead self-directed, successful lives

- 86% strongly agree or agree.

People with developmental disabilities can function as members of their communities and families

- 86% strongly agree or agree.

Alcoholism is a disease which should be treated like other medical conditions

- 86% strongly agree or agree.

Mental Illness can be caused by environmental factors

- 66% strongly agree or agree. 27% reported not knowing.

Self Help/Support Groups Utilized

Participants surveyed that utilized the following groups:

- Narcotics Anonymous
- Depression and Bipolar
- Alcoholics Anonymous
- National Alliance for Mental Illness
- Autism Network
- Al-Anon

Suggestions for Other Support Groups

Anger Management for Children
Parent Support Groups for Children with Behavioral Issues
Living Room Project for Adults with Mental Illness
Group for Children Living in Addicted Families
Al-Anon for Families Members Living with Addicted People
Peer Support Groups for adults and youth with mental illness.

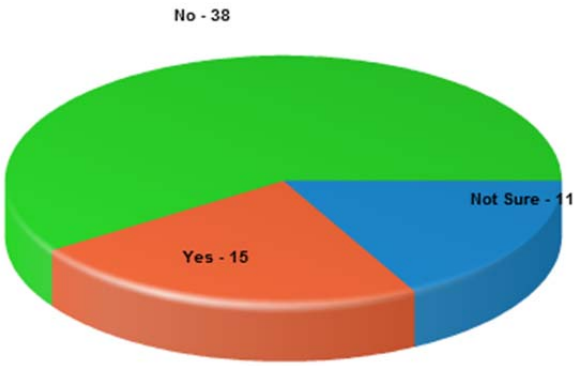
Services Commonly Needed in Vermilion County Area Households

Survey participants suggested a need for the following services:

- Anger management counseling
- Counseling for adults with emotional problems
- Community education about substance use
- Mental health services for children with emotional problems
- Support for coping with daily living
- Substance use (alcohol, drugs) treatment for adults and youth
- Support for families coping with a mentally ill family member
- Bereavement services or help coping with death
- Mental health emergency/crisis assistance
- Counseling and support services for senior citizens
- Person with developmental disability housing and independent living
- Counseling for families & children in crisis
- Peer groups for people with a disability
- Community education about mental health
- Autism spectrum related services
- Eating disorders treatment
- Person with developmental disability employment and training
- Respite services for children so adults can get a break
- Prevention services
- Sexual assault victim support
- Mental health services for veterans and military families
- Domestic violence services
- Sex Offender Treatment
- Other respite services for adults so caregiver can get a break

Benefits of Service

Whether anything kept participants or family members from receiving needed mental health, substance use or developmental disability related services?



- No: 59%
- Yes: 24%
- Not Sure: 17

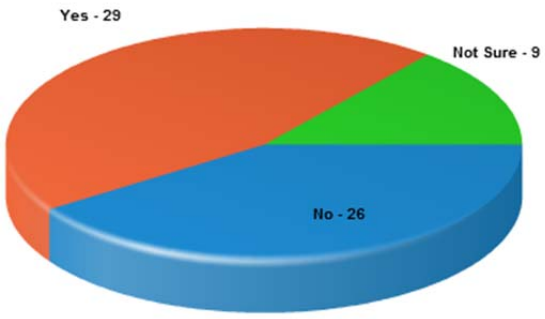
Participants who needed to access services identified the following impediments to services:

- Didn't know where to go for services
- Transportation to get to services
- Lack insurance to help with the cost of treatment
- Lack of funds for co-pay
- Cost of treatment
- No place has the services I need
- 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 for using mental health services
- Agency did not call back or follow-up
- Owe money to the agency I would go to

In the past year, did you think about seeking professional help for any personal or emotional problems?

- Yes: 50%
- No: 42%
- Don't Remember: 8%

Did you actually seek professional help?



