



**MENTAL HEALTH ADVISORY BOARD
NOTICE OF MEETING AND AGENDA**

**Chestnut Health Systems
1003 Martin Luther King Drive
King 1 Board Room
Bloomington, IL 61701**

**Friday, October 27, 2017
12:15 PM**

- I. Roll Call
- II. Appearance by Members of the Public
- III. Items for Action
 - A. Approval of Meeting Minutes from August 25, 2017 Attachment A
- IV. Items for Information
 - A. CY17 Service Statistics – 3rd Quarter Attachment B
 - B. Working CY19 Timeline Attachment C
- V. Items for Discussion
 - A. 2018 MHAB Meeting Dates Attachment D
 - B. CY19 Funding Criteria & Guidelines Attachment E
- VII. Other Business and Communication
- VIII. Adjournment

Next Meeting: February 23, 2018

Minutes
Mental Health Advisory Board
August 25, 2017

- I. **Roll Call:** Cindy Kerber called the meeting to order at 8:30am. In attendance were Scott Murphy, Dan Deneen, Mary Sutter and Diane Wolf and Brian Mohr.
Absent: Phillip Mulvey, Wanda Holloway, Rick Bleichner, and Cory Tello.
Staff Present: Laura Beavers, Cathy Coverston-Anderson, Phaedra Morris
- II. **Appearance by Members of the Public:** None
- III. **Approval of Minutes; June 30, 2017**
 - Motion by Dan Deneen to approve minutes. Motion was seconded by Brian Mohr. Motion unanimously carried.
- IV. **Items for Information**
 - A. CY17 Service Statistics – 2nd Quarter
 - Laura Beavers reviewed the CY17 Service Statistics with the members. Laura also noted that staff had added the service projection numbers to each agency per their request. Laura advised the board members to please keep in mind that projections are based on when the agency applied and the number of clients they projected they would serve.
 - B. Initial Trends
 - Laura Beavers reviewed data included in the packet pertaining to the crisis system services. In looking at the PATH and Center for Human Services graphics we know there is a correlation at times between crisis calls and suicide responses. These graphs show baseline numbers from first quarter 2015 through second quarter 2017.
 - Suicide Prevention week will be coming up in September. We are currently working with some of our agencies on a community message.
 - Dan Deneen suggested formally requesting that the Board of Health and Mclean County Board consider passing resolutions asking the State of Illinois to reconsider its decision not to financially fund the 211 network.
- V. **Items for Discussion**
 - A. CY19 Funding Criteria and Guidelines
 - Laura Beavers reviewed the criteria and guidelines. Minor changes have been highlighted and bolded.
 - It was suggested this board look at simplifying the application process, possibly by going to multiple tier funding for longer than one year as a long-term goal of this board. Laura Beavers advised the board members if they feel strongly about moving in this

direction, please email Laura with tier criteria and which agency's you would place in each tier.

- Laura Beavers advised the board members that MCHD has requested from the Board of Health and County Board additional funding in the following areas for CY18:
 - \$120,000 to expand the Embedded School Based Services Project to utilize clinicians in 2 additional high risk McLean county schools; Parkside Junior High School and Bloomington Junior High School.
 - \$10,000 for Intensive Treatment & Recovery Program within the Comprehensive Assessment Team. This additional money would allow the team to pursue and pay for psychological or psychiatric examinations, intensive home-based family support and consultations, and non-traditional community based services to address unique needs after other funding sources have been exhausted.
 - \$30,000 for educational materials for the Mental Health First Aid trainings to be held in 2018.
 - \$30,604 for Ending the Silence Program to deliver this program universally to every school in McLean County.

B. Agency Tours

- Laura Beavers suggested if board members are interested in agency tours, we can schedule a day of tours. After discussion, it was determined that our next board meeting date, October 27th, would be a good day to start off with meeting and then tour agencies the rest of the day. Also suggested was to have the MHAB meeting over lunch at one of the agencies.
- Diane Wolf suggested the school bus company may wish to donate one of their buses for the day to transport us. Diane will look into this option.
- Laura Beavers will also invite the 377 Board, Board of Health and possibly the County Board to join the tour.

