



**JOINT WORKGROUP SESSION OF THE  
MCLEAN COUNTY BOARD OF HEALTH AND BOARD FOR THE CARE  
AND TREATMENT OF PERSONS WITH DEVELOPMENTAL  
DISABILITIES**

**NOTICE OF WORKGROUP SESSION AND AGENDA**

**McLean County Health Department  
200 West Front Street, Room 322  
Bloomington, IL 61701**

**Tuesday, April 5, 2016  
2:00 PM**

- I. Roll Call
- II. Establish an Agenda
- III. Appearance by Members of the Public
- IV. New Business
  - A. Items for Action
    - 1. Approve of Workgroup Session Minutes – February 2, 2016
  - B. Items for Information
    - 1. Health Committee Presentation Presentation
    - 2. Mental Heal Advisory Board Attachment A
    - 3. State Health Improvement Plan SHIP Draft
  - C. Items for Discussion
    - 1. Streamline Web Based Health Care System Attachment B
    - 2. Revised Draft Funding Timeline Attachment C
    - 3. Funding Criteria and Guidelines Attachment D
- V. Board Issues
- VI. Adjournment

**Minutes**  
**553 & 377 Joint Board Meeting**  
**February 2, 2016**

**CALL TO ORDER:** Laura Beavers called the joint meeting to order at 2:05pm and declared a quorum for both the Board of Health and the 377 Boards.

**MEMBERS PRESENT:** Ron Morehead, Mary Caisley, Diane Crutcher, Vern McGinnis, Phylis VerSteegh, Judy Buchanan, Cory Tello, Sonja Reece, Becky Powell, Laurie Wollrab, Cindy Kerber

**STAFF PRESENT:** Laura Beavers, Phaedra Morris

**ESTABLISH AN AGENDA:** No discussion

**APPEARANCE BY MEMBERS OF THE PUBLIC:** Susan Schafer, County Board Member

**NEW BUSINESS:**

**A. Items for Action**

**1. Approval of Board Meeting Minutes – December 2, 2015**

Sonja Reece motioned to approve. Vern McGinnis seconded.  
Motion carried.

**B. Items for Information**

**1. National Council for Behavioral Health Opportunity**

Laura Beavers stated the McLean County Health Department was selected by the National Council for Behavioral Health to attend their Conference, free of charge, which is a public health summit that integrates behavioral health with developmental disabilities and public health collectively. We will receive private one-on-one technical assistance for 6 months through the CDC and the National Council. In March, I will be heading out to Las Vegas to participate in that conference. This is a huge opportunity and there might be times where we ask the boards to participate in certain activities.

**2. Center for Human Services Tour Opportunities**

During our Agency Tour over this past summer, there were some dates that didn't work out for our agencies. The Center for Human Services has again reached out and asked if there is anyone that wants a tour of their agency to please let them know. Laurie Wollrab, Vern McGinnis, and Phylis VerSteegh all expressed interest in setting up a tour date, possibly in March.

### **3. 553 Service Statistics and 4<sup>th</sup> Quarter Reports**

Judy Buchanan stated she noticed that Chestnut didn't provide any reporting information for third quarter for the CSU. Laura Beavers stated we began funding their life/safety items on October 1, therefore can only ask for reporting for the time period they were funded, which began in the 4<sup>th</sup> quarter.

### **4. 377 Service Statistics and 4<sup>th</sup> Quarter Reports**

Lutheran did not submit their 4<sup>th</sup> Quarter report in time, therefore, it will be included in the next quarterly reporting packet.

### **5. Streamline Healthcare Solutions**

Laura Beavers stated we are looking at acquiring a new web based system to streamline our processes. This web based system will allow the agencies to report their quarterly information into, collect data, produce board packets, house the funding process, etc. Streamline Healthcare Solutions is currently being used by five other counties; Macon, Champaign, McHenry, Oak Park Township, and St. Clair.

Streamline will create a place to house the funding application and all other funding documents on the website and each agency applying for funding through us will register to gain access to this website. Board Members will be given a private sign-on to look at these items. Agencies will be given a private sign-on to look at just the items we want them to be able to look at.

To get us up and running for this upcoming funding year and all that entails, it would cost us approximately \$22,000-\$25,000 for first year and then maintenance every year thereafter for approximately \$5,000 per year. The total cost will be split between the 553 and 377 funds through appropriate percentage of use.