- Yes: 45%
- No: 41%
- Not Sure: 14%

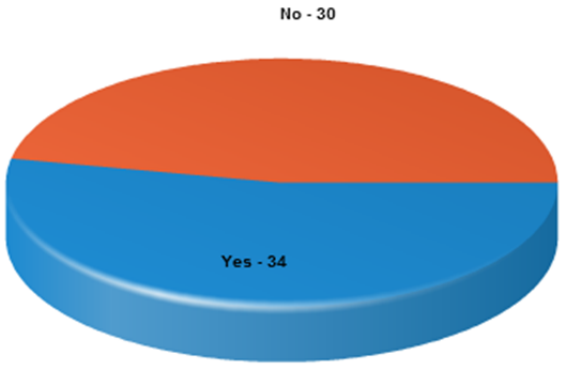
Satisfaction Coordination

- **Reasons for not being satisfied with services and results**

  Need more mental health services
  Can't afford medications without medical card or insurance
  Lack of transportation to additional support groups in Champaign

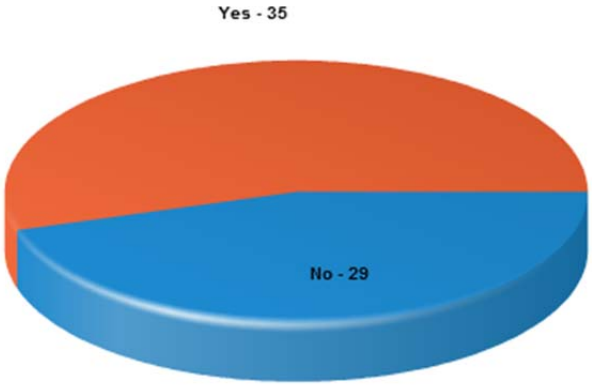
- **Were services well coordinated between more than one provider**

  Yes: 53%
  No: 47%



- **Were services coordinated with medical doctor**

  Yes:55%
  No: 45%



Survey Results for Key Informants, Stakeholders and Community Providers:

Acquiring Data

- 12 total completed surveys collected

Organizations Responding (# from given organization)

- CRIS
- Hoopeston Area School District
- Lakeview College of Nursing
- Prairie Center (3)
- VC Complex Service Planning Coordinator
- VCMHB
- WorkSource (4)

Positions

- Care Coordinator
- Clinical Direct (2)
- Community Health Nursing Course
- Complex Service Planning Coordinator
- DSP(case manager)
- Outpatient Coordinator
- QIDP/DSP
- School Social Worker
- Board member
- Not Completed

Funding Sources

- **CRIS**: No Response
- **Hoopeston Area School District**: No Response
- **Lakeview College of Nursing**: Donations & School Budget (100%)
- **Prairie Center**: Local (18%); Medicaid (12%); State (55%); Other (6%); United Way (5%); Insurance (2%); Donations (1%); Service Fees (1%)
- **VC Complex Service Planning Coordinator:** Local (100%)
- **WorkSource**: Local (5%); Medicaid (85%); State (8%); Other (7%)

Survey participants identified problems related to mental illness, substance use disorders, or developmental disabilities

- Basic needs (ability to pay for food, clothing and other necessities)
- Child Abuse and neglect
- Discrimination against people with mental illness, substance use disorders, or developmental disabilities
- Residential options for persons with mental illness, substance use disorders or developmental disabilities
- Substance Use (illegal drug use, prescription drug use, alcohol use)
- Employment for people with developmental disabilities or mental illness
- Home-based services
- Domestic violence
- Juvenile delinquency
- Affordable housing availability
- Homelessness
- Prescription drug affordability
- Crime and health issues
- Transportation to services outside the home

Survey Participants Feedback on Service Priorities:

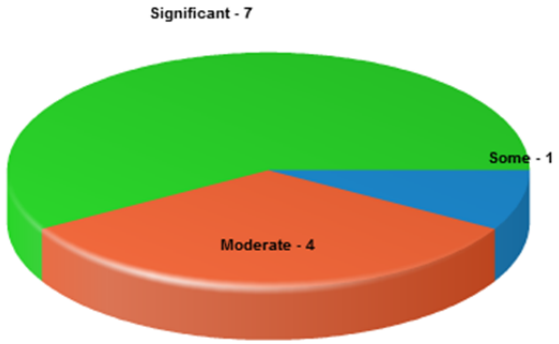
- Being able to get help from social agencies when needed and better information and referral
- More access to psychiatric and counseling services
- More parent/family support services
- More juvenile justice targeted services such as anger management
- More anger management for all ages
- More residential or respite options for all disability areas
- Early intervention for children with developmental delays
- Job training, placement, and support services
- Public education, and awareness
- Services for people with developmental disabilities
- Services for children with Autism
- Addiction recovery groups
- Recreational activities for youth with disabilities
- Senior mental health services
- Services for teen parents
- Youth/teen activities
- Expanded services for substance abuse; drug testing and dual diagnosis treatment