VI. Other Business and Communication - None

VII. Adjournment: Scott Murphy motioned to adjourn. Motion was seconded by Diane Wolf. Meeting adjourned at 9:44am

Next meeting is October 27th with agency tours from 8-3:30pm and the MHAB meeting being from 12:15-1:15 at Chestnut Health Systems.

CY 2017
Quarterly Service Statistics Summary
January 1, 2017 – December 31, 2017

Quarter	Total Served (Unduplicated)	Total Served (Per Quarter)	Total Allocated Funding
Q1	3272	5997	\$335,452.25
Q2	2247	5547	\$335,452.25
Q3	2514	5733	\$335,452.25
Q4			\$335,452.25
CY 17 TOTAL			\$1,341,809.00

Agency Specific Quarterly Data
July 1, 2017- September 30, 2017

Chestnut Health Systems

Embedded School Service Pilot Project

Target Population: Behavioral Health: Children in Schools

Service Provided: Treatment Services in the Ridgeview School District/Substance

Abuse Early Intervention in all McLean County Schools

Service Projection: Pilot – Anticipated 150 Youth

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	15	15	\$103,000
Q2 – April - Jun	11	26	
Q3 – July - Sept	6	18	
Q4 – Oct - Dec			

McLean County Center for Human Services

Embedded School Service Pilot Project

Target Population: Behavioral Health: Children in Schools

Service Provided: Treatment Services in the Olympia School District

Service Projection: Pilot – Anticipated 50 Youth

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	44	44	\$65,000
Q2 – April - Jun	11	45	
Q3 – July - Sept	9	39	
Q4 – Oct - Dec			

McLean County Center for Human Services

24 Hour Crisis Services

Target Population: Behavioral Health: Crisis – Birth to Grave

Service Provided: Crisis Intervention/Mobile Crisis Services

Service Projection: 1000 Unduplicated Individuals

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	330	482	\$366,000
Q2 – April - Jun	406	490	
Q3 – July - Sept	386	504	
Q4 – Oct - Dec			

McLean County Center for Human Services

Psychiatric

Target Population: Behavioral Health – Birth to Grave

Service Provided: Psychiatric Treatment

Service Projection: 300 McLean County Residents

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	10	892	\$ 318,000
Q2 – April - Jun	11	881	
Q3 – July - Sept	14	847	
Q4 – Oct - Dec			

McLean County Court Services

Problem Solving Courts

Target Population: Behavioral Health: Criminal Justice - Adults

Service Provided: Treatment and Recovery

Service Projection: 70 Individuals

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	60	60	\$208,000
Q2 – April - Jun	2	53	
Q3 – July - Sept	6	48	
Q4 – Oct - Dec			

PATH

Crisis Hotline

Target Population: Behavioral Health – Birth to Grave

Service Provided: 24 Hour Telephone Service-211

Service Projection: 7,052 Individual Calls

Quarter	*Mental Health Calls	*Total Served (Calls)	Contract Amount
Q1 – Jan - Mar	1585	3246	\$ 38,000
Q2 – April - Jun	1533	3367	
Q3 – July - Sept	1454	3342	
Q4 – Oct - Dec			

*Total Served (Calls) are included in the total served statistics-New Clients cannot be reflected for a Crisis Line

Project Oz

School Based Services

Target Population: Substance Abuse - Youth

Service Provided: Substance Abuse prevention and education

Service Projection: 2,885 Individuals

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	1221	1221	\$ 134,297
Q2 – April - Jun	267	645	
Q3 – July - Sept	624	891	
Q4 – Oct - Dec			

The Baby Fold

Healthy Start

Target Population: Behavioral Health - First Time Parents and Infant(s) – 23 and Under

Service Provided: Early Intervention

Service Projection: 23 Individuals

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	2	25	\$67,912
Q2 – April - Jun	1	27	
Q3 – July - Sept	9	30	
Q4 – Oct - Dec			