It was decided that Alex would need to come to MCHD and present this new program to the Boards and answer it questions they may have. Alex will be coming on Friday, February 19<sup>th</sup> at 9:00am.

## **C. Items for Discussion**

### **1. Summary of Discussion**

A handout was given summarizing the discussion we had during the last joint meeting regarding policies, funding criteria and needs.

### **2. CY17 Funding Guidelines and Priorities**

The 377 Board has completed the revision of their funding guidelines and priorities. Their version is included in the board packet. The 553 Board will need to send any requests for changes to Phaedra.

### **3. CY17 Application**

The 377 Board has completed the revision of their CY17 application and its included in the board packet. The 553 Board will need to send any requests for changes to their application to Phaedra.

### **BOARD ISSUES**

No issues reported.

### **ADJOURNMENT**

Vern McGinnis motioned to adjourn. Diane Crutcher seconded. Motion carried and meeting adjourned at 4:37pm.



## **McLean County Health Department**

## **ATTACHMENT A**

The McLean County Health Department has been funding behavioral health and developmental disability services within McLean County for the past 39 years. Although much has changed throughout the years, many items have remained the same. We recognize that behavioral health is essential to the health and wellness of our community. As a nation, we continue to struggle providing for basic care elements. The State of Illinois financial crisis has had a significant impact on communities and individuals within the communities. Now is the time for individuals, communities, providers, and stakeholders to utilize these challenges to look for opportunities, and develop innovative strategies to enhance the health and wellbeing our community.

### **History of Mental Health within the Health Department Program Function**

In 1963, the Illinois House passed the Community Mental Health Act. In 1970, Senate Bill 553 was signed into law. Senate Bill 553 amended the State of Illinois County health law mandating mental health activity as follows:

"Establish and carry out programs and services in mental health, including mental retardation, non inconsistent with the regulations of the Department of Mental Health."

In 1972, the Mclean County Board strongly encouraged the Board of Health to develop a mental health program. In response to the request, the Board of Health proposed and the County Board approved a line item for mental health services within the Department's budget. In 1975, the Health Department hired a Mental Health Coordinator to staff the new division. The Board of Health chose to implement mental health services by way of contract for services with local mental health and social service agencies.

In 1987, upon the request of providers and advocacy groups representing persons with developmental disabilities, the County Board passed a resolution establishing the Mentally Deficient Persons Board. A levy was established which increased funding for the developmental disabilities service population. In 1993, the statute was amended and the official name of the board was changed to the Board for the Care and Treatment of Persons with a Developmental Disability. A levy was established which increased funding for the developmental disabilities service population.

In 1987, House Bill 857 again amended the State of Illinois County health Law to allow an additional \$.05 levy per \$100 assessed evaluation for mental health services pursuant to referendum. In April 1989, Mclean County Voters approved the referendum by a three to two margin. The Board of Health began instituting implementation for the referendum in Fiscal year 1991.

In 2008, the Board of Health specifically funded McLean County Drug Court Treatment Services provided by Chestnut Health Systems.

In 2015, the McLean County Board of Health determined it would be beneficial to have the funding Cycle aligned with the McLean County Calendar Year Funding Cycle of January 1 to December 31. This allowed for a more accurate statement of available tax resources and improved our mental health funding planning capacities.

While the Mclean County Health Department does not administer any mental health services, they work with the Illinois Department of Human Services to plan and fund the local system of care and serves as the county's governmental mental health authority. Mental health, developmental disability, and substance abuse services are provided through contracts with local service providers.

The Mclean County Health Department reviews grant applications annually and awards funding based upon community needs and priorities. The board requires that funded agencies provide quarterly reports that are used to evaluate funded programs and measure progress.

### **McLean County Board of Health 377 Community Responsibilities**

The board carries out its duties by:

- Providing support for and focusing resources on agencies that ensure the availability of core mental health services to all county residents.
- Modeling efficient stewardship by making sure programs are cost effective, high quality, accessible, and affordable.
- Making focused efforts to be aware of the County needs for services and to be knowledgeable of the capacity of the system to respond to those needs.
- Conducting the business in a manner that demonstrates responsible leadership and recognizes the responsibilities of public accountability.
- Promoting and emphasizing an overall message of mental health and wellness.