Survey Participants Identification of Barriers:

- Needed services are not available
- Transportation to get to services
- Long waiting period
- Problems communicating with agency representatives
- They do not know where to go for services
- Lack of insurance to help with the cost of treatment
- Cost of treatment
- Lack of co-pay funds
- Service recipients owe money to the agencies they go to
- Stigma against using mental health and substance use disorder services
- Frequent turnover of staff due to low pay
- High client to staff ratios due to lack of staff availability.
- High client drop outs due to lack of supervision and accountability. Therefore, individuals don't get the service they need; they drop out and continue to cycle through different systems, such as jails or hospitals.

Extent to which your organization has implemented policies, practices, and/or training to increase the quality of services to clients in cross-cultural situations.

- Significant: 58%
- Moderate: 33%
- Some: 8%



Advice on how to improve services for your county's residents and their families?

- Encourage agency stakeholders and community leaders to identify and address "root causes." Many of the needs for services are created by root causes of substance abuse and poverty and treatment is putting band-aids on the problems.
- Provide more community awareness on what issues face Vermilion County and the socio-economic cost of not having adequate services and treatment.
- Make information available on what types of services are available and where to obtain them for general public and for doctors and other referral sources.
- Provide more case management or care navigators to make referrals, coordinate services, and avoid duplication of services among agencies. There needs to be a feedback loop established so referrals are followed through on or barriers to access removed.
- Reduce the wait time between referrals and obtaining of treatment. Ensure that there is follow-through with each client to see that recommended services are provided.
- Solve transportation issues or provide more home based services.
- Encourage more agency collaboration and coordination of services to reduce duplication and improve utilization of appropriate services.
- Work with referral services to encourage referrals to the appropriate level of services. Not everyone needs intensive treatment and may benefit from brief strategic interventions.

Is (are) there a specific service(s) you would like to see developed or expanded in Vermillion County?

- Develop short-term, in-patient mental health services for both adults and children.
- Provide case management to assist clients in navigating access to services and follow-through.
- Provide more direct services in schools to provide counseling for substance abuse/mental health and to address truancy.
- Increase available services to clients with developmental disabilities.
- Provide more assistance and support to the parents of children with mental health disorders and developmental disabilities.
- Increase funding for substance abuse and provide more prescription medicine assistance to low income families.
- Increase collaboration among providers and with Presence United Samaritans Medical Center and with the local medical community.

Section IV

FOCUS GROUP
NEEDS SURVEY

Focus Group Needs Surveys

Focus Groups are small groups of individuals formed to discuss a topic of common interest. Focus groups were formed primarily from populations which tend to have similar problems and require similar services within the Vermilion County mental health, substance abuse, and developmental disability service system. The groups were brought together to discuss their experiences with and perceptions of mental health, substance abuse, and developmental disability needs in the community, particularly within their population group. Focus groups afforded an opportunity for the views of certain target populations to be heard, especially at-risk individuals who might not otherwise be involved in the study. The three focus groups included: adult consumers of mental health services, adults with substance abuse, families, family members, and staff for persons with developmental disabilities. The sessions were convened at sites where the populations were currently participating in peer or family groups.

Three Focus Groups were convened by University of Illinois nursing students, Ellen Terstriep, Christine Bezouska, and Mary Joseph under the supervision of instructor Rebecca Doran in February and March, 2013. The focus groups were held at:
1). WorkSource Enterprises – for parents of consumers and employees. (WorkSource provides work skills, evaluation, in-house/on-site community job placement, and programs that enhance and enable opportunities for persons with disabilities to independently live, work, and enjoy life.)
2.) Crosspoint Human Services – for consumers in a psycho-social rehabilitation group. (Crosspoint serves persons experiencing emotional, family or marital stress, or more severe, acute, or chronic psychiatric disabilities, as well as people experiencing developmental delays or mild to profound psychiatric disabilities.)
3.) Aunt Martha's Health Center – for consumers and parents in the Mental Health Department. (Aunt Martha's provides comprehensive health and social services for youth and family members of all ages.)

