



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

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

**Friday, February 23, 2018  
8:30 AM**

- I. Roll Call
- II. Appearance by Members of the Public
- III. Items for Action
  - A. Approval of Meeting Minutes from October 27, 2017 Attachment A
- IV. Items for Information
  - A. CY17 Service Statistics – 4th Quarter Attachment B
  - B. CY17 BH Division Annual Report Attachment C
- V. Items for Discussion
  - A. Review CY19 Funding Criteria & Guidelines Attachment D
  - B. Funding Process [www.mchdbhdd.org](http://www.mchdbhdd.org)
- VI. Other Business and Communication
- VII. Adjournment

**Minutes  
Mental Health Advisory Board  
October 27, 2017**

- I. **Roll Call:** Cory Tello called the meeting to order at 12:21am. In attendance were Scott Murphy, Dan Deneen, Diane Wolf, Mary Sutter, Wanda Holloway, Rick Bleichner, and Cory Tello.  
**Not in Attendance:** Phillip Mulvey and Brian Mohr  
**Staff Present:** Laura Beavers, Cathy Coverston-Anderson, and Phaedra Morris
- II. **Appearance by Members of the Public:** Vern McGinnis
- III. **Approval of Minutes; August 25, 2017**
  - Motion by Diane Wolf to approve minutes. Motion was seconded by Scott Murphy. Motion unanimously carried.
- IV. **Items for Information**
  - A. CY17 Service Statistics – 3rd Quarter
    - Dan Deneen inquired if the school districts are working towards having the Embedded School Pilot Project as part of their permanent funding as opposed to the Board of Health funding the project. Laura Beavers replied she was unaware if the school was moving in this direction. She added the BOH will need a solid year of data to even know what the return on investment is with this project. Preliminary data shows this project could be self-sustaining through Medicaid billing, there is a significant number of children who are underinsured, and in the rural areas there are many children who have no insurance at all.
    - Cory Tello inquired if the Advance Practice Nurse at Center for Human Services has been replaced. Laura Beavers stated CHS has hired Beth Robert to replace Melinda Roth. Beth was present at the tour of CHS today and gave an overview of the psychiatry program.
  - B. Working CY19 Timeline
    - Laura Beavers reviewed the timeline for CY19.
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- V. **Items for Discussion**
  - A. 2018 MHAB Meeting Dates
    - Laura Beavers reviewed the 2018 Mental Health Advisory Board dates.
  - B. CY19 Funding Criteria & Guidelines
    - Laura Beavers noted staff will update suicide statistics on page 4 reflecting 2017 data.
    - Laura Beavers stated we will add data on the opioid crisis with data and statistics.

- Wanda Holloway inquired if any of the agency's we have funded had any suggestions to improve the application process on the website. Laura Beavers stated we have received no suggestions, but have received multiple comments on how much easier the application process is now that it's included in our electronic health services system versus paper applications in the past.
- Once these items are added, board consensus was to move forward with this document to the Board of Health for approval.
- Dan Daneen referred to page 5 stating we have a good set of objectives as far as we are going to invest in programs with system integration, collaboration, and innovative approaches.

## **VI. Other Business and Communication**

### **A. Agency Tours**

- Tours of 553 funded agencies occurred today before and after the Mental Health Advisory Board meeting. Agency's toured were McLean County for Human Services, Labyrinth, Project Oz, Chestnut Health Systems, The Baby Fold, and PATH. The consensus of the board was that the tours were very beneficial. Some commented they felt more ownership in their decision making as a board member because of these tours.

### **B. Board Resignation**

- Laura Beavers reported that Dr. Phillip Mulvey has resigned from the Mental Health Advisory Board due to a change in position at ISU. We would like to maintain a criminal justice specialty on the board so if you have any recommendations for replacement appointment for Dr. Mulvey, please contact Laura or Cory.
  - Dan Deneen suggested Adam Ghrist or Jeff Horve.

### **C. Partnerships for Health Breakfast**

- 377 Board President Vern McGinnis provided an update to the board on the Partnerships for Health Breakfast being held at Advocate BroMenn Health & Fitness Center on November 14<sup>th</sup>. All members of the Mental Health Advisory Board are invited to this event.