### **McLean County Board of Health Members**

- Becky Powell President
- Jane Turley Vice President
- Cory Tello Secretary
- Dr. Kurt Bowers, DDS, MS
- Judy Buchanan
- Dr. Alan Ginzburg
- Dr. Cynthia Sullivan Kerber
- Dr. David Naour
- Sonja Reece
- Ben Owens
- Laurie Wollrab

## Mental Health Advisory Board Members (MHAB)

In 2015, the McLean County Board of Health requested a Mental Health Advisory Board to the Board of Health be formed to specifically provide counsel, direction and advice to the Board of Health on community mental health issues.

### MHAB Members

- Chief Rick Bleichner, Normal Police Department
- Dan Deneen, Attorney
- Wanda Holloway, LCSW
- Ann Janes, LCSW
- Chief Brian Mohr, Bloomington Fire Chief
- Dr. Phillip Mulvey, Illinois State University
- Cory Tello, McLean County Board of Health, Retired School Psychologist, Special Education Administrator, and Technical Assistance Coordinator for the Illinois PBIS Network
- Dr. Mary Sutter, PhD, Retired Teacher
- Dr. Diane Wolf, Regional Office of Education

### 2015 Funded Partners

Organization	2015 Funding	Service	Total Served
Center for Youth and Family Solutions	\$25,716	Moral Reconciliation Therapy with in the criminal justice system	27
Chestnut Health Systems	\$145,440	Early Intervention Substance Abuse Services in Schools	443
Chestnut Health Systems	\$196,393	Crisis	154
Chestnut Health Systems	\$182,064	Drug Court Treatment	<b>**CY 15 Dollars were reallocated to the Crisis Stabilization Unit</b>
Labyrinth	\$20,800	Case Management and Housing	11
McLean County Center for Human Services	\$311,868	Psychiatric Services	332
McLean County Center for Human Services	\$361,916	Crisis Intervention Services	1766

PATH	\$38,028	Emergency Crisis Line-211-Suicide Prevention	9358
PATH	\$40,000	Crisis Clinical Follow up Services	321
Project Oz	\$56,868	Substance Abuse Prevention	76,120

**2016 Funded Partners**

Agency	Program	Proposed Served	Funding
The BabyFold	Healthy Start	80	\$ 66,744
Chestnut Health Systems	Specialty Court	All deemed appropriate	\$ 162,184
Chestnut Health Systems	School Based Services	100-200	\$100,000
Center for Youth & Family Solutions	Moral Reconciliation Therapy	15-20	\$ 25,716
McLean County Center for Human Services	Mobile Crisis Team	1000	\$361,916
McLean County Center for Human Services	Psychiatric Services	300	\$311,868
Labyrinth	Labyrinth House	10	\$ 41,600
PATH	211/Crisis Hotline	11,500	\$ 38,000
PATH	Clinical Follow Up and Systemic crisis improvements	1200	\$ 40,000
Project Oz	Prevention and Education	3424	\$124,046

# MEMO

ATTACHMENT B

To: The McLean County Board of Health (553 Board) & The McLean County 377 Board  
From: Laura Beavers   
Date: April 1, 2016  
Subject: Streamline Health Care Solutions Web Based Computer Program

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As discussed, we have received a bid for a web based computer system by Streamline Health Care Solutions. Below I have detailed the specifics of the process.

## Purchasing Process

As part of the County Purchasing Process, we approached three vendors to provide this service. Specifically, we approached the following:

1. Internal Capabilities
2. Civic Plus-Civic Plus maintains the MCHD Website and the McLean County Website. Civic Plus indicated they could not provide this service.
3. Proviso Township Mental Health Commission-Quote received ranged from \$80,250 to \$102,500
4. Streamline Health Care Solutions-Total Cost \$25,730-Staff Review, Board Presentation, internal consultation, and County Consultation

## Financing

The web based health care service system costs would be appropriated between both the 553 Board and the 377 Board. Below is the initial estimate:

553 Board	\$19,930 (77%)
377 Board	\$ 5,800 (23%)

The annual support fee of \$5,000 would be built into the 2017 budget. An estimate based on current levied dollars, the 553 Board would cover 65% of the annual fee and the 377 Board would cover 35% of the annual fee.