An additional focus group was held at Prairie Center Health Systems for day treatment consumers of alcohol and substance abuse services in April 2013 by Prairie Center supervisory staff. Prairie Center Health Systems serves persons experiencing substance abuse issues and many of the day treatment clients are involved with drug court. Since all of the groups were facilitated using the same surveys, the summaries have been combined.

Demographics
Overall, a total of 71 surveys were collected through focus groups. The large majority, 80-90%, of the people surveyed were from Danville proper. This could be an indicator that we are not reaching rural populations within the county, as the population split is: Danville – 32,649 as compared to outside of Danville (rest of Vermilion County) – 48,078 (US Census Bureau 2012).

Race
The race demographic of participants was largely Caucasian – 80% for mental health/DD (developmental disability); 60% for substance abuse. 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 83.6%; Black or African American 13.3%; Latin or Hispanic 4.5% (US Census Bureau 2012).

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 77% female in the mental health/DD; 56% for substance abuse, and the educational level for all groups was mostly 12th grade or GED.

Payment for Services

Payment for services among participants was around 30% Medicaid; 15% Medicare; 9-13% private insurance. For the mental health/DD group, 5% were self-pay and for substance abuse participation, 22% were self-pay. (This may be because many substance abusers are court-ordered into treatment regardless of payment source.)

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: 90% either strongly agreed or agreed.
2. Mental illness is a sign of personal weakness: 66% either strongly agreed or agreed. 22% disagreed.
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: 77% either strongly agreed or agreed.
5. Substance Use Disorder is a disease that should be treated like other medical conditions: 68% either strongly agreed or agreed.
6. People with developmental disabilities can lead self-directed, successful lives: 80% either strongly agreed or agreed.
7. People with developmental disabilities can function as members of their communities and families: 80% either strongly agreed or agreed.
8. Alcoholism is a disease which should be treated like other medical conditions: 86% either strongly agreed or agreed.

Self Help/Support Groups Utilized

Out of 71 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.

Section V

LAN 25 F.O.C.U.S.
NEEDS/GAPS ASSESSMENT

F.O.C.U.S. NEEDS/GAPS ASSESSMENT

LAN 25 – March 2012 VERMILION COUNTY F.O.C.U.S GROUP GAP/NEEDS ANALYSIS

Vermilion County F.O.C.U.S. (Facilitating Our Community's Ultimate Success) is a stakeholder group of agencies and other stakeholders who have been meeting monthly for over 20 years to share information about programs for youth and families and to respond to gaps in the service continuum. The Vermilion County Mental Health Board assisted with a GAP/NEEDS analysis in March 2012 to inventory strengths and gaps for age groups from early childhood to adolescent/teens. A scan of the document for needs which may be related to behavioral health service delivery is as follows:

EARLY CHILDHOOD:
Crisis Nursery for stressed parents, caregivers.
Respite care for children with disabilities.
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.

MIDDLE CHILDHOOD:
Conflict Resolution and/or Peer Mediation programs in schools.
More prosecution and required treatment of underage alcohol offenders.
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.
Therapeutic mentoring for children with emotional disorders.
Respite programs for parents of children with emotional/development disabilities.
Crisis respite programs for children with emotional disabilities.
More suicide and self-harm prevention programs.
Smoking cessation programs for youth.
Body image/eating disorder therapy and prevention programs.
Respite and support for grandparents raising grandchildren.
More utilization of Wraparound and Complex Service planning
More multiple agency service planning.
Home based service providers for children with mental illness or developmental disabilities.
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.

ADOLESCENT/TEENS: (Same as most of above.)
More in-school suspensions with on site services.
More surveillance and prevention of performance enhancing drugs.
More school based and after school programs and services.
AlaTeen groups.
Support groups for teens living in chaotic and/or addicted homes.
More paying or "rewarded" work experiences.