**VII. Adjournment:** Rick Bleichner motioned to adjourn. Motion was seconded by Wanda Holloway. Meeting adjourned at 1:12pm

**Next meeting is February 23rd at 8:30a.m.**

**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	2889	6251	\$335,452.25
<b>CY 17 TOTAL</b>	<b>10,922</b>	<b>23,528</b>	<b>\$1,341,809.00</b>

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**Agency Specific Quarterly Data**  
**October 1, 2017- December 31, 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	34	39	

### **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	12	46	

# 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	348	484	

# 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	14	801	

# 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	8	45	

# 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	1552	3282	

\*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	904	1504	

# 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	2	29	

# 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	15	21	

## McLean County Health Department Behavioral Health Division

The 2017 Funding Year was full of new, exciting opportunities marked by a challenging state economy. The McLean County Health Department granted approximately \$2.1 million dollars in funding requests. Among the many requests, both Boards continued to hear significant needs for prevention services, early intervention psychiatric services, crisis services, substance abuse treatment, case management services, supportive housing, supportive employment, and holistic wellness services.

### 2017 Funding

Behavioral Health (553 Board)	\$1,341,809.00
Developmental/Intellectual Disabilities (377 Board)	\$ 736,260.80

<b>Total Funding</b>	<b>\$2,078,069.80</b>
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<b>Total Served</b>	<b>20,102 individuals</b>
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\*\*Exceeds levy amount

### Developmental Disabilities (377 Board – Intellectual and Developmental Disabilities)

#### CY 17 Funded Partners

Organization	2017 Funding	Service	Total Served
Advocate Health & Fitness Center	\$40,338.80	Holistic wellness services	41
Easter Seals	\$13,972	Early Intervention	16
LIFE Center for Independent Living	\$13,346	Independent Living Support	61
Marcfirst	\$30,276	Early Intervention	588
Marcfirst	\$290,000	Supportive Employment	150
Marcfirst	\$149,894	Supportive Living	59
United Cerebral Palsy	\$182,904	Supportive Employment	95
YWCA	\$15,000	Youth After School Care	12
<b>Total</b>	<b>\$736,260.80</b>		<b>1022</b>



**Behavioral Health (553 Board-Mental Health and Substance Abuse)**

**CY 17 Funded Partners**

<b>Organization</b>	<b>2017 Funding</b>	<b>Service</b>	<b>Total Served</b>
Chestnut Health Systems	\$103,000	Early Intervention, Treatment, and Recovery - Substance Use Services in Schools & Embedded School Based Services in Ridgeview School District	53
Labyrinth	\$41,600	Case Management and Housing	46
McLean County Center for Human Services	\$318,800	Psychiatric Services	931
McLean County Center for Human Services	\$366,000	Crisis Intervention Services	1622
McLean County Center for Human Services	\$65,000	Early Intervention, Treatment & Recovery- Embedded School Based Services	63
McLean County Court Services	\$208,000	Problem Solving Courts	76
PATH	\$38,000	Emergency Crisis Line-211-Suicide Prevention	13,237*
Project Oz	\$134,297	Substance Abuse Prevention	3016
The Baby Fold	\$67,912	Early Intervention	36
<b>Total</b>	<b>\$1,341,809</b>		<b>19,080</b>

\*\*Total Calls – Unduplicated served cannot be reflected for a Crisis Line

**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 31<sup>st</sup> 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 10<sup>th</sup> leading cause of death for all ages.
  - According to the Illinois Department of Public Health, in 2015, suicide was the 11<sup>th</sup> leading cause of death in Illinois.
  - According to the Illinois Department of Public Health, in 2015, suicide was the 10<sup>th</sup> leading cause of death in McLean County.
  - The McLean County Coroner has reported in 2016, there were 25 lives lost to suicide. Preliminary statistics show in 2017, there were 17 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.

The United States is in the middle of the deadliest drug crisis in our history. Drug overdoses has now become the leading cause of death nationwide for people under 50.

- According to the Illinois Opioid Action Plan, in 2014, more people died from an opioid drug overdose (due to heroin and prescription opioid pain relievers) than from homicide or motor vehicle accidents:
  - Opioid drug overdoses killed 45% more people than homicides.
  - Opioid drug overdoses killed 25% more people than motor vehicle crashes.
  - Opioid drug overdoses killed more people than people who died due to all gun-related causes (including homicide, suicide, and accidental shootings).
  - In 2016, there were 16 McLean County deaths as a result of an opioid overdose.
  - In 2017, there were 40 McLean County deaths as a result of an opioid overdose.

### **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 Phaedra Morris at 309-888-5449 or [phaedra.morris@mcleancountyil.gov](mailto:phaedra.morris@mcleancountyil.gov)