After a full review, I respectfully recommend that the Boards purchase the Streamline electronic web based health system. A system of this design will greatly improve our abilities to streamline the application and quarterly reporting process, improve data collection, increase accountability, and improve transparency. The decision to purchase this system will be placed on the agenda for the April 14, 2016 377 Board Meeting and the May 11, 2016 Board Meeting.

Should you have any questions or concern, please contact me at 309-888-5526 or [laura.beavers@mcleancountyil.gov](mailto:laura.beavers@mcleancountyil.gov).

**MCLEAN COUNTY BOARD OF HEALTH  
REVISED 2017 Funding Timeline**

## DRAFT

Date	Activity	Responsible Party
January/February 2016	Review, Recommend and Revise Guidelines, Priorities, and Application	Revisions-Laura Beavers/Phaedra Morris BOH
4/5/16	Finalize Guidelines, Priorities, and Applications	BOH
5/11/16	Approve Guidelines, Priorities, and Applications	BOH
5/16/16	Post Guidelines/Priorities and Applications	Laura Beavers/Phaedra Morris
5/17/16 or 5/31/16	Technical Assistance Meeting	MCHD Staff and Potential Partners
6/17/16 at 4:00 pm	Applications Due	Interested Organizations
6/18/16-6/30/16	Review Applications via Website	BOH
Time Period of 7/6/16-7/20/16	Oral Presentations if needed	Scheduling Phaedra Morris-BOH & 377 Board
9/14/16	Recommendations for Funding	BOH Scheduled Meeting
10/3/16	Notification of Funding Approval Letters – Pending Budget	Laura Beavers/Phaedra Morris
November	Work on Contracts	Laura Beavers/Phaedra Morris
12/1/16	Provider Meeting and Distribution of Contracts	Laura Beavers/Phaedra Morris and Funded Partners
12/15/16	Return Due Date of Contracts	Funded Partners

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**377 BOARD  
REVISED 2017 Funding Timeline**

**DRAFT**

Date	Activity	Responsible Party
January/February 2016	Review, Recommend and Revise Guidelines, Priorities, and Applications	Revisions-Laura Beavers/Phaedra Morris Approval-BOH & 377 Board
4/14/16	Finalize Guidelines, Priorities, and Applications	377 Board
5/16/16	Post Guidelines/Priorities and Applications to Website	Laura Beavers/Phaedra Morris
5/17/16 or 5/31/16	Technical Assistance Meeting	MCHD Staff and Potential Partners
6/17/16 at 4:00 pm	Applications Due	Interested Organizations
6/18/16-6/30/16	Review Application via Website	377 Board
Time Period of 7/6/16-7/20/16	Oral Presentations if needed	Scheduling Phaedra Morris-BOH & 377 Board
10/13/216	Recommendations for Funding	377 Board Meeting
10/28/16	Notification of Funding Approval Letters – Pending Budget	Laura Beavers/Phaedra Morris
November	Work on Contracts	Laura Beavers/Phaedra Morris
12/1/16	Provider Meeting and Distribution of Contracts	Laura Beavers/Phaedra Morris and Funded Partners
12/15/16	Return Due Date of Contracts	Funded Partners

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**Section 1  
Criteria**

All programming and services must have an impact in the following areas:

- Mental Health
- Substance Abuse

Contract funds overseen by the McLean County Board of Health (553 Board) must be designated for mental health and substance abuse services only.

**Section II  
General Conditions for Funding**

1. Compliance with the application deadline. Late applications will not be accepted.
2. The McLean County Board of Health (553 Board) supports system integration and encourages inter-agency cooperation, coordination, joint planning and any such cooperation evidenced by written agreements between agencies or evidence of participation in local inter-agency joint planning committee will be noted as positive factors when designating mental health funds.
3. A clear demonstration of need must be established prior to the granting of all or part of the funding request.
4. The McLean County Board of Health (553 Board) is open to funding pilot programs.
5. All agencies must adhere a No Wrong Door approach. This approach relies on organizations in our community knowing that the others exist and what services are provided – and empowering each other to work together for the common good.
6. Favorable consideration will be given to applicants who clearly demonstrate that a substantial effort has been made to explore other funding resources. Sustainability should be included in the program plan.
7. Only clearly documented non-duplicative requests will be considered. Any program request that overlaps with an existing available program in McLean County shall be removed from consideration.
8. Program plans: Objectives, Client Outcomes, and Staffing will be a prime consideration when allocating funds and must be designed to meet the stated objectives. There must be assurance that the agency and personnel to be assigned to the program are capable

and experienced. Participant Centered, trauma informed, evidenced based, outcome driven programming with a sustainability plan is strongly encouraged.