Section VI

VERMILION COUNTY JUVENILE COURT FOCUS GROUPS

VERMILION COUNTY JUVENILE COURT FOCUS GROUP

In early 2013, Judge Claudia Anderson took over the juvenile court call and asked for assistance from the Vermilion County Mental Health Board in identifying gaps in assessment availability for court involved youth. It was apparent that there was a lack of psychologists in the Vermilion County area to do testing, fitness evaluations, and risk assessments for violence and re-offending. The VCMHB Executive Director convened a focus group in March 19, 2013 with juvenile court stakeholders, including DCFS, Probation, Public Defenders, State's Attorneys, Judge Anderson, and mental health providers. Following is a list of gaps which were identified:

- **Concern about psychotropic drug prescribing practices**
- **Concern about qualifications of mental health staff developing psychologicals**
- **Concerns about the quality of court ordered forensic reports**
- **Concerns that mental health providers are making sentencing recommendations in forensic reports**
- **Services being recommended in forensic reports are not available or there is a long waiting list to get into recommended services**
- **Lack of mental health treatment staff – doubling up with dual roles (same therapists for conflicting parties)**
- **Lack of mental health services for children whose families end up using police to intervene resulting in charges eventually filed because police get tired of responding**
- **Lack of treatment for adults (and sometimes children) dually diagnosed MI/SA resulting in bouncing clients back and forth between MI/SA**
- **Lack of psychologists to do court ordered psychological examinations in a timely manner.**
- **When court ordered assessments are not presented to the court on time, there is no prior notification as to why it is late.**
- **No local psychologists to do fitness evaluations in Vermilion County.**
- **No local providers of counseling for victims of sexual abuse.**
- **No local providers for counseling for children with reactive attachment disorders (RAD)**
- **Concerns about children and adults being "kicked out" of services due to lack of medication compliance, lack of abstaining from substance abuse, lack of ability to co-pay**
- **Concerns about propensity toward violence for justice/court involved youth and the need to use a standard violence risk assessment tool**
- **Lack of awareness of what the MH/JJ program can offer court/justice involved youth and families and how data from assessments can be used to guide service planning**
- **Concerns about underutilization of MH/JJ program**
- **Lack of awareness and utilization of the Complex Service Planning process for justice/court involved youth**
- **Youth with mental health disorders being placed in DCFS through dependency petitions have little documentation of assessments and attempted interventions**
- **Concerns about youth being discharged from hospitals w/o collaboration between systems on discharge service plan**

Section VII

VERMILION COUNTY IPLAN / “I SING THE BODY ELECTRIC”

VERMILION COUNTY IPLAN/I SING THE BODY ELECTRIC

During the spring of 2012, the VCMHB Executive Director attended several community advisory meetings convened by the Vermilion County Health Department to assess community needs and develop the Illinois Project for Local Assessment of Needs (IPLAN). The Community Advisory Committee, a group of more than 40 key stakeholders, 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 were identified:

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, 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. Also, 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 six biennial Youth Risk Behavioral Surveys. The 2012 survey involved high school students – 2,810 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 2012. Nearly 3,000 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. According to those students, the top five (5) health risks that they face are:

1. Alcohol Use
2. Drug Use
3. Teen Sexuality
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 (23.3%) had their first drink of alcohol at 13 or 14 years of age; one in nine youth (10.8%) smoked their first whole cigarette at 13 or 14; and one in seven students (13.9%) first tried marijuana at those ages.
- Teen abuses of over-the-counter medications show dramatic increases. Nearly one in eight teens (12.7%) report abusing over-the-counter cough and cold medicines, a 104.8% upsurge from 2008 statistics and a 42.7% increase since 2010.
- Prescription drug abuse is on the rise among VC teens. One in six youth (16.3%) report taking prescription drugs not prescribed for them, a 19.9% increase from 2008 data and a 7.9% increase since 2010.
- Female depression (feeling sad or hopeless almost everyday for two weeks or more in a row so that they stopped doing some of their usual activities) has increased 38.9% since 2002, going from 31.9% to 44.3% in 2012; male numbers have increased 29.3% since 2002, going from 23.2% to 30.0% in 2012.
- One in three VC females (33.8%) and one in five VC males (18.4%) report deliberate self harm (cutting or hurting oneself on purpose). These 2012 numbers reflect an upward trend in each survey since we began asking this question in 2008.
- Rates of VC youth attempting suicide (11.8%), though decreasing, are still significantly higher than national youth (7.8%).