YWCA Labyrinth

Labyrinth House

Target Population: Behavioral Health - Criminal Justice-Women

Service Provided: Supportive Housing, Case Management, and Care Coordination

Service Projection: 17 Individuals

Quarter	Total New Served	Total Served	Contract Amount
Q1 – Jan - Mar	5	12	\$41,600
Q2 – April - Jun	5	13	
Q3 – July - Sept	6	14	
Q4 – Oct - Dec			

**MCLEAN COUNTY HEALTH DEPARTMENT
"DRAFT" Working 2019 Funding Timeline**

BOARD OF HEALTH and MENTAL HEALTH ADVISORY BOARD

Date	Activity	Responsible Party
1/10/18	Review Guidelines, Priorities and Application	BOH and MCHD Staff
2/23/18	Review & Recommend Guidelines, Priorities and Application	MHAB and MCHD Staff
3/14/18	Approve Guidelines, Priorities and Application	BOH and MCHD Staff
3/19/18	RFP Posted for BOH	EMK Consulting and MCHD Staff
4/16/18	BOH Applications Due	Interested Partners
4/17/18 – 4/23/18	Review Applications via Website	BOH, MHAB and MCHD Staff
Time Period 4/24/18 – 5/8/18	Oral BOH Presentations	BOH, MHAB and MCHD Staff
5/9/18	Review CY19 Proposed Programming/Funding Discussion	BOH and MCHD Staff
6/29/18	CY19 Funding Recommendations	MHAB and MCHD Staff
7/11/18	Review MHAB Recommendations Approval of BOH CY18 Funding	BOH and MCHD Staff
8/30/18	Progress Review	MHAB and MCHD Staff
9/12/18	TBD	Scheduled BOH Meeting
October	Notification of Funding Approval Letters – Pending Budget	MCHD Staff
10/26/18	Review CY 20 Funding Guidelines and Priorities	MHAB and MCHD Staff
November	Work on Contracts	MCHD Staff
11/14/18	TBD	Scheduled BOH Meeting
12/7/18	Provider Meeting and Distribution of Contracts	Funded Partners
12/21/18	Return Due Date of Contracts	Funded Partners

Calendar Year 2018
Mental Health Advisory Board
Meeting Dates
8:30 am

February 23, 2018

June 29, 2018

August 30, 2018

October 26, 2018

McLean County Board of Health (553 Board)
CY 19 Funding Criteria and Guidelines

Section I
Criteria

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

- Mental Health
- Substance Use, Substance Misuse, and Substance Use Disorder

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

Section II
General Conditions for Funding

1. All applicants will be required to apply electronically through the MCHD electronic health service system, <https://www.mchdbhdd.org>. Late applications will not be accepted.
2. As part of the County wide efforts to enhance the behavioral health service system, all applicants will be required to review the McLean County Mental Health Action Plan located at <http://www.mcleancountyil.gov/DocumentCenter/View/6167>. Applicants are also encouraged to review the 2017-2019 McLean County Community Improvement Plan located at <http://health.mcleancountyil.gov/ArchiveCenter/ViewFile/Item/395>.
3. The McLean County Board of Health supports an integrated, interconnected system of care providing access to participant centered services provided in the most appropriate environment, and ensures appropriate transitions are provided.
4. 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.
5. A clear demonstration of need must be established prior to the granting of all or part of the funding request.
6. Contract dollars provided through the McLean County Board of Health cannot supplement Medicaid. Illinois Department of Healthcare and Family Services (HFS) is

responsible for establishing rates for all eligible services in the Illinois Medicaid Program. The HFS established rate is the maximum allowable rate for each eligible service. Reimbursement of a Medicaid service by a public payer in any amount up to the maximum allowable rate published by HFS shall be considered payment in full and cannot be supplemented in any way. (Community Mental Health Services: Service Definition and Reimbursement Guide, Section 1 Service Provision 201.2.4, pg. 5)