9. Each applicant must have a clearly defined plan to assess program results with a documented plan to evaluate the desired impact of the program on the client outcomes.
10. All agencies must demonstrate an ability to meet and agree to accept, all of the following conditions in order to be considered for funding:
  - A. A mutually agreed upon contract between the grantee and the Board of Health (553 Board) must be negotiated and approved by the State's Attorney prior to awarding the grant.
  - B. Payments for contractual services will be made on a schedule stated within the contract provided the agency has met all contractual conditions and obligations.
  - C. Periodic reports and site visits will be required in accordance with the contractual agreement. Each applicant must utilize the Quarterly Reporting Guidance and the Calendar Year 2017 Quarterly Report to document quarterly progress. Reports should contain, at a minimum, types of service rendered, service outcomes, evidence of progress in attaining program objectives, and narrative describing program activities during the quarter.
  - D. At the end of the funding period, the Board of Health Board will require a final report summarizing program activities, evaluation of the program in accordance with the proposal outlined above, and an accounting of all funds received from the Board of Health.
  - E. Funds will be provided to not for profit or governmental agencies only. Satisfactory evidence of not for profit and tax exempt status must be on file or accompany the program proposal.
  - F. The Board of Health will require evidence of fiscal responsibility and sound accounting practice prior to contracting with the agency for mental health services. An Annual CPA audit prepared in accordance with AICPA Industry Audit Standards will satisfy this requirement.
  - G. The agency should plan to make a presentation regarding their proposal at a public hearing scheduled by the Board of Health.
  - H. All grants are subject to limitation depending on the availability of funds to the Board of Health.
  - I. Approved grantee must comply with the Title VI of the Civil Rights Act of 1964 (PL88-353) and Title VII of the Civil Rights Act of 1964.
  - J. Agencies must submit a revised Budget and Application of Revenue Form to the Department, no later than January 5<sup>th</sup> of the calendar year funded, outlining an annual expenditure plan.
  - K. DHS grantees must submit all grant applications for State funding to the Health Department for review and comment. In addition, notification of all site visits by DHS will be given to the Department as well as submission of other State reports as specified in the agency contracts.

**Section III**  
**CY 17 Funding Priorities**  
**January 1, 2017-December 31, 2017**

**Behavioral Health and Substance Abuse**

- Behavioral Health is essential to health. It includes mental health and substance abuse. Prevention reduces the likelihood of the onset of health problems, reduces harm and saves dollars.
- Individuals impacted by mental illness and substance use disorders have the opportunity to live healthy, productive lives.
- Individuals impacted by mental illness and substance use disorders should have access to treatment specific to their needs, the required level of care, and promotes overall improved health and wellness.
- Supports for individuals with mental illness and substance use disorders should focus on developing and strengthening their individual capacities and support networks. A natural part of this process includes wellness, recovery, and termination.
- Support for individuals impacted by mental illness and substance use disorders should seek to reduce the stigma associated with their illness/disorder
- Suicide is one of the leading causes of death. Research and Data suggest the following:
  - According to the Center for Disease Control, suicide was ranked as the 10<sup>th</sup> leading cause of death among person ages 10 and older in the United States in 2009.
  - According to 2008 data provided by The Illinois Department of Public Health, suicide was the 10<sup>th</sup> leading cause of death in McLean County.
  - A report provided by the McLean County Coroner for the year 2013 indicated there were 22 suicide deaths in McLean County.
  - In the United States, suicide is the third leading cause of death in young people, age, 15-24 years. ~Provided by CDC, cited within Youth Mental Health First Aid manual, page 135.
- Prevalence Data from Behavioral Health, United States 2012 publication indicates:
  - In 2011, more than 41 million U.S. adults (18 percent) had any mental illness, and nearly 20 million (8 percent) had a substance use disorder.
  - In 2011, nearly 9 million U.S. adults (4 percent) had mental illness that greatly affected day-to-day living, or serious functional impairment.
  - Data collected in 2010 and 2011 indicate that almost half of United States children ages 4-11 with emotional or behavioral difficulties used mental health services at least once during the past year.