Section VIII

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 2012 and includes partial data from the Center For Children Services/Aunt Martha's, which also provides publicly funded behavioral health services for children. (CCS/AM relinquished funding from VCMHB in 2010 after declaring that they could meet the need based on Medicaid funding.)

VERMILION COUNTY 708 MENTAL HEALTH BOARD							
FISCAL YEAR -- December 1, 2011 - November 30, 2012							
	Crosspoint Human Services	Hoopeston Multi-Agency	Prairie Center Health Systems	WorkSource	Wraparound/ CSP	VC Juvenile Detention Counseling	Center for Child. Services (7/1/12 - 6/30/13)
Male Clients	819	249	393	93	56	111	536
Female Clients	1,025	543	178	54	27	9	406
Gender Unspec.	-	-	-	-	-		3
White Clients	1,273	664	374	116	57		502
Black Clients	221	9	176	26	28		208
Hispanic Clients	-	114	16	4	1		28
Asian Clients	-	-	3	-	-		4
Other Clients		5	2	1	-		-
Race Uspecified	-	-	-	-	-		207
Reside Danville	998	-	390	112	47		616
Reside N. Co.	148	792	54	20	4		78
Reside S. Co.	249	-	71	14	34		137
Reside W. Co.	88	-	17	1	1		45
Reside Other	28	-	39	-	-		58
Age Under 6	7	157	-	-	2		11
Age 6-12	94	102	-	1	36		55
Age 13-17	116	81	120	2	45		278
Age 18-35	674	111	293	75	3		484
Age 36-64	633	115	157	65	-		121
Age 65+	30	226	1	4	-		7
Total Clients	1,844	792	648	147	86	120	945
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.							

Local funding from the Vermilion County tax levy has been level for the past six years due the desire of the County Board to not raise the county portion of the property tax. 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 on the following page depicts the historical funding levels of the VCMHB for the past 10 years.

VCMHB Funding Comparisons
FY01 - FY13

	FY 01	FY 02	FY 03	FY 04	FY 05	FY 06	FY 07	FY 08	FY09	FY2010	FY2011	FY2012	FY2013
Estimated Levy	657,000	755,085	768,250	768,250	769,000	700,000	732,910	777,031	786,434	786,434	786,434	786,434	786,434
Revenue													
Actual Levy	652,793	744,780	747,195	773,723	769,167	695,678	730,540	761,737	778,001	777,931	784,292	763,773	
Revenue													
Difference	(4,207)	(10,305)	(21,055)	5,473	167	(4,322)	(2,370)	(15,294)	(8,433)	(8,503)	(2,142)	(22,661)	
(Est. v. Acutal)													
Yearly Expenses	661,884	768,269	752,902	794,860	787,528	698,970	734,322	775,703	784,967	769,701	789,289	782,898	
Rev. v. Expenses	(9,091)	(23,489)	(5,707)	(21,137)	(18,361)	(3,292)	(3,782)	(13,966)	(6,966)	8,230	(4,997)	(19,125)	
(Difference)													
Bal. July	71,265	58,794	31,762	70,245	30,574	51,216	(3,951)	32,116	3,290	1,113	32,211	14,028	
(Before Tax Dist.)													
Fund Bal. on 11/30	568,140	536,436	559,397	507,398	475,862	492,209	480,660	494,313	482,056	506,432	551,413	480,968	

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 HEALTH SYSTEMS – Substance Abuse

By Susan Perkins, MS Ed, LCPC, Clinical Director

Prairie Center Health Systems (2012), one of the primary service agencies in our area, reports a reduction in state expenditures for mental health services from $112 million to $60 million.