7. All agencies must adhere to a No Wrong Door approach. A No Wrong Door approach, cited in the McLean County Mental Health Action Plan, seeks to improve access to care. A linkage to participant centered services can be obtained through any entry point or "door". This type of service delivery is based on the principal that all people should receive participant centered services regardless of the access point (organization/agency/entity). This approach relies on organizations in our community knowing that the others exist, what services are provided, and empowering each other to work together for the common good.
8. 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. Applicants should detail other funding streams that were explored.
9. Only clearly documented non-duplicative requests will be considered. The Board of Health reserves the right to remove program requests that duplicate service provision and further fragment the behavioral health services delivery system. All applicants must consult with other agencies/entities currently providing the service(s) to the target population and explore potential partnerships prior to applying. Applicants will be required to provide linkage agreements, letters of support, and/or Memorandums of Understanding to demonstrate programming in non-duplicative, coordinated partnerships.
10. 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 assigned to the program are qualified and experienced. Program plans must include services that are participant centered, evidenced informed or evidenced based, trauma informed, and outcome driven. A clear, concise description of the impact of the provided service on the targeted population must be included. Rapid response service delivery is strongly encouraged. Program plans must also identify a sustainability plan.
11. Each applicant must have a clearly defined plan to assess program results using the designated process to evaluate the desired impact of the program on the client outcomes.

12. 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 designated process 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. All new proposals will require a public presentation detailing the submitted funding proposal as scheduled by the Board of Health. The Board of Health may require public presentations for continuation funding requests, should the Board of Health have additional questions regarding the defined services, outcomes, and financial reports.
 - H. All grants are subject to limitation depending on the availability of funds designated under 55-ILCS 5/5-2505 to the Board of Health.
 - I. Approved grantees must comply with the Title VI of the Civil Rights Act of 1964 (PL88-353) and Tile 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 31st for the prior 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 19 Funding Priorities
January 1, 2019-December 31, 2019

Behavioral Health

- Behavioral Health is essential to health. It includes mental health and substance use disorders. 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 tailored to their specific needs, at the required level of care, that 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, ensuring individuals are linked to natural supports.
- 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:
 - The Center for Disease Control indicates suicide is the 10th leading cause of death for all ages.
 - According to the Illinois Department of Public Health, in 2015, suicide was the 11th leading cause of death in Illinois.
 - According to the Illinois Department of Public Health, in 2015, suicide was the 10th leading cause of death in McLean County.
 - The McLean County Coroner has reported in 2016, there were 25 lives lost to suicide. From January 2017-June 2017, there have been seven lives lost to suicide.
 - Suicide results in an estimated \$51 billion in combined medical and work loss costs. –CDC Suicide Facts at a Glance 2015.
- 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 a full spectrum of community based crisis response services, including a 24-hour crisis line, mobile crisis services, crisis stabilization services, and recovery services.
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 investments in programs and services through system integration, collaboration and innovative approaches with a strong emphasis on prevention and early intervention that ensures necessary follow up and transitional services are provided.
2. Increase the ability to access high quality community based services that include prevention, treatment, recovery, and wellness services at the earliest age and earliest stage.
3. Reduce involvement of target populations in the criminal justice system.

Section IV Decision Authority

Overarching Decision Support Considerations

The CY19 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 as identified in the Surgeon General's Report: Mental Health: Culture, Race, and Ethnicity; the Surgeon General's Report: Facing Addiction in America; McLean County Mental Health Action Plan, and the Community Health Needs Assessment.

2. **Countywide Access:** Programs and services that promote county wide access for all people, cradle to grave, 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. Administrative costs and indirect personnel costs must not exceed 15%.

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, evidenced informed or research based approaches must cite the fidelity model. 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. Memorandums of Understanding, Linkage Agreements, and/or Letter of Support will be required to detail partnerships.
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 19 Application, please contact Laura Beavers at 309-888-5526 or laura.beavers@mcleancountyil.gov