## McLean County Objectives

### Children, Adolescent and Family Focused Programs and Services

1. Provide community based crisis response services, including a 24 hour crisis line.
2. Identify youth at risk of social, emotional, and/or behavioral health issues and using evidence based/informed services, engage in a process of healing and positive development. Employ prevention and early intervention strategies to improve behavioral health outcomes.
3. Expand access to psychiatric services.
4. Provide supportive employment and residential services.

### Access to Community Based Services, Resource Development and Collaboration

1. Increase investment in programs and services through system integration, collaboration and innovative approaches with a strong emphasis on prevention and early intervention.
2. Increase the ability to access high quality community based services that include prevention, treatment, recovery, and wellness services.
3. Reduce involvement of target populations in the criminal justice system.

### Priority Levels

#### Existing Programs

Priority Levels	Mental Illness	Substance Abuse
Priority 1	Crisis Intervention including 24 hour crisis line.	Early intervention/identification (Adolescent and Pre-adolescents)
	Child and Adolescent Outpatient services	Primary Prevention services to primary grade youth
	Psychiatric Services	Specialty Courts
Priority 2	Vocational Services	Youth Treatment Services
	Adult outpatient & long term care	Adult Treatment services
Priority 3	Non Emergency telephone information & referral	
	Domestic Violence Counseling related to dually diagnosed clients	

**New Initiatives or Expansion**

Priority	Mental Illness	Substance Abuse
Priority 1	Expand access to psychiatric service or professional extenders on with prescription medication for seriously mentally ill and those with dual diagnoses-MI/DD & MI/SA	Adolescent early intervention services
	Child & Adolescent outreach and outpatient services to avoid reliance on limited state operated facilities. Services should be evidence based, outcome driven, and collaborative in nature with goals of avoiding duplication and interconnecting with other youth service agencies to ensure streamlined access.	Detox-crisis service for dual diagnosis clients coupled with psychiatric and inpatient options (MIS)
		Primary prevention programs for primary grade youth.
Priority 2	Dual Diagnosis services (MI/SA)	Adolescent residential programs
	Evidenced based programming such as assertive case management, forensic case management, stabilization services and secure residential services	Family based treatment services for youth.
	Specialized service for seriously mentally ill involved with the justice system	
Priority 3	Prevention services including, but not limited to community education, early intervention, and emotional health and wellness	Extended care programs for adults.
		Geriatric substance abuse treatment.

## Section IV. Decision Authority

### Overarching Decision Support Considerations

The CY17 allocation process will require all applications to address the overarching criteria listed below.

1. Underserved Populations-Programs and services that promote access for the underserved populations identified in the Surgeon General's Report on Mental Health: Culture, Race, and Ethnicity.
2. Countywide Access-Programs and services that promote county wide access for all people in McLean County. Concentrating on documented, underserved populations needing access to locally funded services.
3. Budget and Program Connectedness-Applications must clearly explain the relationship between budgeted costs and program components and must demonstrate how individuals and their preferences are driving the services. For example, "What is the Board of Health buying and for whom?" is the salient question to be answered in the proposal and clarity is required.

### Secondary Decision Support and Priority Criteria

The process items included in this section will be used as important discriminating factors which influence final allocations decision recommendations.

1. Approach/Methods/Innovation: Applications proposing evidence-based or research based approaches and addressing fidelity to the model cited. Applications demonstrating creative and/or innovative approaches to meet defined community need.
2. Evidence of Collaboration: Applications identifying collaborative efforts and system integration employing practices that work towards a more efficient, effective inclusive system of care.
3. Sustainability-Applications highlighting a sustainable program plan or detailing specific funding gaps.
4. Staff Credentials: Applications highlighting staff credentials and specialized training.
5. Records Systems Reflecting the McLean County Board of Health's Values and priorities: Applications proposing to develop and utilize records systems for individuals' supports, programs and projects that clearly reflect the BOH values and priorities. Such records systems can be used to provide rapid feedback to the BOH and the impact and efficacy of innovative projects and provide project managers and direct support staff with direction and feedback that can be utilized in day to day management, supervision, and mentoring/coaching.

**Final Decision Authority**

The McLean County Board of Health (553 Board) will make the final decision concerning all applications for funding.

Should you have any questions regarding your CY 17 Application, please contact Laura Beavers at 309-888-5526 or [laura.beavers@mcleancountyil.gov](mailto:laura.beavers@mcleancountyil.gov)