1. Prairie Center Treatment Data

- Unduplicated numbers of individuals served in Vermilion County 708 Board Fiscal Year 2012**:**
    - Total: 648

  Adults Served: 426

  Youth Served: *222 *(153 at Juvenile Detention Center)

- Top 5 Primary Substances Used in order**:** 1. Marijuana 2. Alcohol 3.Cocaine/Crack 4. Heroin 5. Other Opiates (heroin and opiates total about 16%).
- About 35% (about 226) individuals have a combined alcohol and drug problem.
- About 48% (about 311) have a secondary substance in addition to a primary substance (the most common secondary substances are Marijuana and Alcohol – in that order)
- *Primary Referral Sources: Criminal Justice (Probation, Courts, Parole): About 52% (about 336) individuals are criminal justice; DCFS: 16% (about 106) individuals are DCFS involved.
- *Rural Areas (compared to Urban) have higher proportion of referrals from Criminal Justice (about 20% more).

2. Vermilion County Substance Abuse Prevalence Data

I Sing the Body Electric 2002-2012 data (Vermilion County Survey conducted every two years by county high schoolers)

Alcohol:

- Ranked number one health concern (underage drinking).
- Ranked number one or two in all six surveys (back to 2002).
- 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.
- 12th grade males and 11th grade females were at highest risk for drinking in past 30 days.
- Although there has been a decline since 2002 in number of youth who have ever drunk, the number of students binge drinking still too high (even though there has been a downward trend).

Drugs

- **Drugs Abuse: Was ranked as number two health concern. Has consistently been one of the top four health concerns since 2002**

- Marijuana: there is a decline in use of marijuana but the use is higher than it was in 2008 and nearly the same as 2010 survey.
- 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).
- 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 has tried a synthetic drug (such as bath salts or K2).

3. Vermilion County Drug Crime data (2002-2011 Profile of Vermilion County Crime; A Profile of the Vermilion County Metropolitan Enforcement Group VMEG)

- 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.

4. Redeploy Data (from 2009-2011): Data collected on youth who were sentenced to the Department of Corrections. 52 of the 54 sentenced were served by Prairie Center

Primary substance used by 52 individuals – (not all substances due to time constraints of data collection).

Alcohol and Drugs:

- Nearly all the youth were male in this data analysis (98%) and most were incarcerated in juvenile detention at the time of their substance abuse assessment
- Marijuana was the number one drug used by this population (over 73%) and alcohol was second. There was only one individual who had a history of cocaine use.

5. National and State Trends and Access to Treatment

- **National Trends**

- According to the 2011 Survey on Substance Abuse and Health (from the Substance Abuse Mental Health Services Administration – SAMHSA). Marijuana is the most commonly used illicit drug in America and from 2007 to 2011. The rate of use by individuals increased from 5.8% to 7.0% (increased to 18 million users).

- The survey also shows that the rate of heroin users in the past year nearly doubled since 2007 along with those using prescription pain relievers.

- According to SAMHSA, in 2011 21.6 million persons aged 12 or older needed treatment for an illicit drug or alcohol use problem (8.4 percent of persons aged 12 or older). Of these, 2.3 million (0.9 percent of persons aged 12 or older and 10.8 percent of those who needed treatment) received treatment at a specialty facility. Thus, 19.3 million persons (7.5 percent of the population aged 12 or older) needed treatment for an illicit drug or alcohol use problem but did not receive treatment at a specialty facility in the past year.

- **State Data(2002-2010)**

- Drug treatment admissions for prescription drugs nearly tripled between 2002 and 2007 according to the Illinois Department of Human Services Division of Alcoholism and Substance Abuse (DASA). Since 2002, DASA has documented the number of admissions to substance abuse treatment programs for the abuse of prescription depressants and opioids. In 2007, admissions to drug treatment for the abuse of prescription opioids were 11 times the 2002 admissions, an increase from 252 to 2,884. In addition, during the time period examined, admissions to treatment for depressants rose 42 percent. Admissions for benzodiazepines increased 78 percent.

- The latest Treatment Episode Data Set (TEDS) from 2010 shows 73,009 admissions for treatment in Illinois. Heroin was the most prevalent drug used followed by marijuana and alcohol.

- Overdose deaths have nearly doubled from 2002 to 2010 (Center for Disease Control). Overdose deaths on opiates are now higher than deaths by car crashes in 16 states; Illinois is now one of those states.

- **DCFS Cases of Abuse and Neglect (2012)**

A new report from the Illinois Department of Children and Family Services shows a 5.4 percent increase in reports of abused and neglected children across downstate Illinois and the majority of abuse and neglect cases are related to substance abuse.

According to data compiled by Northwestern University from DCFS and the U.S. Census Bureau, there were 91 indicated cases of abuse or neglect statewide last year for every 10,000 Illinois children. 35 downstate counties showed abuse and neglect rates more than double the statewide average and Vermilion County was one of 12 central Illinois counties named.

The increasing number of abused and neglected children in downstate Illinois follows a decade long trend. Ten years ago (FY 2003), the department received reports of suspected abuse of 61,930 kids across downstate. Last year's total (FY 2012) of 74,102 represents a 20 percent increase.

6. Decrease in Prairie Center services due to state funding cuts

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 about 16 staff. As a result, Prairie Center is only able to serve the most severe people.

Prairie Center no longer has Prevention Services or Early Intervention services. There are no staff to serve individuals who have used substances and are at risk of developing a further substance abuse problem. They are turned away in order to treat the most severe.

As a result of significant cuts, Prairie Center is now able to serve only two Vermilion County schools (for youth) instead of 6 schools (rural schools have been eliminated and rural schools have higher incidences of substance abuse with age of onset as younger than urban).

Historically, Prairie Center has never received adequate funding for youth. Prairie Center has never been able to offer intensive services (such as Intensive Outpatient Treatment) to youth because of lack of funding for appropriate levels of staffing.

The number of intake staff has been cut, which causes wait lists off and on to enter services of up to 8 weeks; those who are identified as needing inpatient services are placed on another waiting list for inpatient services.

Due to funding reductions Prairie Center is offsetting more cost to the individuals who are unable to attend services at times because they do not have their co-pay.

COST EFFECTIVENESS DATA OF SUBSTANCE ABUSE TREATMENT

There is overwhelming evidence that substance abuse treatment is effective and makes an impact on the costs of crime, health, and public safety.

Research substantiates positive treatment outcomes that encourage stable families and communities, save taxpayer dollars, and save lives. A 2005 study of more than 800 Illinois adults and a 2009 study of more than 700 adolescent clients in Illinois found that 12 months post treatment:

- adults reported a 58% decrease and adolescents reported a 42% decrease in drug and alcohol use
- adults reported a 56% decrease in the number of days experiencing emotional or behavioral problems
- adolescents reported a 36% decrease in the number of days experiencing emotional or behavioral problems
- adults reported a 58% decrease in the number of days homeless
- adults reported a 61% decrease in violent and illegal behavior
- adolescents reported a 46% decrease in violent and illegal behavior, and
- adults reported a 69% INCREASE in vocational engagement. (Chestnut Health Systems, 2005 and 2009).

Addiction Treatment Decreases Crime

- A 2006 study of individuals completing Illinois' Sheridan Reentry Prison program, which couples in-prison treatment with post-release community treatment, were **21% less likely to be re-arrested for a new crime** and **44% less likely to return to prison** than those in the comparison group (Olson, et al, 2006).
- A seminal, congressionally mandated treatment effectiveness study found that, comparing 1 year prior treatment to 1 year post treatment, the percentage of clients engaged in **drug selling decreased 78%**, **shoplifting decreased 81%**, and criminal **arrests decreased 65%** (SAMHSA, 1997)..
- For every 1,000 people who receive supervised treatment in the community as an alternative to prison, the state saves an estimated $20 million. **On average, a year of supervised community-based drug treatment costs less than $5,000. A year of prison costs approximately $25,000** (TASC, 2007; IDOC, 2009).

Addiction Treatment Saves Dollars

Treatment supports significant cost savings in other systems. Appropriate treatment results in:

- Fewer emergency room visits and hospital stays
- Fewer absences from school or employment
- Reduced impacts in the criminal justice system
- More intact families; and, fewer children in foster care.
- Illinois annually spends nearly $3 billion, 12% of the state budget, dealing with consequences of untreated addiction while less than one-tenth of 1% of all state

spending is dedicated to addiction healthcare services. Every $1 cut from addiction treatment will cost Illinois $7 in corrections, child welfare, public health, healthcare and family services, education, and other areas (RWJF, 2005).

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.